



June 2009

National Native American Emergency Medical Services Association

The National Native American Emergency Medical Services Association (NNAEMSA) is a national non-profit professional 501(c)(3) organization.

NNAEMSA is the only national organization that specifically serves supports and represents approximately 80 individual Native American Emergency Medical Service programs. These 80 EMS programs provide pre-hospital care to over half a million Native American people who live on reservations or in non-reservation area (such as Oklahoma and Alaska).

NNAEMSA was initially organized in 1992. Its principle activity since its inception has been providing affordable and quality education to EMS providers, such as EMTs, EMS Medical Directors, and administrators, by presenting an Annual Educational Conference. The conference also imparts a networking avenue for these EMS providers. Networking provides opportunities for learning, making contacts, new ideas, and support in the EMS arena across the nation.

There has been a cooperative agreement between Indian Health Service (IHS) and NNAEMSA since 1999. On November 18, 2008 the National Native American EMS Association Executive Board met with IHS Office of Emergency Services at Headquarters in Rockville MD to discuss the funding and technical support that IHS provides to the NNAEMSA through a cooperative agreement. Those in attendance were Dr. Richard Olsen, Director Office of Clinical and Preventive Services IHS, Captain B. Kevin Molloy, Acting Director Office of Emergency Services IHS, LCDR Betty Hastings, EMS-Children IHS, and Anthony Sequoyah, President NNAEMSA, Celesta Johnson, Vice President NNAEMSA and Linda Squirrel, Treasurer NNAEMSA.

The purpose of this meeting was to discuss IHS support and funding to the National Native American EMS Association. We were shocked when IHS informed us that the current funding and support would most likely be terminated after this year. IHS will be discontinuing the National Native American EMS Association Cooperative Agreement. The NNAEMSA has successfully been providing training, technical support, networking system, and collaboration to Tribal EMS Programs since 1992. IHS suggested that the 2009 EMS Educational Conference be cancelled and that the 2009 funding be used to hire an Executive Director. IHS felt that an Executive Director could attempt to obtain funding through soliciting tribal donations and writing grants for funds to support the Association and to possibly fund the annual educational conference or training in 2010. This is not a feasible option for the NNAEMSA due to the following reasons:

- Tribal Health Programs especially EMS/Ambulance Services are already struggling to provide services to the Tribal communities, health care funding is inadequate and Tribal donations are not likely.

- Using the 2009 funds to hire an Executive Director would defeat NNAEMSA's goal of providing Tribal EMS Programs with continuing education. This continuing education is essential in the re-licensure of Emergency Medical Technicians and to provide the latest updates in Emergency Medicine, so they may deliver the highest quality of emergency care to the people they serve.
- The feat of hiring an Executive Director without guaranteed re-occurring funds is not realistic as most grants exclude salary.

NNAEMSA is currently discussing the possibility of hiring a grant writer to enhance the funding of their organization but without the support of IHS this effort will be futile.

NNAEMSA has established linkages with other professional and Native American organizations for example, NNAEMSA's Treasurer was selected by the United States Secretary of Transportation to serve as the national representative for tribal EMS programs on the U.S. Department of Transportation's National EMS Advisory Council (NEMSAC).

In 2004 NNAEMSA was one of seven national organizations that each received a grant from the Centers for Disease Control and Prevention (CDC). These grants are intended to develop linkages between emergency personnel for coordinated responses to acts of terrorism.

NNAEMSA has developed and continues to implement a plan that will build and strengthen relationships with state and local public health programs. NNAEMSA will focus initially on tribal health programs, state, county, and local public health programs, especially in the 35 states whose boundaries include one or more Federally recognized Indian tribes. Many such relationships already exist; for example, many of NNAEMSA's members are active in Injury Prevention programs sponsored by tribes or by IHS in their respective communities.

For several years NNAEMSA has published a newsletter for its members, friends, and IHS Headquarters with a typical press run of 1,000 copies. The newsletter was established in part to keep in contact with its members throughout the year for updates and issues in the EMS field throughout the United States and Indian Country. The newsletter is also posted on the NNAEMSA website.

In 2003, through an interagency agreement between IHS and the Administration for Native Americans (ANA) NNAEMSA has provided outreach training in bioterrorism preparedness for EMTs and other public safety workers, as well as tribal officials, in cooperation with Mountain Plains Health Consortium (MPHC) and Texas A & M University Engineering Extension Services (TEEX).

MPHC is a non-profit organization that IHS considered its national EMS training entity for IHS, tribal, and urban (I/T/U) prehospital providers. Many tribal EMS programs rely solely on MPHC to provide EMS training including EMT Basic, Intermediate, Paramedic, and continuing education training. Due to a change last year, the IHS funds for this EMS training could not be transferred from the Veterans Administration at Fort Meade, South Dakota to Health Education Development Systems (doing business as MPHC) consequently approximately 50 courses (including Community Health Representative,

Administration for Native Americans, and EMS courses) were cancelled and hundreds of students cannot be trained. Also as a direct result of this change, key personnel were laid off on April 30, 2009.

MPHC recently received a national award, the 2009 EMSC (EMS for Children) Provider Leadership Award. The reason MPHC won the award is because instructors travel to the reservations to provide EMS training to tribal EMS programs. In most cases, this type of training has proven to be the most cost effective and efficient way to provide the much needed training to these programs.

In conclusion, the discontinuation of IHS support, funding, and subsequent termination of NNAEMSA could very well lead to an increase in the morbidity and mortality rates in Indian Country. Tribal EMS is an integral part of the IHS healthcare system. Without a tribal EMS program, tribes will have to rely on other neighboring communities for their emergency needs which could lead to disastrous results. Necessary steps need to be taken to assure that NNAEMSA will be able to continue their role in the national arena of tribal EMS. The issue with MPHC also needs to be resolved as quickly as possible to afford Tribal EMS personnel receive their mandatory training.

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Board of Directors