

Congress of the United States  
Washington, DC 20515

## Join the Emergency Medical Services Caucus

June 9, 2008

Dear Colleague:

We invite you to join with us to support the work of emergency medical services providers and other emergency medical services organizations as we form the Emergency Medical Services (EMS) Caucus.

Emergency Medical Services (EMS) is the primary first responder for medical assistance in the event of a disaster or public health emergency. However, unlike police, fire and other emergency management agencies, there is no dedicated program to support EMS infrastructure or disaster response.

In a report recently released by the Department of Homeland Security, EMS providers only receive 4% of the total first responder grant funds available. This funding shortfall threatens the ability of our EMS responders to respond to a crisis.

Disasters such as the collapse of the I-35W bridge in Minneapolis, the terrorist attacks of September 11, 2001, and Hurricanes Katrina and Rita highlight the need for a comprehensive emergency medical services system.

When the World Trade Center's twin towers collapsed, major communication gaps were exposed, leaving people without the ability to call for help, locate loved ones, or access basic information. Paramedics couldn't talk with police by radio; some two-way emergency medical radios failed; data between dispatcher and ambulance data terminals didn't work properly, causing further delays; and while hospital beds were available, only 26% of burn-injured patients were routed to burn centers because dispatchers didn't have access to vital information on bed availability.

Likewise, Hurricane Katrina created a humanitarian crisis and spotlighted the dire state of emergency medical communications. Behind the hurricane's eye, another fundamental communications disaster unfolded – knocking out the 9-1-1 network and cutting off hospital communications, which led to emergency medical workers being unable to communicate with each other and created a nightmare of inaccessible patient records.

An estimated 1,000 deaths a year are linked to delayed emergency medical response. For example, after a sudden cardiac arrest, the chances of reviving heart attack victim diminish by an estimated 7-10 percent per minute without defibrillation. Few people survive untreated after more than 10 to 12 minutes. Better information, technology and communications can often speed response and save lives.

In addition, there are ongoing EMS problems in rural areas. Rural communities across the country have suffered flat or decreasing population for years. As the population in rural communities decreases, so does the tax base and volunteer pool on which many

emergency services rely. When an ambulance company pulled out of Mississippi earlier this year, 23 counties were left without ambulance services.

A comprehensive, coordinated emergency medical services system that has adequate resources for staffing, training and equipment is essential to assure prompt, quality care to persons experiencing medical crisis. To help develop these systems, and to help find solutions to these challenges, please join us as we form the Emergency Medical Services Caucus. Let us work together to developing sound policy solutions and improved funding sources to support this essential provider in the health care continuum.

To join the EMS Caucus please call Walter Gonzales (Ruppersberger) 5-3061, or Leah Rosales (Walz) 5-2472, or Jeff Dobrozsi (Boustany) 5-2031.

Sincerely,



C.A. Dutch Ruppersberger  
Member of Congress



Charles W. Boustany, Jr.  
Member of Congress



Timothy J. Walz  
Member of Congress