

Banshee

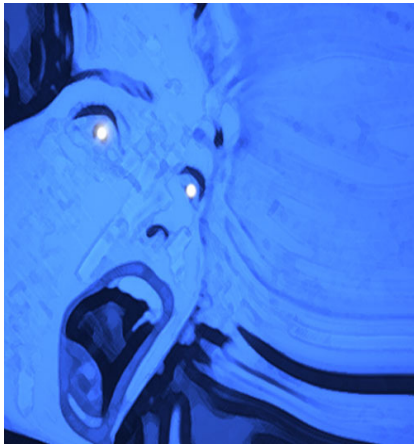
Pray for the dead; Fight like hell for the living



Volume 1 Issue 5

THE BANSHEE

Volume 1, Issue 5
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We at the Banshee
Newspaper persue a
protected by the first
ammedment if you don't like
our opinions fuck you and die
policy.

If You Ain't Runnin' Wit It, Run From It

*It's Banshee, motherf*ker: If you ain't
runnin' wit it, run from it.*

Well, well, well. We're all still working here and were still not getting paid. Sure has been a glorious year so far though. Somewhere between the Coney Island Ave run down of that elderly woman, the Senior Care ambulance flip, the FDNY dispatchers letting the pregnant woman die, the violent death of EMT Kelvin Buggs, the shooting death of one of the negligent dispatchers, the EMT serial rapist, and our beloved instructor Jack Carlson being hit by a motor vehicle: moral really seems to be improving.

But it's not all straight, ruthless tragedy folks.

EMTs Rheinhold Danglade and Delano Williams chased down a cell phone robber. They chased his ass down Flatbush Ave and EMS arrested him. EMTs Rodolfo Seddio and Frank Laino Jr. helped supply information which led to the capture of a hit and run truck driver. Paramedic Mike McCart (who isn't even from here) pulled two people out of a burning building before the firemen got there.

Other than that, from what we understand no else got any recognition for you

know, saving thousands of lives just doing their jobs.

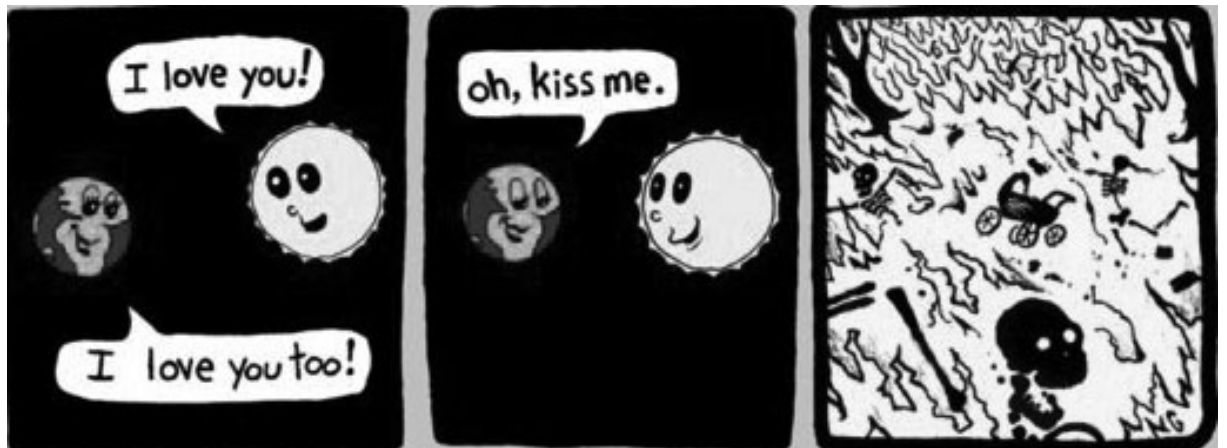
But we at the Banshee really, really encourage you to keep trying to do stuff Firemen and Cops do, because obviously there's no positive attention to be received merely rushing gunshot victims on the edge of death to the ER, delivering babies, and say bringing the dead back to life.

We all need to step up the game this year. That means everyone has to wear their uniforms properly, lose fifty to a hundred pounds and engage in some true blue high profile hero shit. Oh, and never ever let a boss give you bullshit if you're not being a skell.

And most importantly of all we urge the Union to fire a lawyer and hire a good publicist, because if you people don't report good stuff you do to the press, guess what: no one is going to know.

So, stay calm and carry on. Up the ante and never let a single person tell you that this shit isn't going to get better. But it sure as hell won't if we don't push the envelope this year. Oh, and we're going to build a Haitian EMS system from scratch if you want to get down.

**We urge the
union to fire
their lawyer
and hire a good
publicist.**



1995 Fire-EMS Merger



DAVE BRISCOE EMT
WALTER ADLER EMT

The Banshee Association is looking for a few good women and men ready to be heroes for Haiti.

Nearly a year ago on January 12th, 2010 an earthquake in Haiti killed approximately 250,000 people and further debilitated a country already one of the poorest in the Western Hemisphere. The quake shattered the nation's already fragile infrastructure. It left 1.3 million homeless, internally displaced in vile camp cities and captivated the attention of the world at least for several months.

Despite international pledges of over 8.75 billion dollars, less than 7% of that ever reached Haiti thanks to a combination of bureaucracy, flagrant corruption and a near total lack of coordination among the over 300 NGOs that are based on the island. Not one cent of the 1.15 billion pledged by the United States for reconstruction has been spent. Haiti went out of the papers, volunteer waves dried up and civilian organizations attempting to funnel relief to the island soon realized doing so would make them bankrupt.

An ongoing issue repeated again and again in the press was 'the lack of responsible partners on the ground' to work with. The Haitian government has virtually outsourced the running of the country's social services to the republic of NGOs. A vicious criminal mafia has so thoroughly profited off embezzlement, human trafficking, drug running and movement of bulk liquid capital that it is second to the Haitian GDP- only next to stealing from the NGOs.

So once again we in the Banshee Association urge you to rise to the occasion. We are looking for a few good women and men to return with us to Haiti

and on January 10th, 2011 and participate in the upcoming third wave.

We are finalizing the logistics for a long term volunteer conduit down to the island of Haiti alongside our allies in LAHAF (Lend a Hand and Foot) and the Haitian Emergency Group (GAI). Seeking out advice and logistics from the FDNY EMS Academy and NYC Medics, our immediate goal is to facilitate the training of a volunteer EMS and

Rescue service in Port Au Prince.

During the January 16th, 2010 deployment to Port Au Prince, Haiti via the Bedstuy Ambulance Corps and the AMHE (Haitian Physicians Abroad) there emerged the need to quickly utilize a vast pool of untrained Haitian volunteers and put them to work during the restoration of the General Hospital, the focal point of first wave NGO relief.

'Unit C' emerged in the first week of operations with the intention of organizing young Haitians and putting them to work as first responders, translators, guides, guards and sanitation workers during the first wave's re-occupation and restoration of the General Hospital. Its objective was very simple: Haitians must be at the forefront of the relief effort because eventually the volunteer waves would dry up and Haiti would be left to its own devices. As subsequent events have since proven.

The net result of Unit C's training activities

was the establishment of list of some approximately 600 Haitian volunteers that began irregularly training under a working group shortly after the volunteer waves from AMHE and Bedstuy Volunteer Ambulance Corps dried up some four months

after the quake. This all Haitian islander formation, dubbed in English the 'Haitian Emergency Group' or Gwoup Ayisyen pou Ijans in Creole, seeks to be the nucleus of volunteer

Heroes for Haiti

We're looking for a few good men and women to go to Haiti this January.

Heroes for Haiti

CONTINUED FROM PAGE 3
 EMS and Rescue service. This group has received some basic training from the Canadian Red Cross and Israeli Aid, but lacks resources, official certification and at this time state sponsorship. The immediate objectives of the LAHAF volunteer conduit is to get these women and men official training, certified first responder status in Haiti and work with them to develop a long term strategy for an emergency medical system in Haiti with the support and endorsement of the Haitian government.

An alliance has been formed to link Haitian medical professional associations, Haitian Student Associations, church organizations as well as Fire & EMS fraternal associations to grassroots Haitian organizations working to rebuild the shattered nation. We are looking to send the first deployment of this third wave to Port Au Prince on January 10th, 2011 to begin immediate training operations for the Haitian Emergency Group as well as field rotations

alongside them in the tent cities in the capital.

We are looking to enlist EMTs and Paramedics to travel with us to Haiti to participate in this vast and complex operation. We are asking each volunteer for 7 days of their life, a one week deployment in a grueling environment to help build Haiti's first EMS system. In a job where you are paid like a chump,

degraded in the press and ignored by the city you serve we ask you to put your skills and training to work in a foreign disaster and indif-

ference. land broken by disaster and indifference. In short we ask you to be a hero. To risk your life for a people that no one will fight for and have been largely left to die. We will be a part of their re-birth as a nation by putting in their hands the skills they need to save the lives of their countrymen. We will perform the duties for which we have trained and bring glory to EMS. For those of you that did

.....
 We must become
 "responsible partners
 on the ground"

.....
 We'd like to thank
 you in advance for
 your heroism

not come here to drive an oxygen cab and carry off the drunks, for those of you that in your heart believe in the potential of our calling. This operation needs you.

We will resume sending EMS and civilian volunteer to Haiti on January 10th, 2011. So far 56 volunteers have signed up for deployment and the number is growing every day. We are in the process of designing a Creole language CFR course and have begun meeting with the Haitian government to authorize the program.

Our volunteers come from FDNY EMS, Transcare, Senior Care, Midwood, Assist, AMR, Hatzalah and countless other agencies. Based on the outcome of the Banshee Congress and orientation on November 5th through 7th, we will establish the conduit and setting dates for the first four deployments under the banner of LAHAF.

If you are interested in going get at us. We will email you a full deployment draft and answer your many questions. On behalf of Banshee, LAHAF, the dedicated young women and men in the Haitian Emergency Group, and the people of Haiti, we thank you in advance for your heroism.

Banshee Hotline
 347.907.3182
 -Open late nights for volunteering action.
www.lahaf.org





Firemen Propose Pay Cut for EMS

RORY FLANNIGAN
PARAMEDIC

The Bloomberg Administration, in response to the mounting fiscal crisis, has for the past six months sought to close 20 FDNY companies. But the facts are clear: Closing fire companies or reducing manpower may well threaten the safety of civilians and firefighters alike, and without 5 men to an engine or ladder (above the national standard of 3 to 4) it is very unclear how our city can expect to fend off terrorist attacks, nuclear war, or abdominal pains. Although not a single fire fighter has been laid off, a bold new strategy has been undertaken by the department which involves the hiring of approximately 3,000 emergency medical technicians (nearly doubling the existing force). EMTs, unlike their highly brave and highly motivated firefighting brothers, are willing to work at nearly half the pay in crews of 2, are revenue generating, and are demographically valuable, including a high percentage of gays, females and minorities.

New York City remains the No. 1 target for terrorists. Yet the FDNY does not now have the resources to respond to two or more large-scale disasters at the same time. The Federal National Institute for Standards and Technol-

ogy says it takes just two minutes and 40 seconds for a fire to grow from inception to 2,000 degrees, engulfing an entire room in smoke and flames. In that same two minute delay it takes to send a medical unit to even receive information of a priority assignment, the FDNY is capable of racing a CFR trained engine company to the scene, which although often unwilling to carry (or touch) poor people in the event of a non-fire-related emergency, inspires confidence in all because they have arrived first.

Fighting fires in a vertical city like

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So the FDNY's purchases are justified. But why, then, must EMS carry its weight?

New York is more complex and dangerous than anywhere else. With our dense population, thousands of lives can hang in the balance - and every second counts. By eliminating FDNY engine companies - the first responder to medical emergencies - we radically increase the time to get medical attention to heart attack, stroke or accident victims.

The truth is that firefighters are busier than ever. Over the last five years, firefighters have responded to more emergencies than any time in the 145-year history of the FDNY. And even though 94% of that call volume is generated

by medical calls, and 98% of the time the Engine Company either didn't get out of the truck or left before the EMS crew released them, getting them there fast is obviously still of utmost importance.

The value provided by the FDNY far exceeds its cost to the city. Always the first to respond to fires or medical emergencies, building collapses, gas leaks or terrorist attacks, our fire companies save homes, businesses and lives.

Last year, Columbia University collaborated with the FDNY on a study to produce a conservative estimate of how much the department saves homeowners, businesses and residents each year. The low-end finding for how much property New York's Bravest saved lasted year: \$3.1 billion. SO the purchase of a \$27 million fire boat and the paying of \$99,104.00

after five years on the job to men who work two days a week, roughly 11,000 of these men, who will all retire on a no-pay in pension after just 20 years, well, that's fiscally justified. But why, then, must EMS step up and carry its weight?

And the study only focused on structural damage -- leaving out the economic impact of lost possessions, the costs of relocating burned-out businesses, and even the impact of deaths on families. It also assumed property costs of only \$100 per square foot -- a mere fraction of actual real estate values across the city.

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To prevent that \$3.1 billion in damage, the city spent just \$1.5 billion on the department's operating budget. In other words, New Yorkers get a 2-to-1 return on their investment in the FDNY.

"I don't really have a problem with EMS, I mean they're a bit out of shape and a lot of them wear

gold chains to work, but CPR can get exhausting. Also coming to work five days a week, not having a newly renovated kitchen donated by some city councilman or having anyone ever tell you you're doing a good job: that would stress me out," said a fire fighter on Rescue Truck 2 who refused to be named, citing reprisal.

Now, firefighters are asking their EMS brothers and sisters to honor the patch they wear on their arm (which it is often suggested they didn't earn, not being engaged in fire suppressing activities, or being in good physical shape). Unanimously, all approximately 11,000 firefighters throughout New York, including the 31 that are female, the 4.5% that are Hispanic, and the 3% that are Black, are asking their approximately 3,000 EMS compatriots to work at half-pay for five years to help close the budget and prevent cuts to fire companies.

EMTs, who work for 25 years with pay in pension, receive up to

\$45,834.00. Paramedics top out at \$59,079.00, generating between \$473.00 to \$2,000.00 every time they do a medical run. Last year they did 1.3 million.

"If these women and men were willing to work at half the pay they work at now, just think of how much we could save the city, hell, we could even hire more firemen who are black or Latino," commented a Deputy Chief who refused to be named, citing reprisal.

There's other losses to be taken into account, ones you can't put a dollar figure on: In the first quarter of this year, the FDNY rescued 12,092 New Yorkers. Their proposal to shutter 20 companies will raise response times -- putting both the firefighters who risk their lives for our safety, and the lives of New Yorkers on the line. The reduction is called for in accordance with the Uniformed Firefighters Association labor contract. The contract calls for a reduction if the overall firefighter absentee rate exceeds 7.5 percent on an annual basis. Firefighter medical leave rates have increased this year and reached 7.53% today, which allows the Department to reduce firefighter staffing from five to four on the 49 engines.

"Medical leave rates have been rising for several months and we repeatedly warned the UFA this was a problem that could again result in the staffing reduction as outlined in their contract with the city," said Fire Commissioner Nicholas Scoppetta.

Firefighters get injured in a myriad of

ways. Ceilings fall on them, they fall down stairs, the smoke overwhelms them, the heat dehydrates them—all too often, firefighters end up in the ER after seemingly basic one-alarm assignments. Unlike EMS workers. There's a perception that when EMS workers end up on medical leave it's for a myriad of non-work-related reasons, and perhaps that's so, but when firemen get hurt they get hurt, and when they go out the city needs to understand that paying them to be at home for months on end is the least we can do for our heroes, who unlike EMS have unlimited sick time.

"Increasingly, injured EMS can be sent immediately back on the line into light duty positions. In many ways EMS really covers our asses. Without them the public might wonder why with so few fires there are 11,000 fire men, or why men sitting around a fire house eating gourmet meals, lifting weights and watching DVDs are worth nearly \$100,000 a year. Also [EMS] generate revenue and are the answer to repeated calls to diversify the force," said a fire Captain in the 43rd Battalion who withheld his name, citing reprisal.

So far the EMS response to the call to work at half-pay has been overwhelmingly negative. (Except for a few dozen EMS of Irish or Italian descent who seek to be promoted into the fire department and are willing to say or do just about anything to become firefighters themselves.) The remaining 2,900 EMS professionals that plan to make this their career and can already only just barely meet the basic expenses of living in New York City have muttered a collective, "expletive-deleted" under their breaths.

It is expected that EMS will engage in a wide range of industrial action this year leading up to the anniversary of the March 17, 1996 merger. Said one Bronx Paramedic, "They call us heroes, but pay us like chumps. You think we're just gonna lie back and take it forever?" While a strike would be unheard of, there is some talk of refusing to bill a single New Yorker for any medical emergency in the week leading up to March 17.

The EMS response to the call for half-pay has been overwhelmingly negative

EMS Pay Cuts



Abandoned Love

SIMEON GREGORY EMT

As a Haitian American, I had never really given much thought to returning to Haiti, the place where I was born and raised for the first 7 years of my life. But much like other Haitian-Americans who rose to the challenge, it seemed inhumane to see the pain & suffering of fellow Haitians and not lend a hand. So I acted with my heart rather than my head: I put my job on the line, and left for Haiti with the Bed-Stuy Volunteer Ambulance Company. It seemed like a tough decision...until the moment we landed on the ground. I instantly felt the full scope of the devastation. Before leaving the airport, I had the chance to speak with some of the Haitian police staff. The officer looked me right in the eye and told me, 'We are the leaders, so in spite of our own personal trauma, and the loss of loved ones; we must stand strong.'

Another officer told me had neither the strength nor the will to come to work in this time of crisis, but was driven to do so by hopes of being in the front of the line if there should be some aid or any form of help handed out. Other people stood around, rendered speechless; from the looks on their faces, I was able to feel their pain. I had brought with me about 5 boxes of energy bars and 30 packages of baby wipes, which I handed out daily to the hungry patients and their family members. We had to

set up camp at the general hospital. For each patient at the hospital, there were at least 4 other members of their family with nowhere to go, their home destroyed. Their entire world had crumbled down around them, and they had no way of picking up the pieces. Their government pretty much abandoned them, corrupt before this earthquake ever hit, and the police officers, who should have been protecting citizens, were shooting to kill at looters who were trying to scavenge something for their children to eat. Imagine—losing your life for trying to feed your family, your children, while those in power sit idly by, diverting supplies from reaching the millions in need.

Since returning from Haiti, I have been dealing with what I term the "What



Now?" aspect of the experience. I feel the need to do more, but my means are limited. I collected sheets and hospital gowns, because there were none when I was there. In fact, the patients were laying on sheets soiled with other patient's blood and feces. I still have no way of sending them, but it's a work in progress. I must say I have a lot of love and respect for the US military, because out of their limited supplies, they fed as many people as they possibly could. However, the biggest heroes I saw in Haiti

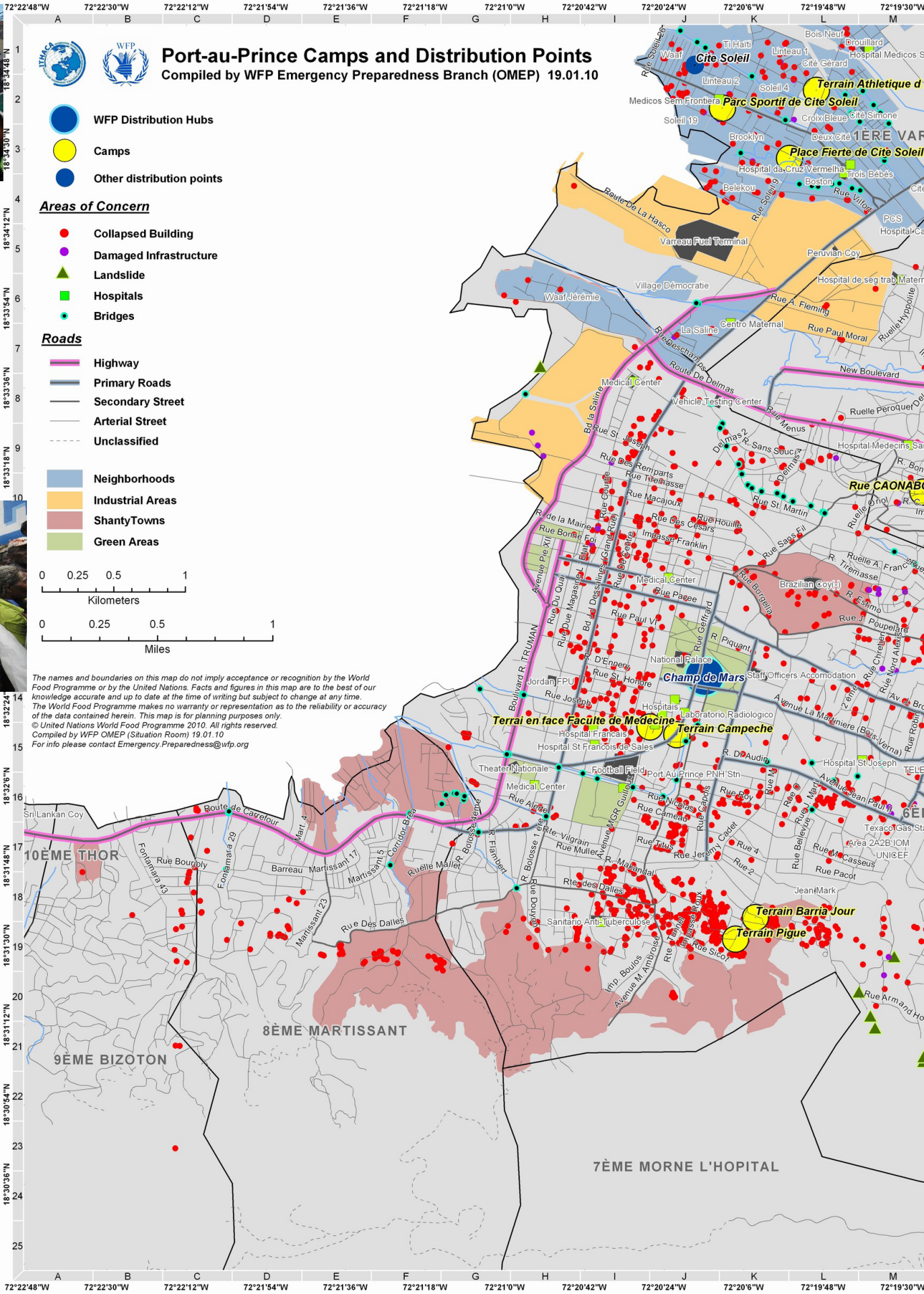
The biggest heroes I saw in Haiti were the people who didn't wait for help.

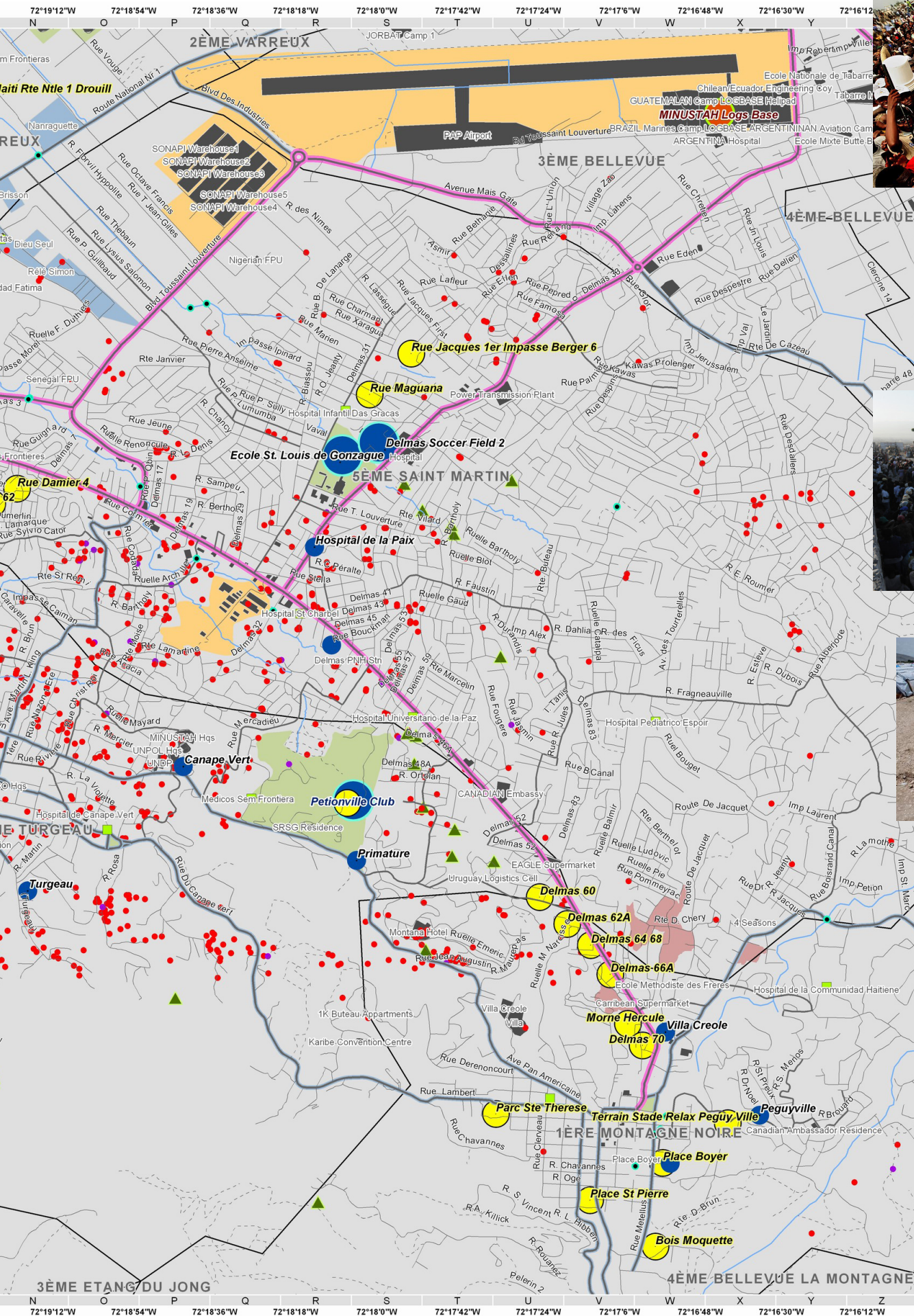
were the native people who didn't wait for help—injured, grieving, shocked, in the aftermath, they dug their neighbors out of the rubble. Those who, in spite of the terror, grief and horror around them held their spirits up high, singing songs of inspiration. The people I left behind. The people who were exploited to make a profit, long before this earthquake ever hit, and certainly during and after, and now are left in the dark and no one seems to care because it's no longer front page news.

To the reader: please heed these words, because men and women, much like time, will come to pass. The land will restore itself in time, but these people are suffering now. I urge EMTs and Paramedics with the will to help to continue going to Haiti. In light of the current economic turmoil here and all around the world, not too many people can put their lives on hold to go and help others when most of us here

are in need ourselves. I am not oblivious to that fact, but I am in tune with the struggle. There are so many in need, and their needs are so basic. Any first responders considering or planning to deploy to Haiti, keep in mind with all the media gone, the military presence is not as strong as it was back in January. Not only that, but there are not too many medical professionals there right now; people will look to you as if you're a god, trained medical professionals are so few. With that being said, please keep in mind the scope of your practice; remember, we are not miracle workers. Just because you are not bound by paperwork or legally held accountable for the care you provide, you are always dealing with other people's lives, and should always treat that fact, and the people themselves, with the utmost respect. I myself am trying to go back to Haiti with the Lahaf volunteer conduit. Anyone interested can contact those in charge at www.lahaf.org.

A lot of Haitians who were operated on or suffered injuries at the time of the quake have had no follow-up treatment whatsoever, because they don't have the means to pay for it or there haven't been any professionals to provide the care to them. I know at times we want to connect to the people that we are caring for, or just want to treat them with some dignity, but if we ourselves are not protected and don't maintain our own health and safety, we can't care for or help anyone else. So I urge you all to take all necessary precautions and follow all safety guidelines. At the end of the day, it's most important that we all return to our families and loved ones.





Fighting Haiti's Everyday Enemies

MICHAEL MASTROIANNI
WEMT-P

You don't die of heat in Philadelphia.

Nothing could be harder to bear than a Delaware Valley summer but it doesn't kill anyone. Maybe an old lady will faint and a baby's fever will spike. That's the worst it could possibly get.

Years later, in EMT-B and paramedic classes, we spent more time learning about hypothermia than heat since drunks die in the snow, not the sun. What possible reason was there to think heat could be more than an inconvenience?

Haitian heat kills. It hits like a bullet as soon as you walk out of the plane and will stay in you unless you wash it out. Arriving at Hospital St. Michel in Jacmel, a Canadian orderly handed me a 1.5-liter bottle of water and stood there until I finished it, making sure I took it all in.

I had been there a year earlier, standing on the exact same spot. The hospital didn't look like much then, either – when I talked to locals about the place, they snickered and called it “the morgue.” I stayed in a hotel on my first night, amusingly named the Peace of Mind. It was a good name to come back to after training Haitian police officers in emergency medicine.

The spot hadn't moved in a year, but everything else had. Hospital St. Michel was a ruin surrounded by beds, cots and sheets on the ground. Blood spotted the soil and a chorus of atonal moans swept like echoes from one side to the other. The Peace of Mind looked like someone had smashed it from above. All of my students save two were dead. It was worse than a morgue. It was hell.

Trauma had killed 10% of Jacmel in a minute – the same damage that war takes months



to do. None of the leading causes of mortality in Haiti could stand up to trauma that week. It was too late for that now. We had to worry about what would come next. The biggest enemies of the Haitians were always the smallest – bacteria, parasites, even their unborn children.

.....
**Many would have died
waiting in line.**
.....

I remembered explaining pre-eclampsia to my students, listening to them mulling over the Greek pronunciation with their rich Creole accents. Pregnancy-induced hypertension. No one could explain it; the cause is unknown. There is no way to stop it, except delivery or abortion. It is one of the leading causes of maternal and infant death in Haiti.

“Do Haitian women get it more often?” one man asked.

“No, it's because Haitians don't have good health care for mothers and babies. Lots of mothers all over the world get it. Most don't die from it.”

Eclampsia presents with seizures,

which is usually the point at which little can be done. Mortality rates rise. The airway is compromised. Cyanosis, coma and the baby often dying silently inside. Houses were crushed wombs in Jacmel, imploded by a seizure so great it moved the earth. I heard them whispering “eclampsia” over and over again until they perfected the word, wondering how many bodies lay silent a few streets away.

I didn't even want to think about what Port-au-Prince looked like. I had seen enough on the news and heard enough from the few people who made it along the chaotic wrecked road from the capital looking for help. It was flattened, swept away. We had little to offer its refugees. If more of the Canadians hadn't arrived, many would have died in line.

Our tiny enemies started gaining on us. On my first night, the hospital was turned inside out while people foraged for medication and clean water. Many of the patients, several of them recent amputees, were vomiting and shiver-

ing in the throes of fever. I palpated abdomens while looking scornfully at the water near their beds, dark as mud and crawling with disease. A few planes had arrived in town; most didn't have enough water for the aid workers, let alone the hundreds of suffering patients.

The next day, the rumors flew faster than the help. The UN is coming. The WHO is coming. The Marines are coming. Everyone is coming and they're all coming to Jacmel. A child was lying in the heat of Place Toussaint l'Ouverture, watching the sky for another helicopter. I drank half a bottle of water, trying to save some as the need for it increased.

I tried to remember everything I had learned and taught a year earlier. So many threats in Haiti: intestinal parasites, typhoid, tuberculosis, cholera. Treatments were simple enough in Pennsylvania, and even simpler in Haiti. Basic sanitation and clean water. Simple because there weren't any other options.

It was so easy to give help and so hard to find it. Antibiotics that doctors were happily tossing to American ear infection patients in bulky packaging could save a handful of the Haitians lying in the sun breathing like bellows. All of my information ended with the slow conversion of short-term care into long-term, when doctors and nurses were usually with the patients. My cases never lasted this long. I knew the drugs, but we didn't have them.

The heat was setting in, too. It baked the water out of trauma victims and medical patients faster than we could figure out how much we had left. Triage lasted longer for paramedics and even combat medics than ever before. Men and women from outside the town came in, making strange teas and patiently pouring them into opened mouths. I tried to discern what the drinks were infused with, but didn't find out until later – wormbush and castor bean tree, local flora boiled down for fe-

ver and constipation. Someone knew the local protocols, laid down by centuries of local practice.

Help finally crawled in – the Pan-American Health Organization, the United Nations, the Americans, the Colombians, the Israelis and several more insignia on uniforms and crates. Doctors and nurses broke our spell of “continuing care,” which sounded too funerary for our tastes. Fewer people were dying, and more people were feeling better. A lot of the first group, slowly relieved and able to rest and eat, was sharing smiling looks of understanding as they knew how close they came to disaster over disaster. Someone swore to find a book on Haitian plants.

On my fifth day, a three-week-old girl was lifted like an idol from the wreck of the maternity unit. It sounded like another hopeful rumor to counter the ones that said the aftershocks were about to bury us all. Some of the Canadians and I saw her before our

Locals snickered and called the hospital “the morgue.”

The same damage that war takes months to do had killed ten percent of Jacmel in a minute

journey north. She had lived without water for far longer than infants do by the numbers. Her chances had been statistically insignificant. She was the exception to the rule.

After the reason to stop trying got broken so easily, with the squirming hands of an infant, we left for the shattered capital with a little more than a sad smile. The crushed hospital had held off some of the heat and disease – the exception to the rule. It was the reason we showed up, and we were lucky enough to get what we wanted.

One of the buildings that collapsed in the quake was a center for disabled children. The kids had left for the days just before it hit. We didn't want to think about what could have happened if they hadn't. The place was called Pazapa – Creole for “step by step,” the name of the home for disabled people my mother worked for in Pennsylvania. My mother didn't know much about Haiti before I left, but she's ready to help it now. She wants to be one of the steps in “step by step.”



Does the Ultimate Sacrifice Truly Go Unnoticed?

JIM HOFFMAN EMT

It's frustrating. Every year when the anniversary of 9/11/01 comes, we see the horrifying images and sit through the documentaries about that day. Some of us watch them, unable to look away, even though doing so brings back memories and emotional scars that may only be starting to heal from the previous year.

In a way though the scars get a tiny bit better and while never forgotten, these memories will be a part of us that were at 9/11 forever.

You can't help but notice during these special reports and documentaries the constant remembrance of the FDNY and NYPD yet no mention of EMS. You see hand written signs that say "God Bless FDNY & NYPD", the pictures of flags being raised by FDNY members, and the clips of speeches thanking these agencies for their sacrifice.

Of course the loss of the members of these agencies was tragic and they are heroes – one and all. It is no fault of the FDNY or NYPD that the 8 EMS professionals who died that day did not get the same hand written signs or public mentions. As bigger organizations they are better known, and perhaps our society simply sees EMS as an extended part of the emergency services community.

The question is was their sacrifice truly unnoticed? Take one EMS member David Marc Sullins. David was an EMT with Cabrini Medical Center who was working a double shift when the first plane hit. Without thought for his own safety he raced to the scene – his peers noticed.

David pulled several people with various injuries from the South Tower and transported them to the hospital – these patients noticed.

He returned a final time to the base of the South Tower and went back in to help more people, despite the growing concern that it may collapse – his partner noticed.

It has been written in several other tribute articles to David that he was a dedicated EMT, just getting into paramedic school; a person who loved his job and the people he worked with. Often he would give small toys to his pediatric patients to ease their fear and anxiety – those writers and children noticed.

David did not make it home that day; he never made it out of the South Tower when it collapsed. His partner awoke in a hospital bed wondering what happened, alive – but noticing David wasn't with her.

At 30 years old, being an EMT in the greatest city in the world on a day that is one the great-

est tragedies of the United States. David didn't go to the Towers looking for recognition. Neither did the other 7 EMS professionals, 341 firefighters, 23 police officers, 37 Port Authority Officers and so many other rescue workers that perished that day.

They went for their love of the job, their sense of duty to the people, and from a calling few others can relate

to. Those of us who reflect each year on the sacrifice of these emergency personnel, and who are inherently connected to the 8 EMS professionals like David Marc Sullins, know this love, this dedication and hear the call. But most of all – we noticed.

David's remains were recovered on March 23rd 2002 in the South Tower rubble. Perhaps this gave some closure to his wife, family and friends – a group of people who do not

have to "notice". They know David's ultimate sacrifice, his heroism – and this writer hopes – their own.

David pulled several people with various injuries from the South Tower

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Thursday	November 18	8pm
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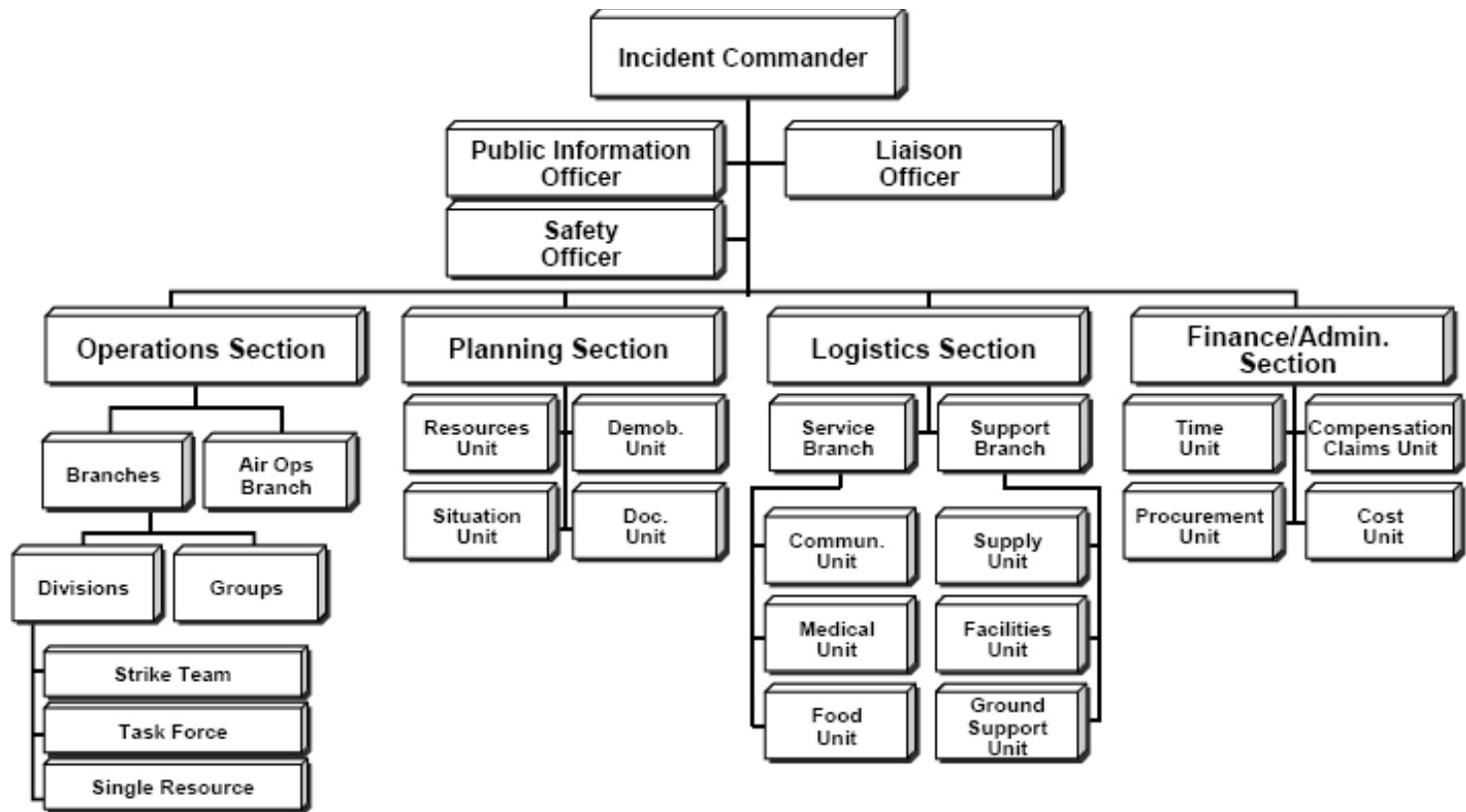
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Sunday	February 6	3pm
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Saturday	February 12	8pm
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Understanding the National Incident Command System

BANSHEE WIKIRETRIEVAL UNIT (BWU)

The National Incident Management System (NIMS) is a system used in the United States to coordinate emergency preparedness and incident management among various federal, state, and local agencies.

We at the Banshee Association are advocating its use for the disaster otherwise known as the EMS system, an evolving MCI that has gone on without relief since 1995. As well as the necessary format to coordinate the relief efforts in Haiti. While we have printed a lot of data here in this microbrief and the font is small, take it upon yourselves to review and understand it to the best of your abilities.

History

The National Incident Management System (NIMS) is a structured framework used nationwide for both governmental and non-governmental agencies to respond to natural disasters and or terrorist attacks at the local, state, and federal levels of government.

A 2003 presidential directive required all federal agencies to adopt the NIMS and to use it in their individual domestic incident management and emergency prevention, preparedness, response, recovery and mitigation programs and activities. The directive also required federal departments to make adoption of NIMS by state, tribal, and local organizations a condition for federal preparedness assistance beginning in fiscal year 2005. In addition, all state, tribal, and local emergency personnel with a direct role in emergency preparedness, incident management or response were to have completed NIMS training by October 1, 2005.

Concepts and Principles

Flexibility

NIMS provides a consistent, flexible and adjustable national framework within which government and private entities at all levels can work together to manage domestic incidents, regardless of their cause, size, location or complexity.

Standardization

NIMS provides a set of standard organizational structures, as well as requirements for processes, procedures and

systems designed to improve operability among jurisdictions and disciplines in various areas.

NIMS Components

Command and Management

NIMS standard incident command structures are based on three key organizational systems:

- The Incident Command System
- Multi-agency Coordination (MAC) System
- Public Information Systems

Preparedness

The range of deliberate, critical tasks and activities necessary to build, sustain, and improve the operational capability to prevent, protect against, respond to, and recover from domestic incidents. Preparedness is a continuous process.

Preparedness involves efforts at all levels of government and between government and private-sector and nongovernmental organizations to identify threats, determine vulnerabilities, and identify required resources. Within the NIMS, preparedness is operationally focused on establishing guidelines, protocols, and standards for planning, training and exercises, personnel qualification and certification, equipment certification, and publication management.

Resource management

Efficient incident management requires a system for identifying available resources at all jurisdictional levels to enable timely and unimpeded access to resources needed to prepare for, respond to, or recover from an incident. Resource management under the NIMS includes mutual-aid agreements; the use of special Federal, State, local, and tribal teams; and resource mobilization protocols.

Communications and information management

NIMS requires incident management organizations to ensure that effective interoperable communications and information management processes, procedures and systems exist to support a wide variety of incident management activities across agencies and jurisdictions.

Incident Command System

Center of Excellence in Disaster Humanitarian Assistance describes the Incident Command System (ICS) as, "a set of personnel, policies, procedures, facilities, and equipment, integrated into a common organizational structure designed

to improve emergency response operations of all types and complexities." ICS is based upon a flexible, scalable response organization providing a common framework within which people can work together effectively. These people may be drawn from multiple agencies that do not routinely work together, and ICS is designed to give standard response and operation procedures to reduce the problems and potential for miscommunication on such incidents. ICS has been summarized as a "first-on-scene" structure, where the first responder of a scene has charge of the scene until the incident has been declared resolved, a superior-ranking responder arrives on scene and seizes command, or the Incident Commander appoints another individual Incident Commander.

Overview

ICS consists of a standard management hierarchy and procedures for managing temporary incident(s) of any size. ICS procedures should be prepositioned: Sanctioned by legitimate authorities, and then trained-with well before an incident occurs.

ICS includes procedures to select and form temporary management hierarchies to control funds, personnel, facilities, equipment, and communications. Personnel are selected according to standard rules previously sanctioned by legitimate authorities. ICS is a system designed to be used or applied from the time an incident occurs until the requirement for management and operations no longer exist.

ICS is interdisciplinary and organizationally flexible to meet the following management challenges:

- Meets the needs of a jurisdiction to cope with incidents of any kind or complexity (i.e. it expands or contracts as needed).
- Allows personnel from a wide variety of agencies to meld rapidly into a common management structure with common terminology.
- Provide logistical and administrative support to operational staff.
- Be cost effective by avoiding duplication of efforts, and continuing overhead.

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- Provide a unified, centrally authorized, legitimate emergency organization.

History

ICS was originally developed in the 1970s during massive wildfire suppression efforts in California and following a series of catastrophic wildfires in California's urban interface. Property damage ran into the millions, and many people died or were injured. Studies determined that response problems often related to communication and management deficiencies rather than lack of resources or failure of tactics. ICS fell under California's Standardized Emergency Management System or SEMS. In 2003, SEMS went national with the passage of Homeland Security Directive number 5 "mandating" all federal, state, and local agencies use NIMS or the National Incident Management System to manage emergency in order to receive federal funding.

Weaknesses in incident management were often due to:

- Lack of accountability, including unclear chains of command and supervision.
- Poor communication due to both inefficient uses of available communications systems and conflicting codes and terminology.
- Lack of an orderly, systematic planning process.
- No predefined methods to integrate inter-agency requirements into the management structure and planning process effectively.
- Freelancing by individuals with specialized skills during an incident without coordination with other first responders
- Lack of knowledge with common terminology during an incident.

Emergency managers determined that the existing management structures — frequently unique to each agency — did not scale to dealing with massive mutual aid responses involving dozens of distinct agencies and when these various agencies worked together their specific training and procedures clashed. As a result, a new command and control paradigm was collaboratively developed to provide a consistent, integrated framework for the management of all incidents from small incidents to large, multi-agency emergencies.

Jurisdiction and Legitimacy

In the United States, ICS has been tested by more than 30 years of emergency and non-emergency applications. All levels of government are required to maintain differing levels of ICS training and private sector organizations regularly use ICS for management of events. ICS is widespread in use from law enforcement to every-day business, as the basic goals of clear communication, accountability, and the efficient use of resources are common to incident and emergency management as well as daily operations. ICS is mandated by law for all Hazardous Materials responses nationally and for many other emergency operations in most states. In practice, virtually all EMS and disaster response agencies utilize ICS, in part after the United States Department of Homeland Security mandated the use of ICS for emergency services throughout the United States as a condition for federal preparedness funding. As part of FEMA's National Response Plan (NRP), the system was expanded and integrated into the National Incident Management System (NIMS).

Basis**Incidents**

Incidents are defined within ICS as unplanned situations necessitating a response. Examples of incidents may include:

- Emergency medical situation (ambulance service)
- Hazardous material spills
- Terrorist attacks
- Natural disasters such as wildfires, flooding, earthquake or tornado
- Man-made disasters such as vehicle crashes, industrial

accidents, train derailments, or structure fires

- Search and Rescue operations
- Hostage crises

Key Concepts**Unity of Command**

Each individual participating in the operation reports to only one supervisor. This eliminates the potential for individuals to receive conflicting orders from a variety of supervisors, thus increasing accountability, preventing freelancing, improving the flow of information, helping with the coordination of operational efforts, and enhancing operational safety. This concept is fundamental to the ICS chain of command structure.

Common Terminology

Individual response agencies previously developed their protocols separately, and subsequently developed their terminology separately. This can lead to confusion as a word may have a different meaning for each organization.

When different organizations are required to work together, the use of common terminology is an essential element in team cohesion and communications, both internally and with other organizations responding to the incident.

The Incident Command System promotes use of a common terminology, and has an associated glossary of terms that help bring consistency to position titles, the description of resources and how they can be organized, the type and names of incident facilities, and a host of other subjects. The use of common terminology is most evident in the titles of command roles, such as Incident Commander, Safety Officer or Operations Section Chief.

Management by Objective

Incidents are managed by aiming towards specific objectives. Objectives are ranked by priority, should be as specific as possible, must be attainable and if possible given a working time-frame. Objectives are accomplished by first outlining strategies (general plans of action), then determining appropriate tactics (how the strategy will be executed) for the chosen strategy.

Flexible and Modular Organization

Incident Command structure is organized in such a way as to expand and contract as needed by the incident scope, resources and hazards. Command is established in a top-down fashion, with the most important and authoritative positions established first. For example, Incident Command is established by the first arriving unit.

Only positions that are required at the time should be established. In most cases, very few positions within the command structure will need to be activated. For example, a single fire truck at a dumpster fire will have the officer filling the role of IC, with no other roles required. As more trucks get added to a larger incident, more roles will be delegated to other officers and the Incident Commander (IC) role will probably be handed to a more-senior officer.

Only in the largest and most complex operations would the full ICS organization be staffed. Conversely, as an incident scales down, roles will be merged back up the tree until there is just the IC role remaining.

Span-of-control

To limit the number of responsibilities and resources being managed by any individual, the ICS requires that any single person's span of control should be between three and seven individuals, with five being ideal. In other words, one manager should have no more than seven people working under them at any given time. If more than 7 resources are being managed by an individual, then they are being overloaded and the command structure needs to be expanded by delegating responsibilities (e.g. by defining new sections, divisions, or task forces). If fewer than three, then the position's authority can probably be absorbed by the next highest rung in the chain of command.

Coordination

Coordination on any incident or event is possible and effective due to the implementation of the following concepts:

Incident Action Plan

Incident Action Plans ensure that everyone is working in

concert toward the same goals set for that operational period by providing all incident supervisory personnel with direction for actions to be taken during the operational period identified in the plan. Incident Action Plans provide a coherent means of communicating the overall incident objectives for both operational and support activities. They include measurable strategic objectives to be achieved in a time frame called an Operational Period. They may be verbal or written except for hazardous material incidents where it must be written, and are prepared by the Planning Section.

The consolidated IAP is a very important component of the ICS that reduces freelancing and ensures a coordinated response. At the simplest level, all Incident Action Plans must have four elements:

- What do we want to do?
- Who is responsible for doing it?
- How do we communicate with each other?
- What is the procedure if someone is injured?

Comprehensive Resource Management

Comprehensive Resource Management is a key management principle that implies that all assets and personnel during an event need to be tracked and accounted for. It can also include processes for reimbursement for resources, as appropriate. Resource management includes processes for:

- Categorizing resources.
- Ordering resources.
- Dispatching resources.
- Tracking resources.
- Recovering resources.

Comprehensive Resource Management ensures that visibility is maintained over all resources so they can be moved quickly to support the preparation and response to an incident, and ensuring a graceful demobilization. It also applies to the classification of resources by type and kind, and the categorization of resources by their status.

• Assigned resources are those that are working on a field assignment under the direction of a supervisor.

• Available resources are those that are ready for deployment(staged), but have not been assigned to a field assignment.

• Out-of-service resources are those that are not in either the "available" or "assigned" categories. Resources can be "out-of-service" for a variety of reasons including: resupplying after a sortie (most common), shortfall in staffing, personnel taking a rest, damaged or inoperable.

T-Cards (ICS 219, Resource Status Card) are most commonly used to track these resources. The cards are placed in T-Card racks located at an Incident Command Post for easy updating and visual tracking of resource status.

Integrated Communications

The use of a common communications plan is essential for ensuring that responders can communicate with one another during an incident. Communication equipment, procedures, and systems must operate across jurisdictions (interoperably). Developing an integrated voice and data communications system, including equipment, systems, and protocols, must occur prior to an incident.

Effective ICS communications include three elements:

- Modes: The "hardware" systems that transfer information.
- Planning: Planning for the use of all available communications resources.
- Networks: The procedures and processes for transferring information internally and externally.

Composition**Incident Commander**

• Single Incident Commander - Most incidents involve a single Incident Commander. In these incidents a single person commands the incident response and is the decision-making final authority.

• Unified Command - A Unified Command is used on larger incidents usually when multiple agencies are involved. A Unified Command typically includes a command representative from major involved agencies and one from that group to act as the spokesman, though not designated as an Incident Commander. A Unified Command acts as a single entity.

Understanding the NICS

- Area Command - During multiple-incident situations, an Area Command may be established to provide for Incident Commanders at separate locations. Generally, an Area Commander will be assigned - a single person - and the Area Command will operate as a logistical and administrative support. Area Commands usually do not include an Operations function.

Command Staff

- Safety Officer - The Safety Officer monitors safety conditions and develops measures for assuring the safety of all assigned personnel.

- Public Information Officer - The Public Information Officer serves as the conduit for information to internal and external stakeholders, including the media or other organizations seeking information directly from the incident or event.

- Liaison - A Liaison serves as the primary contact for supporting agencies assisting at an incident.

General Staff

- Operations Section Chief - The Operations Section Chief is tasked with directing all actions to meet the incident objectives.

- Planning Section Chief - The Planning Section Chief is tasked with the collection and display of incident information, primarily consisting of the status of all resources and overall status of the incident.

- Finance/Administration Section Chief - The Finance/Admin. Section Chief is tasked with tracking incident related costs, personnel records, requisitions, and administering procurement contracts required by Logistics.

- Logistics Section Chief - The Logistics Section Chief is tasked with providing all resources, services, and support required by the incident.

200-Level ICS

At the ICS 200 level, the function of Information and Intelligence is added to the standard ICS staff as an option. This role is unique in ICS as it can be arranged in multiple ways

based on the judgement of the Incident Commander and needs of the incident. The three possible arrangements are:

- Information & Intelligence Officer, a position on the command staff.
- Information & Intelligence Section, a section headed by an Information & Intelligence Section Chief, a General Staff position.

- Information & Intelligence Branch, headed by an Information & Intelligence Branch Director, this branch is a part of the Planning Section.

400-Level ICS

At the ICS 400 level, the focus is on large, complex incidents. Topics covered include the characteristics of incident complexity, the approaches to dividing an incident into manageable components, the establishment of an "Area Command," and MultiAgency Coordination (MAC). Some of the options for dividing an incident into components include the following:

- Dual Operations Section Chiefs.
- Dual Logistics Section Chiefs.

While the dual OSC and LSC approaches are taught in the FEMA curriculum, most practitioners of ICS dis-

prove of this expansion technique.

Design

Personnel

ICS is organized by levels, with the supervisor of each level holding a unique title (e.g. only a person in charge of a Section is labeled "Chief"; a "Director" is exclusively the person in charge of a Branch). Levels are:

- Incident Commander
- Command Staff Member (Officer)- Command Staff
- Section (Chief)- General Staff
- Branch (Director)
- Division (Supervisor) - A Division is a unit arranged by geography, along jurisdictional lines if necessary, and not based on the makeup of the resources within the Division.
 - Group (Supervisor) - A Group is a unit arranged for a purpose, along agency lines if necessary, or based on the makeup of the resources within the Group.
 - Unit, Team, or Force (Leader) - Such as "Communications Unit," "Medical Strike Team," or a "Reconnaissance Task Force." A Strike Team is composed of same resources (four ambulances, for instance) while a Task Force is composed of different types of resources (one ambulance, two fire trucks, and a police car, for instance).
- Individual Resource. This is the smallest level within ICS and usually refers to a single person or piece of equipment. It can refer to a piece of equipment and operator, and less often to multiple people working together.

Facilities

ICS uses a standard set of facility nomenclature. ICS facilities include: Pre-Designated Incident Facilities: Response operations can form a complex structure that must be held together by response personnel working at different and often widely separate incident facilities. These facilities can include:

- Incident Command Post (ICP): The ICP is the location where the Incident Commander operates during response operations. There is only one ICP for each incident or event, but it may change locations during the event. Every incident or event must have some form of an Incident Command Post. The ICP may be located in a vehicle, trailer, tent, or within a building. The ICP will be positioned outside of the present and potential hazard zone but close enough to the incident to maintain command. The ICP will be designated by the name of the incident, e.g., Trail Creek ICP.

- Staging Area: Can be a location at or near an incident scene where tactical response resources are stored while they await assignment. Resources in staging area are under the control of the Logistics Section and are always in available status. Staging Areas should be located close enough to the incident for a timely response, but far enough away to be out of the immediate impact zone. There may be more than one Staging Area at an incident. Staging Areas can be collocated with the ICP, Bases, Camps, Helibases, or Helispots.

- A Base is the location from which primary logistics and administrative functions are coordinated and administered. The Base may be collocated with the Incident Command Post. There is only one Base per incident, and it is designated by the incident name. The Base is established and managed by the Logistics Section. The resources in the Base are always out-of-service.

- Camps: Locations, often temporary, within the general incident area that are equipped and staffed to provide sleeping, food, water, sanitation, and other services to response personnel that are too far away to use base facilities. Other resources may also be kept at a camp to support incident operations if a Base is not accessible to all resources. Camps are designated by geographic location or number. Multiple Camps may be used, but not all incidents will have Camps.

- A Helibase is the location from which helicopter-centered air operations are conducted. Helibases are generally used on a more long-term basis and include such services as fueling and maintenance. The Helibase is usually designated by the name of the incident, e.g. Trail Creek Helibase.

- Helispots are more temporary locations at the incident, where helicopters can safely land and take off. Multiple

Helispots may be used.

Each facility has unique location, space, equipment, materials, and supplies requirements that are often difficult to address, particularly at the outset of response operations. For this reason, responders should identify, pre-designate and pre-plan the layout of these facilities, whenever possible.

On large or multi-level incidents, higher-level support facilities may be activated. These could include:

- Joint Information Center (JIC):
- Emergency Coordination Center (ECC):
- Multiple Agency Coordination Center (MACC): Also known as an Emergency Operations Center, the MACC is a central command and control facility responsible for the strategic, or "big picture" of the disaster. Personnel within the MACC use Multi-agency Coordination to guide their operations. The MACC coordinates activities between multiple agencies and does not normally directly control field assets, but makes strategic decisions and leaves tactical decisions to individual agencies. The common functions of all EOCs is to collect, gather and analyze data; make decisions that protect life and property, maintain continuity of the government or corporation, within the scope of applicable laws; and disseminate those decisions to all concerned agencies and individuals.

Equipment

ICS uses a standard set of equipment nomenclature. ICS equipment include:

- Tanker - This is an aircraft that carries fuel (Fuel Tanker) or water (Water Tanker).
- Tender - Like a tanker, but a ground vehicle, also carrying fuel (Fuel Tender) or water (Water Tender).

Type and kind

The "type" of resource describes the size or capability of a resource. For instance, a 50 kW (for a generator) or a 3-ton (for a truck). Types are designed to be categorized as "Type 1" through "Type 5" formally, but in live incidents more specific information may be used.

The "kind" of resource describes what the resource is. For instance, generator or a truck. The "type" of resource describes a performance capability for a kind of resource for instance, In both type and kind, the objective must be included in the resource request. This is done to widen the potential resource response. As an example, a resource request for a small aircraft for aerial reconnaissance of a search and rescue scene may be satisfied by a National Guard OH-58 Kiowa helicopter (Type & Kind: Rotary-wing aircraft, Type II/III) or by a Civil Air Patrol Cessna 182 (Type & Kind: Fixed-wing aircraft, Type I). In this example, requesting only a fixed-wing or a rotary-wing, or requesting by type may prevent the other resource's availability from being known.

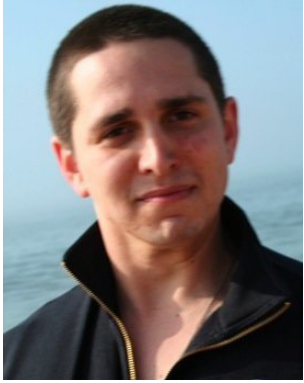
Command transfer

A role of responsibility can be transferred during an incident for several reasons: As the incident grows a more qualified person is required to take over as Incident Commander to handle the ever-growing needs of the incident, or in reverse where as an incident reduces in size command can be passed down to a less qualified person (but still qualified to run the now-smaller incident) to free up highly-qualified resources for other tasks or incidents. Other reasons to transfer command include jurisdictional change if the incident moves locations or area of responsibility, or normal turnover of personnel due to extended incidents. The transfer of command process always includes a transfer of command briefing, which may be oral, written, or a combination of both.

Training resource material

- FEMA ICS 100-200 courses (available online)
- FEMA ICS 300-400 courses (available resident)
- FEMA E-449 course (Train-the-Trainer ICS 100-400) (available resident)
- FEMA Emergency Management Institute (classes, materials)

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