

BANSHEE

PRAY FOR THE DEAD; FIGHT LIKE HELL FOR THE LIVING



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THE BANSHEE

PRAY FOR THE DEAD, FIGHT LIKE HELL FOR THE LIVING



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Editor-in-Chief

Lauren Cullen

Editor of Layout & Design

Nick Z. Taylor-Rosenbaum

Art Editor

Fariya Mughal

Contributing-Writers

WEMT-P Michael Mastroianni

FF-EMT-P Eric Adman

EMT-P Victor Cange

EMT Walter Adler

EMT Dave Briscoe

FF Armandeus Davidson

Lauren Cullen

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Elbert Chu

Wilkinson Francois

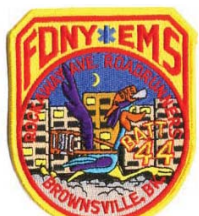
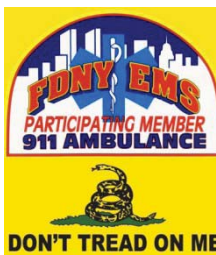
Contributing Photographers

Jon Denby

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Letter from the Editor:

We are pleased to release the sixth edition of the Banshee Newspaper. We're very proud of the job our EMS workers do for this great city. And we as a paper and association are dedicated to fighting for you.

Our mission here at the Banshee News Service is to highlight the incredible work you do for the people of New York 24 hours a day, 7 days a week. It seems the majority of the stories involving EMS that get the mainstream media coverage are the negative ones. When you save a life you're "just doing your job", when you get jammed up it's a media circus. Banshee supports our City's EMS workers, and aims to print positive, EMS-related local, national, and international news. We do not wish to be perceived as 'anti-' anything—we are simply 'pro-EMS'. But we are not afraid to speak truth to power.

This issue addresses the encouraging progress made by EMS workers from around the country working with the people of Haiti to educate them in BLS skills, get them certified, and get them working in the now-being-organized first EMS response system Port-Au-Prince has seen...ever. Right now is a crucial part of this process—a 3-digit emergency number has just been established in Port-Au-Prince, and 103 ambulances have been donated by Cuba and Brazil. Volunteer EMTs and Paramedics from across the USA have to date fully trained 42 Haitian emergency medical workers. A new EMS Class goes in April 1st. Read inside to get involved in training young Haitian men and women to staff this nascent medical service, which the people of Port-Au-Prince so desperately need. The battle for EMS in Haiti has only just begun.

Banshee also supports universal human rights—and the full and equal participation of minorities and women in every aspect of American society.

We'd love to hear your feedback on how we can improve this paper, since we ultimately publish it for you. Reach out and get more involved. Submit material for possible print in upcoming issues. Enlist in our growing distribution command. Step up and become a delegate. If you know anyone who would like to place an ad in our paper or if you frequent any places that give a discount to EMS workers: it works like this: sell an ad in the paper, keep 50% of the ad fee for yourself. Also never hesitate to keep us informed.

The Banshee Association is fighting a two front war with an all-volunteer staff of medical workers, teachers, civil servants, CUNY students, and EMS just like you. We are fighting in the dark, and fighting an always uphill battle. Over EMS 125 members of service (from FDNY EMS and Transcare in particular) have sustained this effort since 2008. Six issues, three deployments to Haiti, and four years of struggle later:

Our objective is ONE BIG EMS UNION in NYC and a modern emergency medical system for the people of Haiti. And we remind you to believe in EMS and to believe in each other.

Thank you for supporting the Banshee News Service. Pray for the dead, fight like hell of the living. The Banshee howls for you.

Lauren Cullen,
Editor in Chief

Purchase equipment for EMS in Haiti here:

<http://bit.ly/GTNKbf>

EMS IS BORN IN THE CITY OF PORT-AU-PRINCE

Victor Cange - EMT-P
Wilkinson Francois
Walter Adler - EMT

Last year, an all civilian network composed almost entirely of American EMTs and Paramedics tailored an EMS curriculum to Haiti and then deployed to the island on January 8th, 2011. Deploying in one to two-week waves, teams from New York, Miami, Chicago and Las Vegas sustained a small EMS Training base in Port Au Prince 6 days a week for the next six months.

These volunteers, recruited by the New York City Banshee Association and assisted logistically by Lend a Hand and Foot (L.A.H.A.F.), drilled, trained, and regimented an all-Haitian medical cluster called the Gwoup Ayisyen pou Ijans-Haitian Emergency Group (G.A.I.-H.E.G.) into a guerilla medical rescue service.

They are the first volunteer EMS force in Haitian history.

Since January 22nd, 2010, an Alliance of several EMS associations in New York, Miami, Chicago, Las Vegas, and Port Au Prince have organized and sustained the training of 28 registered Haitian EMTs and 65 first responders in the City of Port Au Prince. As of January 26th, 2012 GAI, LAHAF, and Banshee have joined forces with groups including JP-HRO, EMPACT Northwest and Global DIRT to found an EMS Consortium in Port Au Prince to coordinate the strategy between partnered organizations to make Haitian EMS a reality in the next five years.

The next BLS Class will be starting in April, organized by EMPACT Northwest and taught by instructors from Banshee, Global DIRT, and other allied organizations. Another class will follow this summer in Cap Haitian, the second largest city in the country.



Immediately after the devastation of the January 12th, 2010 earthquake, G.A.I. was born. Just ten days after over 300,000 women, men and children were swallowed by the earth, a group of New York EMTs and Medics convinced a crowd of young Haitian women and men that if we united, there could be real change in Haiti's healthcare system, beginning with a functional EMS corps. They realized, as we realized, that it wasn't just the earthquake that killed all those people—it was lack of building codes, lack of housing, lack of jobs, and years of neglect.

Of course, no one believed in us, but we believed in each other.

The "professionals" in various agencies and NGO's we would do better not to list, assured us from the beginning that 'we didn't have the resources'. We were told that 'the Haitians will never go to class unless they are offered jobs and money'. Even that 'Haitians are violent' and that they will 'kidnap, rape, murder and rob our volunteers.' And of course that 'Haiti is a hopeless place and that we were all doing something very dangerous and foolish and ineffective'.

We have persevered. We are united behind an idea. And certainly the examination on January 22nd, 2012 has proven that the 28 G.A.I. EMTs are as competent as any of their American counterparts.

We are not development professionals, nor are we experts on anything. We are not the usual suspects. We are Emergency Medical Workers: the inglorious bastards of healthcare.

Those drastic predictions were wrong. No has died or has been permanently injured. The entire operation was run on a budget not exceeding \$50,000.00 in cash & supplies, made largely at dinner and dancehall parties as well as private donations from the Haitian Diaspora. Hundreds from around the United States donated over \$5,000.00 worth of Basic Life Support equipment. Thousands believed in this, and supported in ways big and small.

The name of this all-Haitian outfit is the Gwoup Ayisyen pou Ijans, the Haitian Emergency Group. GAI is a human rights oriented medical Kombit (mutual aid cluster) that is comprised of over 125 Haitian community health workers. Its aim is to become the backbone of Haiti's first civilian emergency medical service. And of course, to help rebuild and restore in Haiti not only a functional health care system, but also restore basic human rights to their people.

On January 22nd, 2012, two years to



the date of its formation, 28 members of GAI took an 100-question EMT written exam and completed 5 practical skill stations timed and proctored by Haitian MDs from the FRAED Medical Kombit. Witnesses from EMPACT Northwest (who certified 17 Haitian police as EMS last September and have a class going in April 2012), JP-HRO (Sean Penn's mostly Haitian run organization responsible for some of Haiti's largest internal displacement camps), and the world famous Partner's in Health organization (running twelve medical outposts in Haiti's Western & Artibonite Region, as well as soon the nation's largest hospital in Mireballes) all sent witnesses to observe the testing.

All 28 passed their written and practical exams

which will soon be presented to Haitian Health Ministry official Dr. Claude Sureana our official liaison with the MSPP, Haitian Health Ministry.

This is a crucial time, and the struggle has really just begun. We call on every woman and man in the emergency medical services to support this effort with your time and trade. Here in the US you have been reduced to a collection agency, poorly paid, poorly treated and long abused. In Haiti and the developing world where men, women and children die of preventable disease and simple injury, your skills are needed on the front lines. If you give just one week, you can teach another human how to save many lives.

We call upon the Haitian Diaspora to support an Alliance which calls for Haiti to be controlled by Haitians, and development in the form of a Haitian medical education infrastructure employing Haitians. We promise a total break from the

NGO mentality of 'aid' and 'charity'. We support self-determination and allow ourselves to be led by our Haitian friends on the ground.

Finally, to all professionals, disaster mongers, specialists, technocrats and development professionals: it has been said that despite all the efforts and plans of the Oxford-Harvard-Columbia-Yale circus, 58 countries on earth, including Haiti, seem to actually be getting less developed year by year. Our only guess is that in the professional world there may well exist a certain contempt for the poor. A certain lack of belief that they are able to be treated as equal partners in their development. We fear these countries are

seen as "markets", not nations yearning to have human rights and opportunity.

Something must change. Real change, from the bottom up. With 32 volunteers, \$50,000 dollars, and the total involvement of the people, we have assisted in every aspect of planning and training, and so far, 28 Haitian EMTs have been trained. EMPACT has trained another 14. There is progress being made right now, and the men and women of the GAI are involved with these positive developments. 106 van-type ambulances have just been turned over to the MSPP from Cuba and Brazil. A new 3-digit number has been established in Port Au Prince for Emergency Response. Banshee, EMPACT, GAI and the allied organizations of the EMS consortium are organizing three new EMS classes in Port Au Prince beginning this April. And this is just the beginning. EMS, onwards to victory!

Victor, Wilkinson, and Walter are delegates of the NYC Banshee Association and participants in Haiti EMS program during Waves 01, 02, 03 and 04.

Real change, from the bottom up.
With 32 volunteers, \$50,000, and the total involvement of the people.



Gwoup Ayisyen pou Ijans HAITIAN EMERGENCY GROUP



My name is Gerard Jr Prévot, Chief of Staff of the (GAI-HEG) Gwoup Ayisyen pou Ijans- Haitian Emergency Group. On behalf of the GAI, the honor falls to me to present this statement as a way forward; our goals and accomplishments in a few paragraphs, so that our brothers and sisters in the diaspora and the world might know that there are in Haiti young patriots unceasingly dedicated to serving their country in order to bring effective change to our health system and marshal a response to the medical emergencies which plague our nation.

We are the Gwoup Ayisyen pou Ijans, the Haitian Emergency Group. (GAI.HEG).

We are young women and men of Haiti who seek to provide emergency medical care and public health improvements to our people.

Our country before and after the devastation of the 2010 earthquake has lacked a modern medical infrastructure operated by and employing Haitian nationals as health care providers.

In the aftermath of the devastation Port Au Prince, the capital home to over a million people has no 24 hour emergency room or receiving hospitals, no equivalent of a 911 call system, virtually no indigenous medical services provided for the poor, no ambulances operated by Haitians, and numerous impassible roads. Most importantly there are no functional institutions to train us in the medical professions and allow us to help, heal and save our own.

In response to this situation, we are building a volunteer Emergency Medical System (EMS) in the nation of Haiti. We seek to empower young Haitians to learn medical skills from the bottom up and become directly involved in the health of the nation.

There is no precedent for an Emergency Medical System in Haiti. To that end it has been our objective to raise one out of the rubble. To show the world that we Haitians are not only resilient but desirous of dignity. That we as a people wish to be empowered to rebuild not just better, but capable of providing for our people's needs.

We have been engaged in this effort since January 22nd, of 2010. In the immediate aftermath of the earthquake we encountered a group of foreign volunteers which had re-occupied the General Hospital on the sixth day of the quake. They were all civilians from the greater New York area. Many were Haitian-American nurses and doctors from the AMHE (Haitian Physicians Abroad). They were assisted by Fire Fighters, Emergency Medical Technicians (EMTs) and Paramedics from diverse American backgrounds. It was while working with these American EMTs we discovered a means by which not only we could assist in the relief efforts following the 2010 Earthquake, but might go on to shape the way our country responds to future disasters and the ongoing epidemics of disease and poverty.

On Friday Januray 22nd, 2010 a group of New York EMTs and Spanish Fire Fighters working at General Hospital called a meeting attracting over a hundred young Haitian medical students, boy scouts, church kids, street youth and numerous others who were volunteering at the hospital or caring for their injured family members. They explained to us that they could begin training us in basic life support skills and that if we were dedicated we could one day become EMTs.

On that day, G.A.I.-H.E.G. was born. A list was made and training began. Soon many of us were enlisted in a wide range of rescue and recovery efforts. And when our new American and Spanish friends left, they promised that if we kept organizing they would return with people who could train us in this profession we'd never known to exist before.

Shortly after their departure we continued to train these young people in first aid and have also organized them to attend seminars training in psychology, first aid and pre-hospital care through a number of foreign organizations. The American EMT friends in Banshee Association put us in touch with rescuers in Canadian Red Cross and IsrAid which gave us more training.

On January 5th, 2011, one year after the earthquake, EMTs and Paramedics recruited by our American EMT allies began arriving in Port Au Prince bringing with them training equipment and expertise. They set up a school at Delmas 75 and between January 2011 and July 2011 American instructors from New York, Miami, Chicago and Las Vegas taught GAI-HEG a modified Emergency Medical Technician Course recognized by the Haitian Health Ministry. Thanks to the work of our allies in the United States, and those individuals we organized with here in Haiti, we have trained over 60 young people in the field of EMS with the participation of Lend A Hand And Foot (LAHAF) as the organization that helped facilitate the logistics of training.

We have received a large amount of medical equipment as well, such as: splints, long boards, CPR mannequins, stethoscopes, uniforms, wound dressings and blood pressure cuffs raised in a supply drive by our allies for training. We are now proud to say that we are the first EMS organization of Haiti. The information we have received is the same as that which an EMT of the United States receives and we are already in practice training others in the skills taught to us by our friends in Banshee Association and LAHAF.

We are a volunteer emergency medical service that seeks to form the nucleus of an indigenous Haitian health care system from the bottom up. But we are also a grass roots Haitian movement leading an effort to restore the health care system of this country by acquiring the skills needed to help, heal, and save our people.

Nous sommes le Gwoup Ayisyen Pou Ijans, le Groupe Urgence Haïti. (GAI.HEG).

Nous sommes des jeunes femmes et les hommes d'Haïti qui cherchent à fournir des soins médicaux d'urgence et l'amélioration de la santé publique pour notre peuple.

Notre pays avant et après la dévastation du tremblement de terre 2010 a manqué d'une infrastructure moderne médicale exploitée par et employant des ressortissants haïtiens en tant que prestataires de soins de santé.

Dans la foulée de la dévastation de Port-au-Prince, la capitale à plus d'un million de personnes n'a pas un service d'urgence 24 sur 24 où les hôpitaux reçoivent, et sans équivalent d'un système d'appel 911, pratiquement pas de services médicaux fournis indigènes pour les pauvres, pas d'ambulances exploitées par les Haïtiens, et de nombreuses routes impraticables. Surtout il n'y a pas d'institutions fonctionnelles pour nous former dans les professions médicales et nous permettent d'aider, a guérir et sauver les nôtres.

En réponse à cela: Nous construisons un système médical d'urgence (SMU) dans la nation d'Haïti. Nous cherchons à responsabiliser les jeunes Haïtiens à acquérir des compétences médicales de bas en haut et à s'impliquer directement dans la santé de la nation.

Il n'existe aucun précédent pour un système médical d'urgence en Haïti. À cette fin, il a été notre objectif d'en créer un parmi les décombres. Pour montrer au monde que nous les Haïtiens ne sont pas seulement résistants, mais désireux de dignité. Que nous en tant que peuple souhaitent être habilités à reconstruire non pas seulement mieux, mais capable de subvenir aux besoins de notre peuple.

Nous avons été engagés dans cet effort depuis Janvier 22, 2010. Dans la foulée du tremblement de terre nous avons rencontré un groupe de volontaires étrangers qui avaient réoccupé l'Hôpital général sur le sixième jour du séisme. Ils étaient tous des civils de la grande région de New York. Beaucoup ont été haïtiano-américaine des infirmières et des médecins de l'AMHE (médecins haïtiens à l'étranger). Ils étaient assistés par les pompiers, les techniciens médicaux d'urgence (EMT) s et paramédics de diverses origines américaines. C'est en travaillant avec ces techniciens ambulanciers américains, nous avons découvert un moyen par lequel non seulement nous pouvions contribuer aux efforts de secours après le séisme de 2010, mais pourrait passer à façonner la manière dont notre pays répond à de futures catastrophes et les épidémies en cours de la maladie et la pauvreté.

Le vendredi Janvier 22nd, 2010 un groupe de techniciens ambulanciers de New York et les pompiers espagnols travaillant à l'Hôpital général a rencontré a convoqué une réunion rassemble une centaine de jeunes étudiants en médecine haïtienne, les scouts, les enfants l'église, les jeunes de la rue et de nombreux autres qui faisaient du bénévolat à l'hôpital ou de prendre soin de membres de leur famille

blesés. Ils nous ont expliqué qu'ils ne pouvaient commencer à nous former dans les compétences de base en soutien de la vie et que si nous étions dédiés on pourrait un jour devenir ambulanciers.

En ce jour G.A.I.-H.E.G. était né. Une liste a été faite et la formation a commencé. Bientôt beaucoup d'entre nous ont été enrôlés dans une large gamme de sauvetage et de récupération. Et quand nos nouveaux amis américains et espagnols de gauche, ils ont promis que si nous avons gardé l'organisation qu'ils reviendraient avec des gens qui pourraient nous former dans ce métier, nous n'avions jamais connu d'exister avant.

Peu après leur départ, nous avons continué à former ces jeunes en premiers soins et ont également organisé les séminaires de formation pour assister à la psychologie, les premiers secours et soins pré-hospitaliers à travers un certain nombre d'organisations étrangères. Les amis américains EMT à l'Association Banshee nous mettre en contact avec les sauveteurs en Croix-Rouge canadienne et de IsrAid qui nous a donné plus de formation.

Le 5 Janvier 2011, un an après le séisme, ambulanciers et paramédicaux recrutés par nos alliés américains ont commencé à arriver EMT à Port Au Prince apportant avec eux l'équipement de formation et d'expertise. Ils mettent en place une école à Delmas 75 et entre Janvier 2011 et Juillet 2011 instructeurs américains de New York, Miami, Chicago et Las Vegas enseigne GAI-HEG un cours d'urgence modifiés technicien médical. Merci à l'œuvre de nos alliés aux États-Unis, et ceux qui nous avons organisé ici en Haïti, nous avons formé plus de 60 jeunes dans le domaine de l'EMS avec la participation de prêter une main et du pied (LAHAF) comme l'organisation qui a contribué à faciliter la logistique de formation.

Nous avons reçu une grande quantité de matériel médical ainsi, tels que: les attelles, les longues planches, des mannequins RCP, des stéthoscopes, des uniformes, des pansements et des brassards de tension artérielle élevée dans un lecteur de fourniture par nos alliés pour la formation. Nous sommes maintenant fiers de dire que nous sommes les premiers EMS organisation de Haïti. Les informations que nous avons reçue est la même que celle qui une EMT des États-Unis ont reçu et nous sommes déjà dans d'autres formations pratiques dans les compétences enseignées par nos amis dans Banshee Association et LAHAF.

Nous sommes un service d'urgence médicale bénévole qui cherche à former le noyau d'un système de santé haïtien indigènes de soins par le bas. Mais, nous sommes également un mouvement populaire haïtien menant un effort pour rétablir le système de soins de santé de ce pays en acquérant les compétences nécessaires pour aider, guérir et sauver notre peuple.

*Written by the Executive Committee of
the Gwoup Ayisyen pou Ijans-
Haitian Emergency Group
GAI.Haiti@Gmail.Com*



Dr. Raed Arafat - a Romanian Medical Hero

Lauren Cullen

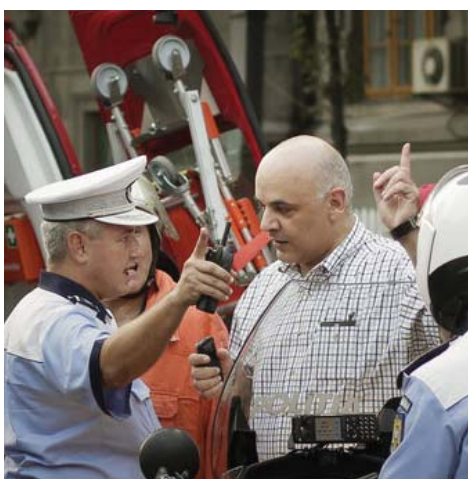
Born in Damascus, Syria to a Palestinian couple from Nablus, Palestine, and raised in Nablus, Dr. Raed Arafat has built an EMS system in Romania from the ground up which functions incredibly efficiently, in a country where much does not. He immigrated to Romania in 1981 to continue his medical education, and shortly embraced his adopted country. In doing so, he has arguably saved the lives of countless Romanians from all walks of life.

He is something of a popular hero in Romania, judging by the public's reaction to the Romanian President's pre-empted plan to do away with the system Dr. Arafat founded, the Mobile Emergency Service for Resuscitation and Extrication (SMURD), and privatize the country's health system, which the populous saw as breaking something that works in an apparent governmental power or money grab.

When Dr. Arafat immigrated to Romania, he initially settled in Pitești, where he took Romanian language classes, and later enrolled at the University of Medicine and Pharmacy in Cluj-Napoca. As stated on the True Romania blog, Arafat contemplated leaving for France in the aftermath of the 1989 Revolution, but ultimately dedicated himself to creating an emergency service in Târgu Mureș, which he originally financed with personal funds. According to the NY Times, shortly after the fall of Communism in Romania in 1990, Dr. Arafat traveled to Regensburg, Germany, to buy a used emergency vehicle with a defibrillator and resuscitation kit, purchased with the help of friends from the German Red Cross. The young doctor drove the car, an Opel Kadett painted with white and orange stripes and capped with blue lights, back to Romania, where he was studying anesthesiology at the Târgu Mureș University of Medicine.

Dr. Arafat went on to undertake training with the Paris Fire Brigade, the United States National Guard, and the Norwegian Air Ambulance. In 1991, created the Mobile Emergency Service for Resuscitation and Extrication (SMURD), which began collaborating with the Romanian firefighter's service and the Fire Service of Scotland, working for it as a volunteer until 1998, when he became a naturalized citizen. Between 1990 and

1998, he and his entire staff worked as volunteers, because all equipment, medicine and supplies came in the form of donations from Scottish firefighters and medics. The community soon embraced the need (by experiencing the benefits of better standards) for this improved emergency system, and supported Dr. Arafat. In late 2005, his project to have SMURD function as an additional rescue service at a county level was passed into law. As asserted by Al Hayat wa Dounia newspaper, Dr. Arafat and his team also started the first resuscitation room in the space where the surgeons were changing their clothes, and their first statistical achievement was the lowering of the mortality rate by 50% in their first year of activity.



According to the New York Times, this past January, Dr. Arafat appeared on a Romanian television talk show to discuss government plans for a health care overhaul. Romanian President Traian Băsescu then phoned in to the program to intervene, berating Dr.

Arafat and accusing the doctor of lying when he said the government wanted to destroy the emergency system he had spent most of his life building.

Dr. Arafat resigned from office...and the people of Romania immediately took to the streets and squares in protest.

On its face, that type of popular protest would seem to be a severe reaction, in Romania or anywhere else, to the resignation of a government health official. But according to blogger Elizabeta Pop, even after President Băsescu ultimately withdrew the privatization proposal and reinstated Dr. Arafat to his Deputy Health Minister post, protesters in large numbers continued to occupy the streets and squares of Romanian cities. In a further attempt to quell the protests, Prime Minister Emil Boc fired Foreign Minister Teodor Baconschi for his insensitive comments about the protesters on his personal blog. Baconschi had called the protesters, or as he attempted to claim afterward, only 'some of them' "inept and violent slum dwellers". In February, Prime Minister Boc himself was forced to resign, for the sake of the 'stability of the country'. According to Ms. Pop, "Romanians have been patient at least until [January] when, as the Romanian saying goes, 'the blade has reached the bone'".

Bum Rush the Vote

Eric Tinker

Bum Rush the Vote is a movement to get money out of politics and people in. We are running George Martinez for Congress in New York's Seventh Congressional District. The district includes, Sunset Park, Red Hook, Carroll Gardens, South Slope, part of Brooklyn Heights, Dumbo, Williamsburg, Bed-Stuy and Bushwick in Brooklyn. In Queens it contains Ridgewood and part of Woodhaven. In Manhattan, part of the Lower East Side and all of Chinatown. It is the only Congressional district that encompasses three boroughs. George grew up in and around Sunset Park, Red Hook and Carroll Gardens.

Our movement seeks to engage the people of New York to believe as we do, that strong and positive change can be made through the electoral process. As such, we reach out to various communities around New York City. In this case, we are reaching out to you the EMTs and Paramedics that come to our aid in the worst moments of our lives. We know that EMTs often get the shaft in the FDNY hierarchy and understand that there is a push to organize Emergency Medical Workers in New York. We are behind this fully. To that end we support Labor Card Check, which means that if 51% or more of the workers in a particular want to organize then they will be recognized as a Union by the Government. George in his Congressional run is committed to this principle. As a son of a Department of Sanitation worker, he saw firsthand the strength that Unions brought to their members as a community. We would like to see that strength supplied to the brothers and sisters who keep us breathing when it's very hard to.

We are also aware of the Banshee's work in Haiti. Some of the organizers involved with Bum Rush the Vote played a role in providing resources to GAI in Port-au-Prince. We see this project as one of the most vital endeavors we've ever witnessed. The grassroots model that built GAI in Haiti and mobilized support here in New York, is the model we are working with to encourage political literacy and electoral engagement. If George is elected, we will make certain that he continues to monitor the progress of GAI, Banshee and



their other partners.

George is a Hip Hop Ambassador for the State Department. Using the language of Hip Hop he is able to enter into communities around Latin America and even some in Asia that the State Department would otherwise not be able to access. This outreach through the non-profit Global Block has helped bring resources to underserved communities using models not dissimilar from the GAI model.

We send this letter to y'all just to introduce ourselves. We hope you'll take an interest in what we are doing, as we continue our interest in what Banshee and the greater EMS community is doing. We are organizing block by block in New York City. Our goal is political literacy and citizen engagement to end the corporate lock on the political process and put the power back into the hands of the people. We love to see you use your collective power as a community to protect the men and women who provide one of the most important resources our city has, its emergency medical workers. If you feel so moved, and are a registered Democratic Party voter, we need petition carriers to help us get on the ballot. We stand in solidarity with our brothers and sisters in the EMS community and hope you'll reach out and make contact.

You can reach us at www.bumrushthevote.net or follow us on twitter @bumrushthevote

30 Years of Women Fighting Fires

Jessica Pilot

It's been almost 30 years since American women won the right to work as firefighters. But these brave women, who must pass the same entrance tests as men in the force, are still fighting to be recognized as "real firefighters."

"There are incidents where I'll be out doing work-related tasks and a civilian will ask me if I'm a 'real' firefighter. It gets old fast," says 31-year-old Chelsea Hope. "But I think the more women continue to join the ranks, the less we will face this."

Firefighter Brenda Berkman recalls that before legal cases such as a 1983 court ruling that permitted women to join the New York City fire department:

"It didn't matter if a woman was an Olympic athlete or 6'7" tall or the strongest woman on earth—all women were denied the opportunity to even apply to become New York City firefighters prior to 1977."

Berkman was the sole plaintiff in the '83 case, and subsequently one of the first

women employed by the New York City Fire Department, rising to the rank of Captain before her retirement in 2006. She was also among the rescue workers to report to Ground Zero on Sept. 11, 2001.

This year marks the 30th anniversary of women such as Berkman working in fire services across the U.S. In those years, they've had to fight hard to get a toehold in the male-dominated profession. Today, women still account for only 3.7 percent of the nation's professional firefighters. Many wear badges that read "fireman" or "hoseman" instead of "firefighter." Most are still issued baggy, ill-fitting uniforms made for men, which pose a potential hazard during fires by not fully covering their flesh.

Moreover, according to The International Association of Women in Fire and Emergency Service, 85 percent of women firefighters have experienced some form of sexual and gender-specific harassment on the job. Less than 5 percent of those incidents are ever reported. Instead, women tend to leave their positions or continue to take the abuse rather than endure what of-

ten prove to be fruitless court proceedings.

I spoke with Jaime Knudsen at the fire station in Oakland, Calif., where she has worked for the last 10 years. She says some men firefighters have shown a lack of support for her as a woman in the profession. "When I'm driving the truck or when on the nozzle, it just doesn't sit well with the men."

Women firefighters face public skepticism about whether they are really up for the job. "It's a physical job. It requires physical strength," said deputy chief of the FDNY Paul Mannix in his slight attempt to explain the astonishing gender gap within the FDNY (a mere 25 out of 11,500 New York City firefighters are women).

Organizations such as IWomen are dedicated to bringing women already in the ranks to the forefront while addressing crucial issues that often get lost in the

Continued on page 14



According to the FDNY:

- 3,481 women signed up for the most recent FDNY entrance exam, a record number.
- The exam runs the week of March 12, 2012, through April.
- About 1,400 women signed up for the 2007 exam.
- Currently, there are 24 female uniformed firefighters in the approximately 11,500-member FDNY.
- More than 60,000 people in total registered to take the test this year. There are an estimated 300 to 325 slots available.

PRESENTING THE 2ND SEASON OF MILES OF TREES



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We thank Cultivate Wines for their support of non-profits by giving away quarterly grants through a democratic online voting process.

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VOTE COMING UP: Please stay tuned for another online voting campaign between April 1 and June 30 with the goal of providing clean fuels & cook stoves to Haiti.

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One Big Union

Walter Adler - EMT

We are told that in certain FDNY circles, the idea of collaboration much less doing overtime with private or voluntary EMS companies is both heresy and general betrayal. It has been drilled in us by the 'old guard' that the privates want to 'steal your jobs'. Yet, economic conditions as they are now (and certainly before the recession) have driven a good number of our FDNY EMTs and paramedics to take on OT with voluntary hospitals and even transport units. While the watchword may be UNION and the fear of the faceless SCAB; our objectives must always remain to achieve solidarity with our sisters and brothers throughout citywide 911 EMS as well as that far more the far more numerous ranks of EMT/ Paramedics serving our city in transport as well as the women and men who staff volunteer trucks such as Flatlands, Parkslope, and the 11 divisions of Hatzolah.

We have a tendency to divide ourselves against ourselves; Fire Suppression against EMS, division against division, station against battalion. We love to trash on transport and think we are better than voluntary units.

And of course no one even bothers to hide their feeling about volunteers. But we are all emergency medical

workers. We call carry the blue card, we all took the practical skills examination, and while few of us will admit; we came here to serve our city. There are some far easier, far better paying hustles than ours.

We have a tendency to gripe, back bite, shit talk, belittle and put each other down. We complain endlessly. We call ourselves the 'red-headed step child' of the city services, yet fail to realize that both Fire Suppression, Sanitation and Law Enforcement have over 100 years of union struggle and history behind the demands they make for their workers; and each has union affiliated with a national or international body of men and women of their trades to which mutual aid and solidarity have been established.

The profession of EMS is less than 40 years old in its modernized civilian form. We will not be given a single thing we do not organize ourselves to take. The blue uniforms we wear, and more importantly the securities and bargaining independence we enjoy is directly linked to the hard battles Local 2507, 1199, NAEMT and the teamsters have fought in our

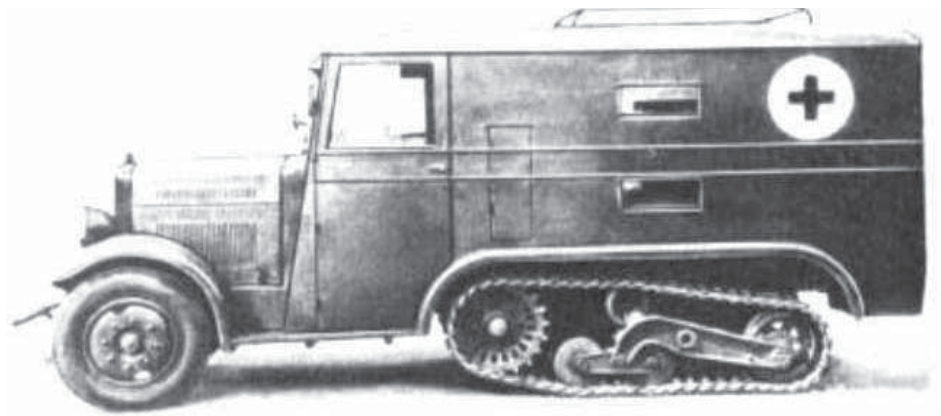
names. Those that complain and take no action, reap the rewards. If you do nothing, then more nothing you will enjoy. It is time for the new guard of EMS to come to some important realizations about the future and it is time to stop complaining and get organized.

First, unions will not win you the rights and raises you seek if you do not involve yourself in the workings of the only friends we have. If your shop is union then get more involved by supporting your delegate or running for delegate yourself if they aren't representing you well. There are a lot of amazing delegates out there, you just need to reach out to them and ask for something to do. You need to back political actions, engage in hearts and minds community projects with your station/battalion. AND ATTEND UNION MEETINGS.

If you don't think your delegate has your station/battalions back; then you need to unseat that delegate with someone who will fight for your interests and protect your rights. In between the 'Old School' and the 'New Guard' are numerous men and women who do the right thing, haven't gotten burnt, and should be encouraged to channel their views to leadership within the rank and file.

The unions protect our jobs, thus we must be involved in the workings of our unions. Right now three separate unions represent less than half of our total force citywide. Many shops are unorganized, especially in the transport sector. Ultimately none of these unions have to raw numbers EMS wise to be influenced by them, but each are powerful in their own right. Until one day we have our own EMS union that all 12,000 of us are enlisted in, it would do us well to use the unions we have to fight for our rights and protect our jobs.

Second, don't forget where you came from. Everybody here was new at some point. Even the Old School. Everybody remembers Senior Care days and Transcare nights; Midwood, Assist, and lord knows how many others. That was direct at the New Guard. Most of us worked six months to a year in transport before we came here to 911 to earn our stripes. As everyone knows if this job is anything, it is unpredictable. Transport techs sure use that stair chair a lot. We need to not put down transport crews, we need to encourage them to join 911 sector, but more importantly we need to remember that they got the same training you got; they are



your sisters and brothers in trade.

Third, and finally; we will remain weak as long as our numbers are few. There are around 11,500 firefighters; their local is but a single component of the IAFF which unites them with fire fighters worldwide. Undoubtedly the FDNY does more fire fighting and lifesaving than any emergency apparatus on earth, but when it comes to EMS we are so used to be spit upon, knocked around, belittled, harassed and mismanaged we lash out and down. FDNY EMS channels all the spite they have mostly upon private EMS and transport; your obvious and potential allies for any scenario where an EMT or paramedic earns a living wage.

There are roughly 3,500 EMTs and 1,000 paramedics represented in Local 2507; uniformed EMTs and paramedics of the FDNY. There are roughly 900 Transcare and 911 EMS attempting to join the Teamsters and it is a narrow vote still being contested. Roughly 400 EMS are in 1199. The bulk of the cities transport sector, large segments of the voluntary 911 and all of its volunteers are completely un-organized.

Those of you that think a workers association of this puny size can affect city policy unless totally united are sadly mistaken.

We need one big EMS union which mobilizes the crews operating in the voluntaries, the crews working in transport, and even gives cards to men and women in volunteer companies like Flatlands,

Bravo and Hatzolah. If we brought all our brothers and sisters to the table; if instead of being Local 2507 (a small part of Union District Council 37; we were the 'International Association of Emergency Medical Workers'. Then we would be getting somewhere. We could maintain our uniformed status, we could gain more effectively, and most importantly we would bring our numbers to over 12,000 tax paying, voting members comprised of all sectors of the citywide EMS; then we would be a force.

As things are now, Local 2507 has roughly 4,500 NYC tax payers in it if we are to include the fire inspectors, which in respect to them: have NO place in an EMS

union. 4,500 people do not have enough buying or voting weight for a City Council member to care, much less the people up in Albany. Without one big union our political action means nothing because we do represent enough people to affect policy.

EMT/Paramedics in the 911 sector cannot strike under the Taylor laws, but they can refuse to bill. The same private EMS certain circles tell us to fear have to be organized right along with us or any industrial action we engage in can be scabbed out quick to both transport and private workers. One big union could act in solidarity of its numerous sectors and their needs. Without one big union our workplace resistance means nothing.

Most importantly, as far as the agitation and publicity generated by Local 2507 and our own works; we have lost the hearts and minds battle easily to suppression. If a fire engine delivers a baby its page 4 of the Daily News. I don't remember the last time we were in the paper for one of the wild, balsy, courageous acts we perform each day throughout the city. EMTs say they aren't appreciated, but how many times to we go out into the community and really try not just to prevent death, but to educate and build. More important than political maneuvering of workplace direct action is when the people of this city believe in us, when people see us they know we are not 'AmBalance Drivers' but EMTs and paramedics.

Without one big union our workplace resistance means nothing.

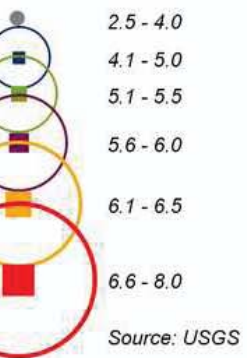
Inherent, part and parcel to our struggle for dignity and a living wage is the restoration of our public image. We want them to see us coming and we want our trucks to inspire hope.

This is not a manifesto or a call to arms. Tomorrow, the men and women of our association will report to work just like you. Side by side we will bring out the sick, dying, bleeding masses from the trenches of our city and carry them to safety. And we will also go to each sick, abdominal pain, and nonsense drunk knowing that our actions speak louder than our words and that someone is always watching. But, just as the men and women of our city rely on us when they fall, we must rely on each other because we are falling too.

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Port-au-Prince

ake Magnitude and Aftershocks



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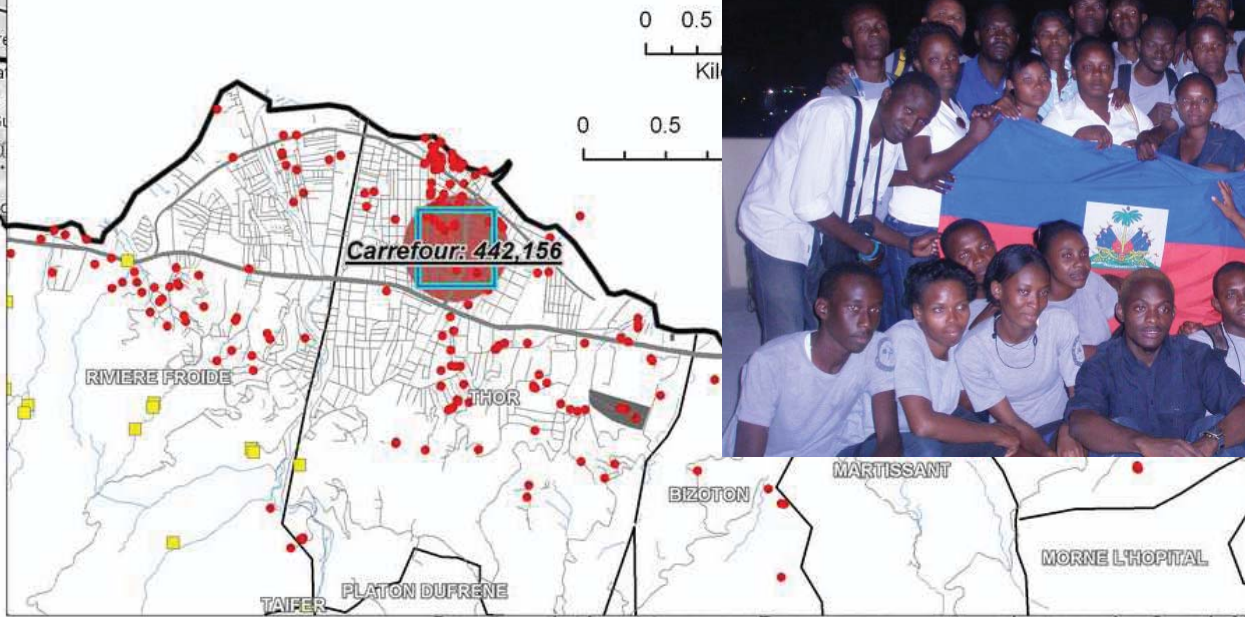
ry structures; considerable damage in

light.

d. (Source: USGS)

Preliminary damage assessment based on visual interpretation of satellite imagery. Analysis courtesy of ITHACA.

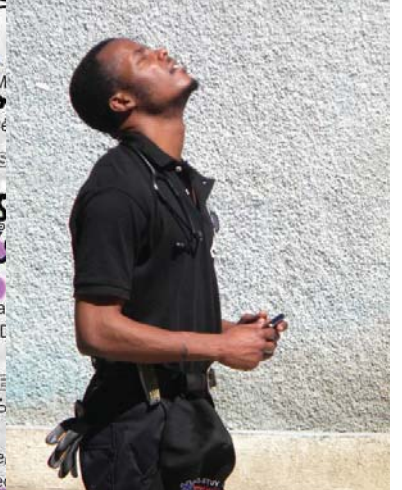
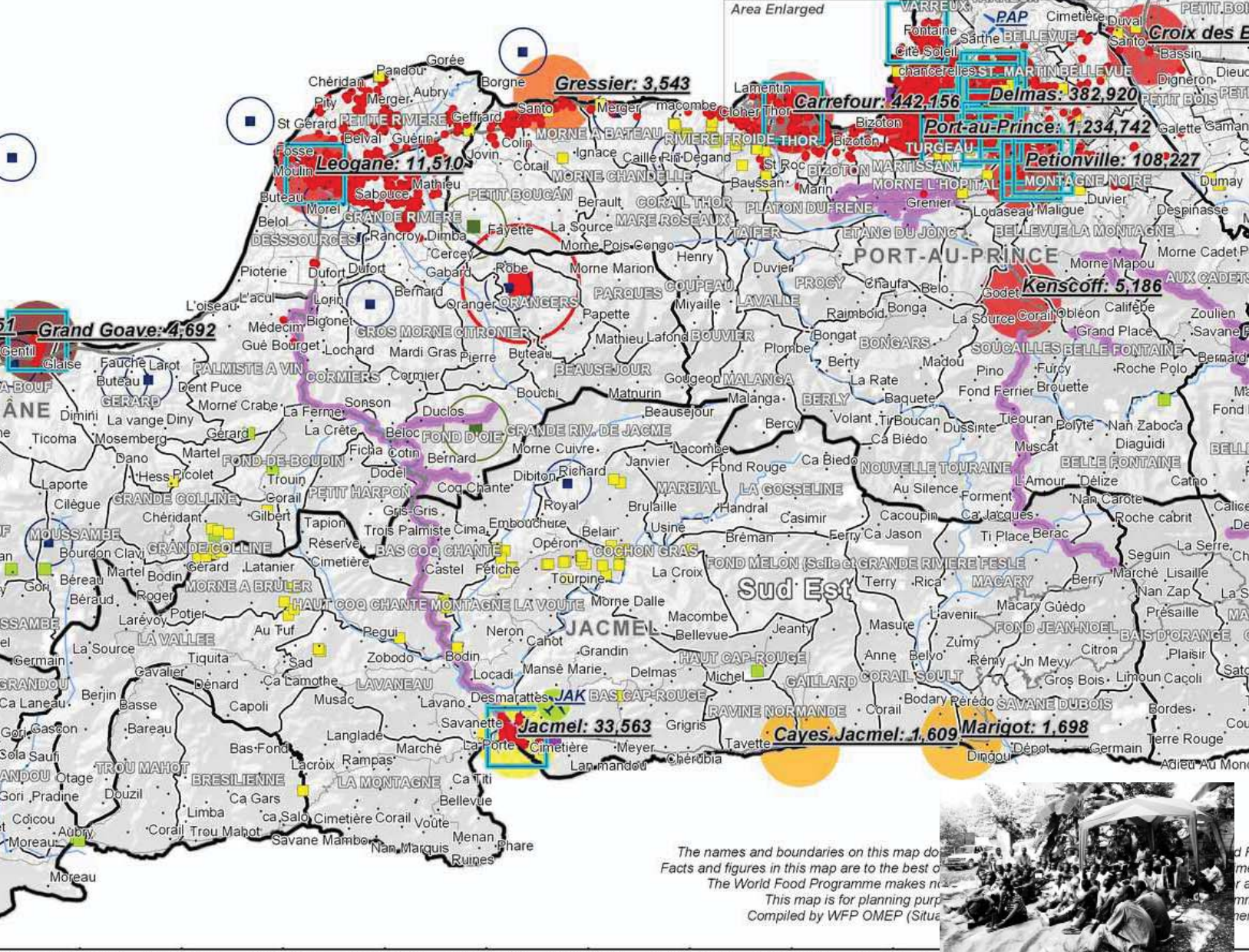
- Collapsed Building/Damaged Infrastructure
- Landslide



rosa

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The names and boundaries on this map do not represent the official boundaries of Haiti. Facts and figures in this map are to the best of our knowledge. The World Food Programme makes no guarantee of the accuracy of this map. This map is for planning purposes only. Compiled by WFP OMEP (Situation)

72°45'0"W 72°42'0"W 72°39'0"W 72°36'0"W 72°33'0"W 72°30'0"W 72°27'0"W 72°24'0"W 72°21'0"W

Street Way Scenarios

Scenario 1: Why didn't you log-on on time?

- My partner was praying.
- We needed to change the main O2.
- The ambulance was misplaced.
- The last crew left it a bloody mess.
- There is still a patient in my ambulance.
- My ambulance smells like urine.
- I didn't remember my partners shield.

Scenario 2: Why weren't you at your 89.

- My partner is a Jew; he needed to find delicious kosher food.
- My partner is Muslim he needed to find delicious Hillal food.
- We needed to get fuel.
- The scene of my 89 was becoming unsafe.
- I'm truly terrified of white people.
- The neighbors were complaining about the exhaust.
- My partner is an EDP.
- My partner is a skull.
- My partner is flatulent.
- My partner has gypsy like qualities.

Scenario 3: You are accused of an EEO violation.

- My partner is an asshole.
- My partner attacked one of my 26 protected categories first.
- Some of my best friends are black.
- Some of my best friends are gay Muslim Eskimos.
- I was trying to create jobs for unskilled, untalented lawyers in a troubled economy.
- In my protected category what I said was a compliment.
- I was going to file an EEO a week ago but I wanted to be the bigger (wo)man.
- In former Soviet Union horse can drive and woman cannot.
- I was molested as a child.
- White people sold my people into slavery.
- I'm a quarter Irish.
- I love Italian food.

Scenario 4: Why didn't you give the patient oxygen?

- There was plenty of oxygen in the air of the room.
- The patient kept smoking cigarettes.
- They refused the O2, and then refused to sign.
- The patients face was too fat for the NRB.
- The patients face is oddly shaped.
- The patient had gypsy like qualities.
- The regulator was broken.
- My patient ate the regulator.
- My patient claimed to be allergic to high concentration oxygen.

- My patient was a member of the living dead.
- My patient claimed that oxygen gives him gas.
- My patient claimed that Oxygen is a plot of the devilish white man.

Scenario 5: Why didn't you use the stair chair?

- Because I don't want to let the terrorists win.
- Because it is an inherently un-safe, antiquated carrying device.
- We were on the first floor.
- I felt he needed to walk it off.
- Because I'd been to a Bar Mitzvah this week already.
- The pain was in his chest not his legs.
- He was walking around the apartment just fine.
- He said "Carry me slave!"

Scenario 6: Why were you late to work?

- Accident on the highway and I stopped to help.
- Fire trucks were obstructing the street.
- I was arrested for possessing an unlicensed fire arm.
- A fireman slashed the tires to my car.
- A fireman set my car on fire.
- I locked my keys in the car.
- I'm not allowed to drive until sun down.
- I was early yesterday.
- Why do you let all the Jewish kids come in whenever they want?
- My husband doesn't allow me to operate a motor vehicle.
- Some gypsy jumped in front of the train.
- I have epilepsy.
- My dollar cab driver was arrested and deported.
- I was hit by a car.
- My bike tire popped.
- I have swine flu.
- I was kidnapped by the Latin Kings.
- I was stuck in the elevator of my building.
- I'm a member of a group of masked avengers.

Scenario 7: Why were you on scene for so long?

- Obtaining complete list of medications.
- The patient was three times my size.
- My patient produced a chicken sandwich from under her arm and began to eat it.
- My patient was actively smoking the drugs.
- My patient refused to go and was highly intoxicated.

- I was locked out of the ambulance.
- The firemen stole my ambulance.
- The firemen lit my ambulance on fire.
- I was awaiting firemen for a lift assist.
- Extremely complicated extrication.
- The firemen immobilized the patient prone.
- The firemen boarded a dead patient.
- My patient was living fifteen stories beneath the earth's surface.
- We didn't have the right address.
- My partner was playing hard to get.
- My partner was under the influence of my patient's daughter.
- Our patient insisted on cooking us platanos.

Scenario 8: How did you injure yourself?

- My partner lost control of the terrorist like stair chair.
- The patient was bigger than the ambulance.
- My patient's little brother assaulted me than ran off down the street.
- The firemen beat us and left us for dead.
- Because I love my city so much sometimes, I needlessly put myself in harm's way.
- I had thought the ambulance could clear 7'0".
- The gypsy cab swerved in front of us.
- I was ordered to work 12 to 16 hours shifts for a year without vacation.
- I dislocated my shoulder do to the vigor and depth of my compressions.
- Because the good of the service is a detriment to my back.
- The previous crew had permanently disabled the seat belt.

Scenario 9: "I'd like you both to write a statement."

- I'D LIKE TO EXERCISE MY WINGARTEN RIGHTS AND AWAIT THE ARRIVAL OF A UNION DELEGATE BEFORE ASKED TO INCRIMINATE MYSELF. (Your statement should not exceed two sentences.)

Scenario 10: You crash the bus.

- I was avoiding a driver coming the wrong way down the street.
- People drive like they still live in Pakistan.
- I was avoiding an oncoming fire truck.
- The roads were wet.
- I have seizures.
- My partner has cerebral palsy.
- I had never driven before this job.

- My EVOC instructor may have been taking quellueds.
- EVOC was only 9 days long.
- A child ran in front of us.
- There was a crack head lying in the middle of the road.
- The road was icy.
- There was pot hole the size of the Grand Canyon.
- I suffer from narcolepsy.

Scenario 11: Why don't you want to become a medic?

- I'm afraid of responsibility.
- Contracting AIDS or Hep C doesn't appeal to me.
- They don't get the good trauma jobs.
- EMT sounds more sexy to say.
- All my partners will have a higher reading level.

Scenario 12: Why don't you want to become a Lieutenant?

- I don't believe in socialism.
- Baby blue clashes with my eyes.
- I don't respect authority.
- They are foot soldiers for Satan himself.
- I don't have the heart to take a man's pay from him when he works for peanuts and has to feed three children.
- I don't want to break a man's pride.
- There is a war going on between good and evil and I don't want to flip sides.
- I'd prefer to promote directly to captain.
- I'm not entirely sure I can pass the drug test this month.
- I already raise four children, I don't need a whole battalion more of them.
- I can't accessorize my uniform as much.
- I was popular in high school.

Scenario 13: Why not become a fireman?

- I would like to be a fireman.

Or

- Because flame never surrenders.
- My hair is highly flammable.
- I don't want to downgrade my level of training.
- The country I come from doesn't start with an I.
- I was in a fraternity already and I didn't get laid as often as they said I would.

The preceding is simply a lighthearted account of some of the funny, ridiculous and realistic excuses around. We certify that no EMT's were harmed in the making of this article.

WE WANT YOU! HELP BUILD EMS IN HAITI

Coast to Coast, Shore to Shore, Haitian and American EMS are uniting to bring a modern Emergency Medical Service to the people of Haiti.

EMTs, Paramedics, Firefighters and civilian volunteers are building an Emergency Medical Service in the city of Port-au-Prince.

In the two years since the earthquake an international network and alliance has formed that spans from Port-Au-Prince to Seattle; from Cap Haitian to New York. That involves the Haitian Diaspora, professional associations, volunteer fire houses and student clubs. From Paris, Miami, and Quebec hundreds of volunteers have been mobilized to build a Haitian Emergency medical service from the ground up.

A lot has happened in Haiti in the two years since the major earthquake which devastated the country killing over 270,000 people. Rebuilding is happening, and new systems are being created. For those of you in the emergency and community medical fields, here is an opportunity to participate in that rebuilding.

UPCOMING EMT CLASS APRIL & MAY 2012

We are recruiting EMT instructors for an EMT-B class that will take place over April and May of 2012 in Port-Au-Prince, Haiti. By participating in this class, you will be creating economic opportunity for the students, as well as providing a level of training for pre-hospital providers which is currently non-existent. This project is also integrating with a larger effort underway to develop a coordinated EMS system in Haiti.

Class starts April 2 and runs through May 25. Deployments typically run about 9-10 days, from a Tuesday through the following Thursday, roughly. You will co-teach along with a senior EMT instructor, and with two Haitian translators/instructors-in-training. Class will be conducted in English, and fully translated into French.

Instructors are encouraged to stay at a house provided by EMPACT Northwest. Empact Northwest is a volunteer organization from the Pacific Northwest, which has been sending medical teams to Haiti for the last two years. Last year, Empact taught and graduated a class of EMT's who are now employed at hospitals in Port-Au-Prince.

The Empact house, where several of our Empact Haitian team members also live, is in a semi-rural Port-Au-Prince neighborhood. Home-cooked Haitian meals are provided. Transportation is typically via tap-tap, which is like a Toyota pickup with bench seats in the back.

As far as trip logistics and cost, you will arrange your own plane trip and cover in-country costs. If staying at the Empact house, there is a package deal covering all lodging, food, and ground transportation costs during your stay, for \$650. Consider it a relatively cheap 10-day working vacation! (Tax-deductible for you or anyone who donates to you).

For those of you willing to live a little bit more rough rugged and embedded, Gwoup Aiyisien Pou Ijans, (the Haitian EMS Kombit trained by Banshee Association and Lend a Hand and Foot) will put folks up in their base in district Carrefour Feuille. GAI organizers will help you get to the training base in Petionville, but you will have to cover your own meals (at roughly \$5 a day) and ground transport (roughly \$2 a day) and you will not have access to running water which means bucket bathing. In total we recommend \$100.00 plus the cost of your plane ticket.

Prior to your trip, you will need to get a couple of immunizations if you don't already have them, get prescriptions for some travel medications, and have a passport.

COALITION FORMATION PORT-AU-PRINCE MEDIC ONE / AYISYEN REZO MEDIKAL

In 2012, EMPACT Northwest initiated a project known as PAPMO - Port-Au-Prince Medic One. This project's goal was to start the process of form-



ing Haiti's first comprehensive medical emergency and pre hospital care and transport system. As part of this project, EMPACT taught and graduated a class of 14 Haitian EMT's.

Also in 2012, the Banshee Organization, along with Lend A Hand And Foot (LAHAF) and a grassroots Haitian organization, GAI (Gwoup Aysiyen Pou Ijans) successfully conducted an EMT class and graduated 28 EMT's.

EMPACT, Banshee, LAHAF, and GAI all have provided medical assistance and volunteers to Haiti since the earthquake in January 2010.

On January 26th, 2012, these groups and many others networked with the common goal of developing an effective emergency medical services system in Haiti. These organizations included:

EMPACT Northwest, Project Medishare, AIMER Haiti, NOAH NY, Global DIRT, JP HRO, Haitian National Police, St John Canada, Adventist Hospital Haiti, Project Hope, Banshee Association (FDNY & NYC EMS), Village Health, and Haiti Hospital Appeal.

Members agreed to form a consortium (Rezo Medikal Ayisyen, Haitian Medical Network). This project was recently presented to President Martelly, by personal meeting with consortium spokesperson Dr Enrique Ginsburg of Project Medishare.

Efforts of the consortium currently underway include plans for two EMT classes in 2012, development of Haitian EMS instructors, and a community empowerment course designed to provide basic first aid to communities.

This month, networking continues on the U.S.-side as Empact Northwest education team members traveled to

NYC to meet with the Banshee Association, L.A.H.A.F., NOAH-NY (National Organization for the Advancement of Haiti), and ADFE (a Haitian group supporting the town of Fort Liberte in the north of Haiti).

A special thanks to the many volunteers of these organizations. It takes many volunteer hours to have this level of success.

Also, a huge thank you to our donors. The donors to this program are literally financing the first emergency service program in this nation's history.

This is history in the making and YOU have made it possible.

Haiti still needs your assistance. We have openings for doctors, nurses, paramedics, and EMT's working as clinical providers and as EMS instructors in our upcoming classes.

Specific EMS instructor opportunities we are filling:

- April 24 - May 5
- May 1 - May 10
- May 15 - May 25

To join our effort:

- Go to empactnorthwest.org and fill out a volunteer application.

To Support:

Direct donations can be made at: www.globalgiving.org/projects/empact-port-au-prince-medic-one-papmo-haiti-ambulance/updates/

L'union fait la force— In unity, there is strength.

Written by: EMT-P Eric Adman & Armadeus Davidson head instructor coordinators for PAPMO1 and EMPACT Northwest.

Four Ways Modern Men are Taught to Hate Women

David Wong

Reprinted from Cracked.com

If you're not the type to keep up with ugly, soul-killing political controversies, let me catch you up: A while back, hugely popular political commentator Rush Limbaugh lost a bunch of advertisers because he publicly called a college girl a slut and a prostitute after she suggested that health insurance plans should cover birth control. But he's paid to say outrageous things. If you really want to feel all dead inside, you need to listen to what the regular folk were saying.

For instance, on crazy political message board FreeRepublic.com, posters referred to the girl in the above-referenced story (Sandra Fluke) as a "Nasty, disease-ridden plodding uterus, an utter skank crack-ho filthy whore, a prostitute slutbag juice-receptacle" and a "Sperm-burpin' gutter slut," and said she "... is so encrusted and used, that I had to throw out my flat-panel TV because her appearance on my TV infected it with AIDS, gonorrhea and syphilis."

Now go to the front page of any mostly male discussion site like Reddit.com and see how many inches you can browse before finding several thousand men bemoaning how all women are gold-digging whores (7,500 upvotes) and how crazy and irrational women are (9,659 upvotes) and how horrible and gross and fat women are (4,000 upvotes). Or browse the "Men's Rights" section and see weird fantasies about alpha males defeating all the hot women who try to control them with their vaginas.

This current of white-hot rage has to come as a surprise to some of you, because we tend to think "sexism" is being dismissive toward women, or paying them lower salaries -- we don't think of it as frenzied "burn the witch!" hatred. Yet occasionally something like this Limbaugh thing will come along to prick that balloon, and out it pours. Like it's always waiting there, a millimeter below the surface. Why? Well, you see...

#4. We Were Told That Society Owed Us a Hot Girl

Does it seem like men feel kind of entitled to sex? Does it seem like we react to rejection with the maturity of a child being denied a toy?

Well, you have to keep in mind that

what we learn as kids is really hard to deprogram as an adult. And what we learned as kids is that we males are each owed, and will eventually be awarded, a beautiful woman.

We were told this by every movie, TV show, novel, comic book, video game and song we encountered. When the Karate Kid wins the tournament, his prize is a trophy and Elisabeth Shue. Neo saves the world and is awarded Trinity. Marty McFly gets his dream girl, John McClane gets his ex-wife back, Keanu "Speed" Reeves gets Sandra Bullock, Shia LaBeouf gets Megan Fox in Transformers, Iron Man gets Pepper Potts, the hero in Avatar gets the hottest Na'vi, Shrek gets Fiona, Bill Murray gets Sigourney Weaver in Ghostbusters, Frodo gets Sam, WALL-E gets EVE ... and so on.

In each case, the woman has no say in this -- compatibility doesn't matter, prior relationships don't matter, nothing else factors in. If the hero accomplishes his goals, he is awarded his favorite female. Yes, there will be dialogue that maybe makes it sound like the woman is having doubts, and she will make noises like she is making the decision on her own. But we, as the audience, know that in the end the hero will "get the girl," just as we know that at the end of the month we're going to "get our paycheck." Failure to award either is breaking a societal contract. The girl can say what she wants, but we all know that at the end, she will wind up with the hero, whether she knows it or not.



And now you see the problem. From birth we're taught that we're owed a beautiful girl. We all think of ourselves as the hero of our own story, and we all (whether we admit it or not) think we're heroes for just getting through our day.

So it's very frustrating, and I mean frustrating to the point of violence, when we don't get what we're owed. A contract has been broken. These women, by exercising their own choices, are denying it to us. It's why every Nice Guy is shocked to find that buying gifts for a girl and doing her favors won't win him sex. It's why we go to "slut" and "whore" as our default insults -- we're not mad that women enjoy sex. We're mad that women are distributing to other people the sex that they owed us.

Yes, the women in these stories are be-

ing portrayed as wonderful and beautiful and perfect. But remember, there are two ways to dehumanize someone: by dismissing them, and by idolizing them.

Which brings us to the next problem ...

#3. We're Trained from Birth to See You as Decoration

I'm not saying there's anything wrong with putting a pretty girl on the cover of a magazine or posing her next to a shiny new car.

The pretty girl gets a good job, men want her, women want to be her, everybody is happy. Right?

The problem is that it goes way deeper than that.

From my experience, if there is a fundamental difference between male and female sexuality, it's this: There are actual occasions where women aren't thinking about sex. Here, let me show you an extreme example. I'm going to quote a Free Republic thread again, because I quite frankly can't stop reading them. These are some comments they made about a female public figure, and I want you to guess who it is:

"Her face is so ugly you can smash it into some dough and make gorilla cookies."

"So fugly, I'd say 'don't even look'!!!"

"At least Medusa was modestly attractive by comparison."

"This person is disgusting and I would never trust 'it's' opinion on ANYTHING!"

Have you guessed? They're talking about Supreme Court Justice Elena Kagan.

Yes, even in that setting, when judging a female for a position on the highest court in the land, our instinct is still to judge her suitability as a sex partner. It's the first thing we notice. And you could just write that off as a bunch of douches being shallow, but then you have to realize how all of society has conformed to this. Forget about objectification in the media or fashion industry -- go to a diner, they've got the pretty girl waiting tables. Go to a department store, they'll have a pretty girl selling you pants.

See, that's the difference. With men, there are some scenarios where it stops mattering how he looks. With women, it always matters. In a comedy movie, the male wacky sidekick can be the chubby Zach Galifianakis or the nearly

deformed Steve Buscemi. But if the female wacky sidekick isn't attractive, like the overweight Melissa McCarthy in Bridesmaids, then every scene needs to be about how ugly and fat and man-

nish she is. That has to be the core of her character.

Her role in society or level of accomplishment doesn't matter. Even if she's a damned candidate for the Supreme Court, the female always has a dual role: to function as a person, and



to act as decor.

And we get pissed if she doesn't do her job. Check out any article about a female celebrity who has gained weight. Here's literally the first one I found on Google, a blog post about how fat Christina Aguilera has gotten. Check the comments:

"fuck her! I have a full-time job, go to grad school full-time, cook at home every night and still find time to get my ass to the gym. lazy ass fat bitch ..."

Don't get me wrong -- if it's a male celebrity in the article, you'll get lots of people making fun of his fatness. If it's a female, you get anger.

She owes it to us to be pretty. That's the social contract as we've understood it from the time we were toddlers.

And it's a no-win situation. We hate you if you're ugly; if you're pretty, then ...

#2. We Think You're Conspiring With Our Boners to Ruin Us

First, you need to understand something about the unique love/hate relationship men have with their penises.

Do you remember that story about police having to free a guy who got his dick stuck while humping a pool filter? Or that other guy who got stuck humping a park bench, or the other guy who got stuck humping a picnic table? Or that judge who got caught jerking off while on the bench listening to testimony?

You see this type of story come up a lot -- check your local police blotter. And they all have something in common: They're all guys.

Seriously, do a Google search for "masturbating in public library." Notice something in common with all of those stories? They're all dudes. Obviously

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Support the Change from Within

Michael Mastroianni
EMT-P, WFR

Mark Twain claimed that “history never repeats itself, but it rhymes.” In the case of Haiti, history has become the song that never ends. Its ventures, including independence and self-sustainability, have been consistently restrained and its people wantonly disciplined. After more than 300 years of colonization, domination, subjugation, and intervention, Haiti has had more company than it can accommodate. In the 21st century, it patiently waits for its guests to leave and the song to stop.

While the great powers of modern politics have insisted on forcing Haiti to participate in its world system, the upstart nation remains standing alone. For the last three decades, it has been a cautionary tale for the dangers of imbalanced development, public health crises, and unstable democratization. It has survived a tirade of insults from Europe and North America, including the crippling of its once-utopian economy and occupations that last to this day. The recent cholera epidemic, a direct result of foreign intrusion, seems a tragic denouement to two centuries of punishment for its rebellious soul.

The heart of this catastrophe has two chambers: misunderstanding and misinterpretation. The first is easier to explain, as Haiti is a deceptively complicated nation given its size and population. Its language, Kreyol, drawn from French vocabulary and West African syntax, is a testament to the diversity of social forces that converged on the island it half-inhabits. Early in its history, the Haitian state habitually engaged in sponsored suppression of its neighbor,

the Dominican Republic, only to have the same given back tenfold in the last century. Vodou, a Haitian mélange of Catholic and African tribal religious beliefs, has been distended beyond recognition in the minds of foreigners, becoming synonymous with darkness, malevolence, and mystery.

Misinterpretation is a far more insidious aspect of the Haitian tragedy. Since the slave revolt that created its singular persona as an independent black republic, Haiti has had its signals read wrong by friend and foe so much that it is difficult to tell them apart. A strong government characterized the republic’s early years, which gave France and the United States cause to fear its power. Although the Haitian experience was never replicated in another nation where slavery was practiced, major governments shunned Haiti and stunted its growth until it was forced to capitulate to political and financial demands. This was abominable and – worse – also unnecessary. Haiti did not want to be counted among the great powers; it simply wanted sufficient power to survive.

Later generations of Haitians and foreigners have imitated the same cause-and-effect dance, never letting the nation earn its own keep in the world but forcing it to accept whatever other countries wanted to give it. This applies to religion (there are more Protestant charities operating in Haiti than any other two underdeveloped nations combined), food (foreign aid consists largely of rice and wheat; the former was grown in Haiti before the collapse of its environment and the latter is not part of a healthy Haitian diet), politics (other governments appear to prefer the petty despotism of occupying and peacekeeping mechanisms over the petty despotism



of Haitian rulers), and medicine (there are far more foreign doctors and nurses working in Haiti than there are medical personnel of Haitian citizenship). While Haiti has been attempting to retain its resources and build its infrastructure – a clear sign that it wishes to sustain its own existence – foreign governments, nongovernmental organizations, and people have stood in the way whether they profess to fear or love it. As a result, Haiti has successfully been brought to its knees, and no one else is able to help it up.

In this, there is a way to stop the rhyme. Effective change for Haiti must originate with Haitians and preferably within Haiti. Centuries of foresight and failure have proven no one else can give it freedom; Haitians must take it for themselves.

On my fourth medical mission to Haiti, I had to come to terms with this reality. I was posted in St. Louis du Nord, a sleepy northern town dominated by a rolling seafront, to respond to the peak of the cholera outbreak in November 2010. In the struggle to keep nutrition and water

Misinterpretation is a far more insidious aspect of the Haitian tragedy.

inside bodies long enough for them to fight the bacteria, we ran out of oral and intravenous fluids. The only action that prevented unspeakable loss of life was the use of a native treatment concocted of roots, weeds, and plantains. This “ethnomedical” treatment was later broadcast across the country as a suitable alternative to the foreign-made therapy that was costly and harmful to other body systems.

Our team had been observing a man, driven to frailty by age and malnutrition, slowly die as his fluids left him faster than we could replace them. After 36 hours on this “new” old healing mixture, he slowly stood up – without assistance – from his cot and walked out the door of our clinic to make room for other patients.

It was a humbling exercise. I had already participated in the creation of a Haitian emergency medical service, only to watch our efforts sink into the ground along with the lives of our trainees during the earthquake earlier that year. I had combed ruins for children and held a Haitian mother’s hand as it was cut off. I went to St. Louis

du Nord as a skilled and determined medic and returned to my home country as a white man who had overstayed his welcome. My countrymen and I had to get out of the doorway so the Haitians may walk past us into the future.

As I prepare my eighth medical mission to Haiti, I have one goal: to do and say as little as possible. Foreigners have roles as guides and teachers in the new Haiti, just as Haitians sometimes have those roles in the United States. But we must subordinate our will and our pride to the silent colossus of Haitian ability and dignity. We must stop singing our own tune and listen to their song. It is the only way for humanitarian aims – and the cause of humanity – to be satisfied in that unique place.

Michael Mastroianni, EMT-P, WFR, has written several articles and protocols on public health and political concerns in Haiti. He holds an M.A. in political science and currently works at Columbia University in the field of humanitarian development. He may be reached at mastroianni@columbia.edu



30 Years of Women Fighting Fires

(Continued from page 6)

ashes. IWomen has advocated equality for women in the fire service since the early 1980s, and is the only group to address skepticism about women's competence as firefighters.

Fire Engineer Kim Green, a member of IWomen, is optimistic that women's ranks will continue to increase. Since 2009, she has been encouraging young women to enter fire apprenticeships through a non-profit start-up, Camp Blaze, a week-long course in fire safety and real firefighting where she is a counselor. "The more women in the Fire Service, the less we will have to spend on the fight and more time will be dedicated on the job," she says.

While most women firefighters support

aggressive efforts to recruit other women into the fire service, they oppose offering special training programs or efforts to make the physical test easier. Passing the test relies heavily on physical strength: The entrance exams include dragging 200-lb bulky hoses and lifting, throwing and climbing heavy ladders within time limits. Those women who have passed see the accomplishment as evidence enough that they are capable firefighters.

Ultimately, most women firefighters express fierce pride and satisfaction in their work. Sometimes, the only fight worthwhile is saving lives, says Jamie Knudsen while heading onto the truck in Oakland—she's got to go, there's been a red-alert.

Four Ways Modern Men are Taught to Hate Women

(Continued from page 12)

I'm not saying women don't pleasure themselves (every single study would prove me a liar); I'm saying that men are far, far more likely to engage in extremely high-risk masturbation in public. They're more likely to do it at work, and they're more likely to do it in situations where they could go to jail.

No, it's not some rare, weird exhibitionist fetish, either. It's that they can't even wait the couple of hours it'd take to do it safely at home.

It makes absolutely no sense. All calculation of risk goes out the window. Why?

It's because, in males more so than females, the sex drive is completely detached from the rest of the personality. The part of the male brain that worries about job security or money or social reputation or legal consequences has almost no veto power over the sex drive.

You've heard guys say they were "thinking with their dick" or "I was thinking with the little brain" or "I took an order from Captain Bonerhelmet." That's what they're referring to.

Science doesn't seem to totally understand why the "base urges" part of the brain reacts differently in men. Maybe it's just a matter of having 10 times as much testosterone in their system, or maybe society has trained us to be like this, or maybe we're all spoiled children. My theory is that evolution needs males who will stay horny even in times of crisis or distress, and thus cuts off the brain's ability to tamp down those urges. Whatever -- nailing down the cause isn't the point. The point is that a man can be giving the eulogy at his own grandmother's funeral, and if there is a girl in the front row showing cleavage, he will be imagining himself pressing those boobs in his face, with his own dead grandmother not five feet away.

When that happens, when we get that boner at the funeral, we get mad at the girl showing the cleavage. Because we, ourselves, our own rational personality that knows right from wrong and appropriate from inappropriate, knows this is a bad place to get a boner. So it comes off like cleavage girl is conspiring with our penis to screw us over.

Is that a crazy thing to think? Yep!

That's why it's so frustrating, especially if you don't have a whole lot of emotional maturity, and grew up with male role models who had even less.

No, this doesn't excuse anything. Obviously, "She was asking for it!" is still a bullshit rape defense. All I'm saying is when you see guys actually get annoyed or angry at the sight of a girl showing too much skin, or if you see them eager to degrade or humiliate the girls at the strip club, this is why. It's probably why some Muslims make their women cover themselves head to toe.

#1. We Feel Powerless

I don't know what it's like to be a woman. I haven't been one in a long time. So as a result, it's not easy for me to describe what it's like to be a man, because I don't know what you're using for context. I'm going to do my best:

Did you ever watch old cartoons where a character is starving on a desert island, and when another character approaches, he's so hungry that he imagines the other character as a talking piece of

food?

It's like that for most men, most of the time. We're starving, and all women are various types of food. Only instead of food, it's sex. And we're trying to conduct our everyday business around the fact that we're trying to renew our driver's license with a talking pair of boobs. So, from about age 13 on, around 90 percent of our energy and discipline is devoted to overcoming this, to behave like civilized human beings and not like stray dogs in a meat market. One where instead of eating the meat, they want to hump it.

Right now I'm reading a book from mega-selling fantasy author George R. R. Martin. The following is a passage where he is writing from the point of view of a woman -- always a tough thing for men to do. The girl is on her way to a key confrontation, and the narrator describes it thusly:

"When she went to the stables, she wore faded sandsilk pants and woven grass sandals. Her small breasts moved freely beneath a painted Dothraki vest ..." That's written from the woman's point of view. Yes, when a male writes a female, he assumes that she spends every moment thinking about the size of her breasts and what they are doing. "Janet walked her boobs across the city square. 'I can see them staring at my boobs,'



she thought, boobily." He assumes that women are thinking of themselves the same way we think of them.

Do you see what I'm getting at? Go look outside. See those cars driving by? Every car being driven by a man was designed and built and bought and sold with you in mind. The only reason why small, fuel-efficient or electric cars don't dominate the roads is because we want to look cool in our cars, to impress you.

Go look at a city skyline. All those skyscrapers? We built those to impress you, too. All those sports you see on TV? All of those guys learned to play purely because in school, playing sports gets you laid. All the music you hear on the radio? All of those guys learned to sing

and play guitar because as a teenager, they figured out that absolutely nothing gets women out of their pants faster. It's the same reason all of the actors got into acting.

All those wars we fight? Sure, at the upper levels, in the halls of political power, they have some complicated reasons for wanting some piece of land or access to some resource. But on the ground? Well, let me ask you this -- historically, when an army takes over a city, what happens to the women there?

It's all about you. All of it. All of civilization.

So where you see a world in which males dominate the boards of the Fortune 500, and own Congress, and sit at the head of all but a handful of the world's nations, men see themselves as utterly helpless. Because all of those powerful people only became powerful because they heard that women like power.

This is really the heart of it, right here. This is why no amount of male domination will ever be enough, why no level of control or privilege or female submission will ever satisfy us. We can put you under a burqa, we can force you out of the workplace -- it won't matter. You're still all we think about, and that gives you power over us. And we resent you for it.

All of the most bitter disputes work like this, by the way: Both sides think they're the powerless party. It's why tipping servers is such a bitter topic among some people -- the server feels like the customer has all of the power (because their entire income comes from tips), and the customer feels like the server has all the power (because

they can deny them food and drink and ruin their one night out). It's why the richest people in the world can talk like they're besieged victims, and mean it. It's why the male leaders of the most powerful and richest church in the world can talk like they're being made martyrs due to women asking for birth control. And mean it.

Which brings us back to where we started. If you add all of this together, you get a world where this woman can testify before Congress about her friend suffering from ovarian cysts ...

Sorry, ladies.



Just Saving Lives

Elbert Chu

He saves lives. Twice slammed by cars. Once slammed down a flight of stairs. Dave Reeve has served New York as a FDNY Emergency Medical Services medic for 17 years. His life is dedicated to rushing medical aid to suffering people. Even romance came via the EMS—Deborah sat behind Dave in EMS academy, teasing him about his southern accent. Being the gracious southern gentleman, he married Deborah.

Together they saved lives until Deborah lost her life to a respiratory disease linked to the asbestos in the angry debris that choked the World Trade area following the 9/11 terrorist attacks.

Patrick Bahnken, former president of EMS union 2507, himself a 22 year veteran paramedic, tells Dave's story with unfeigned admiration.

"He's my hero." says Bahnken. Police fight crime. Firefighters fight fire.

EMS fight for lives. "That's what we do, we save lives," explains Joe Conzo, a medic who joined around the same time as Dave. "If a police officer delivers a baby, he's a hero. If we do it, it's our job." But saving lives is costly.

One of Conzo's partners, Irma Irrizarri, has already delivered 4 babies in her 6 years on the job at the age of 27, when many OB/GYNs are still in school. Her face glows, her knees slightly bent, she swings her arm like an ump at home base, remembering with glee the baby "sliding out across the ambulance floor like it was on a bungee cord."

But it's another baby that haunts Irma. Irma remembers the baby boy lying face-up on the hood of a gray Ford Explorer, the hysterical mom straddling the little body, desperately pumping his chest. As Irrizarri rushed onto the scene, the mom flung the three-month old at her.

Catching the baby mid-air, Irrizarri clutched the little boy who barely spanned her elbow to her finger tips,

and tried to resuscitate him. He was still warm to the touch, but sickly blue. At the back of the ambulance, the mom frantically grabbed Irrizarri's face, shaking her head screaming, "Help my baby, my baby's not breathing!"

"I never say 'Everything is going to be ok,' Irma said through a puff of her Newport. "It's just not true. I say, 'We're trying our hardest, we're doing everything we can.'"

After the ordeal, Irrizarri collapsed into the back of her ambulance, and swung the doors shut. In the solitude, she broke-down in tears saying to herself, "Never again, never again." The next day, she was in the dark blue of her FDNY EMT uniform, back on duty.

"He was my first pediatric arrest. I went the day after to the hospital to check up on him. The doctor told me, 'He isn't here with us anymore.'" Irrizarri thought the baby recovered enough to leave ICU. Her smile dissolved when the doctor emphasized, "He's not HERE with us. I'm sorry."

Her voice is somber but her warm brown eyes are bright, "You gotta have a heart, gotta have patience, and you have to have a stomach. Blood, vomit, feces, not to mention death. This person is depending on you," says Irma.

These are the memories that weigh on these EMS medics.

"This is not just a job. It is a calling," explained Bahnken. EMS are often the first on the scene of crimes, accidents and fires. The third leg of the city's emergency response blanket, they fight for lives. On the front lines of emergency medical care the men and women of EMS are first responders.

"Some say that EMS work is not as dangerous. Why do we have helmets? Why do we have gas masks? Why do we have radiation meters? Why did they issue bullet-proof vests to us?" asks Bahnken.

But in New York City, the EMS is not

separately funded. They are fee-for-service. The City funds over 37,000 police to fight crime and over 11,000 firefighters to fight fire. But the City barely subsidizes the understaffed 3,000 medics who fight for lives. The City hopes that insurance pays for most of EMS services. The EMS department has been shoved into FDNY. "Like an unwanted bastard child," as the common refrain among medics goes.

Irma and other medics say the FDNY is an old boys club, and that absorbing the extremely diverse EMS has allowed the FDNY to feign diversity. FDNY is over 90% white. The EMS on the other hand is at least 50% minorities including women, according to Bahnken. Even 13 years after merging, FDNY demographics are largely unchanged. In 2007, The Justice Department filed a discrimination lawsuit against FDNY hiring practices that is still pending.

A large problem of being a FDNY step child is that EMS chiefs are not civil service posts. In other words they are appointed by FDNY supervisors. Medics complain that this leads to appointments of supervisors who must focus on protecting their positions, than standing up for the workers they are representing.

Unlike their counterparts in NYPD and FDNY, EMS medics mostly don't have stations where they rest between calls. Their station is the front of their ambulances, which they affectionately call their "bus." They don't have the luxury of lunch breaks either, settling for \$35 every two weeks as compensation for the long hours. Added to this, the city is planning on July 1 to reduce coverage in the City by 30 tours, which is essentially 10 neighborhoods. EMS officials say they won't cut precious staff, which is already stretched-thin. The unfortunate reality is that because EMS doesn't receive direct funding from the City, emergency care coverage for New Yorkers is at the mercy of the economy.

Adding another stress, are hospital bankruptcies like two recently in Queens. Closures of John's Hospital in Elmhurst

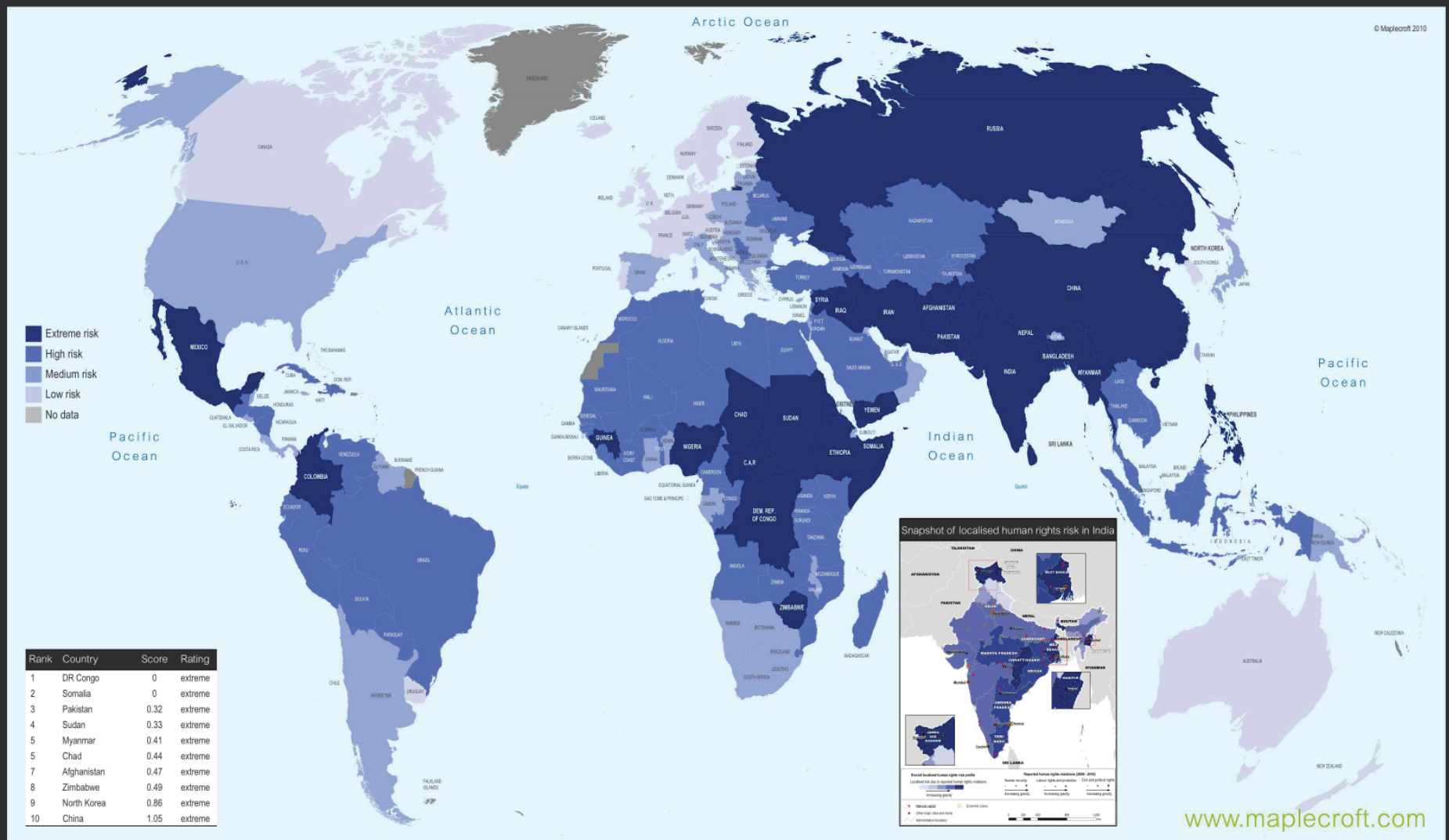
and Mary Immaculate Hospital in Jamaica are adding to the already heavily over-burdened emergency safety net. Fewer hospitals mean ambulances drive further – taking medics longer to reach hospitals, and longer turn-arounds in crowded ERs – all adding more minutes to situations where each second matters.

But it is unclear whether the city recognizes their strained EMS. Councilwoman Christine Quinn declined an interview but through a spokesperson issued this statement: "EMT's go above and beyond the call of duty to serving those in our community. My hope that EMS appreciation week will attract the same men and women who have given this great city the same selfless service that this city's has known and has appreciated for so many years."

EMS Appreciation Week runs once a week each year, and is a time when the city recognizes its medics. This includes competitions between EMS teams, ironically working them in timed drills and races. There are breakfasts and speeches. Perhaps the most meaningful is the "Second Chance Brunch," reuniting medics and the people they saved.

Dave Reeve endures more than bruises, long hours and poor benefits for the people of New York. When Dave's wife Deborah, a 17-year veteran, was diagnosed in 2003 with mesothelioma, the City resisted extending benefits and pension rights to her for a year. Finally, they relented—months after she had already died.

Every morning, Dave proudly dons his FDNY EMS paramedic uniform and heads to work. He remembers the sick medics like his wife and those waiting for true appreciation from the City, in the form of health care benefits and direct funding. Reeve told the Daily News last year, "They had a 110-story building fall on them, but they didn't play chicken. They didn't run away," Reeve added. "There was a job to do, and they did it."



Human Rights Risk Map 2011

Maplecroft's Human Rights Risk Atlas 2011 is designed to help business, investors and international organisations assess, compare and monitor human rights risk across all countries. The Atlas includes interactive maps and indices for 30 human rights categories and scorecards for 196 countries. It also features sub-national mapping of human rights violations and human security incidents down to site-specific levels worldwide.

More substantive analysis is available through Maplecroft's human rights country briefings, in-depth reports and labour standards reports, which can be tailored to clients' needs to include sector analysis and detailed maps. In addition, Maplecroft's Human Rights Quarterly Monitor offers up-to-date, monitoring and forecasts on countries that present a high risk of complicity in human rights violations. For more information and pricing details visit www.maplecroft.com or contact info@maplecroft.com



There is a concept called Human Rights.

They are guarantees of liberty, equality, and security for every man, woman and child which were ratified by the United Nations 67 years ago, and which nearly every nation on earth signed off on—then proceeded to ignore or repress. They don't come from God or Government, they are your by virtue of being born human.

- Article 1** - Right to Equality
- Article 2** - Freedom from Discrimination
- Article 3** - Right to Life, Liberty, Personal Security
- Article 4** - Freedom from Slavery
- Article 5** - Freedom from Torture and Degrading Treatment
- Article 6** - Right to Recognition as a Person before the Law
- Article 7** - Right to Equality before the Law
- Article 8** - Right to Remedy by Competent Tribunal
- Article 9** - Freedom from Arbitrary Arrest and Exile
- Article 10** - Right to Fair Public Hearing
- Article 11** - Right to be Considered Innocent until Proven Guilty

- Article 12** - Freedom from Interference with Privacy, Family, Home and Correspondence
- Article 13** - Right to Free Movement in and out of the Country
- Article 14** - Right to Asylum in other Countries from Persecution
- Article 15** - Right to a Nationality and the Freedom to Change It
- Article 16** - Right to Marriage and Family
- Article 17** - Right to Own Property
- Article 18** - Freedom of Belief and Religion
- Article 19** - Freedom of Opinion and Information
- Article 20** - Right of Peaceful Assembly and Association
- Article 21** - Right to Participate in Government and in Free Elections
- Article 22** - Right to Social Security
- Article 23** - Right to Desirable Work and to Join Trade Unions
- Article 24** - Right to Rest and Leisure
- Article 25** - Right to Adequate Living Standard
- Article 26** - Right to Education
- Article 27** - Right to Participate in the Cultural Life of Community
- Article 28** - Right to a Social Order that Articulates this Document
- Article 29** - Community Duties Essential to Free and Full Development
- Article 30** - Freedom from State or Personal Interference in the above Rights

Brothers and sisters get ready for a long hard fight.

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