

VOLUME 1  
ISSUE 7

# Banshee News Service

Volume 1, Issue 7

## THE BANSHEE

PRAY FOR THE DEAD, FIGHT LIKE HELL FOR THE LIVING



*Liberation Transmission*

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Special thanks to our citywide  
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The Banshee howls for you.



### Greetings from the Editorial Staff of the Banshee News Service!

A lot has been happening at the Banshee Association this summer. We've been doing a great deal of re-organizing to strengthen our boots-on-the-ground presence in Haiti and offer a stronger show of solidarity to EMS in New York. On June 10th, we held our 7th Congress in Calcoon, New York to re-evaluate our tactics and overall strategy in Haiti and at home. We are in the process of setting up a network of Banshee delegates in order to not only extend the distribution of this paper to every Station and Garage in the city, but to also begin offering membership in a benefit system to citywide EMS members of service, regardless of agency. By September, we aim to be plugged into an online citywide 10-13, to have a legal support hotline set up, and to have Banshee's internal 10-13 and emergency response plans for our members running.

Our summer boot drive has so far collected 22 pairs of EMS boots, both USAR and civilian. Twelve pairs were delivered to Gwoup Ayisyen pou Ijans (GAI) by the last team down. Please email to identify your closest Banshee delegate to donate boots, uniforms, or any other medical equipment to re-supply the GAI and Haitian EMS.

**Every little piece of gear counts. Your actions, big and small, help keep Haitian EMS in the field.**

Our 68 GAI, MASHA, and EM-PACT-trained Haitian EMTs are now training with Global DIRT to engage in moto-medic response—EMS on dirt bikes, backed up by regular ambulances. Global DIRT, in partnership with Team Rubicon and Banshee, is spearheading a fourth Haitian EMS course beginning August 1st. We are most in need of French and Creole speaking EMS to staff these courses and do field rotations alongside GAI and Global DIRT operators. If you don't speak French/ Creole, we still want your help! We have launched a Sponsor-A-Rescuer program, and can help you raise money for your ticket and accommodations.

Don't believe the negative hype about Haiti. So far, over 64 EMS and Logistical Support volunteers have gone through our conduit and come back safe.

Members of our allied organizations are in regular communication with the Haitian government. President Martelli is fully behind the cre-

ation of EMS. The so-called "Republic of NGOs" in Haiti is slowly losing ground, thankfully, to the elected Haitian government. I think we will have some very exciting news to report in November, as GAI and our Haitian EMTs are slowly integrated into the newly-formed Haitian Ambulance Corps (CAN).

Take a look at the trailer to Justin Thomas' upcoming film on the GAI and the effort to bring EMS to Haiti at <http://tinyurl.com/EspwaLev>

We are proud to announce that Nation to Nation Networking, Ltd., founded by Ms. Abaynesh Asrat, will be honoring Banshee Chief of Staff EMT-P Victor Cangé with the Rising Star Award at their Fifth Annual International Diaspora Award Reception the evening of Wednesday, October 3rd. The Reception will be held in the Manhattan Ballroom of the Marriot Marquis Hotel in Times Square. Victor Cangé has served in five training deployments in Port Au Prince since his first deployment on January of 2010.

There will be an EMS & Firefighter Boat Party on August 24th—we hope to see you all there!

We always welcome your articles about your experiences in the field. Please don't hesitate to submit to us at [emsbanshee@gmail.com](mailto:emsbanshee@gmail.com)

We are accepting submissions to create an NYC EMS Calendar. Send your head shot to the e-mail address above. Our goal is to have this published before January 2013 and to have all proceeds donated to injured MOS in the municipal, voluntary, or private sector.

Lastly, there were some minor reports of verbal warnings being issued to MOS to the effect that if you hand out the Banshee, you 'will get jammed up'. Feel free to remind officers and bosses who may do so that as an American, you are protected by your First Amendment Rights. Organizations like The National Lawyers Guild and the New York Civil Liberties Union will gladly help anyone lawyer up over harassment of any EMS MOS which have their First Amendment right violated.

**"Congress shall make no law... abridging the freedom of speech, or of the press..."**

We hope you enjoy our summer issue.

**Lauren Cullen, Editor  
Banshee News Service**

## EMS in a Lebanese Refugee Camp

### EMT-B Kira Stoyko

Since 2005, I have been an EMT-B in Baltimore County, Maryland, right on the border of the city. Up until recently, I would have said I had seen everything. The stories swapped with colleagues were equitable—worth a sad grimace, a laugh, or shrugs of disbelief at ways human beings find a way to hurt themselves or suffer a chronic illness.

The range of experiences I have encountered was elevated drastically this past June 20th, when I spent my first day in the Haifa Hospital Emergency Room in Bourj el Barajneh refugee camp, reported as the most overpopulated and poorly maintained camp in Lebanon. There are approximately 20,000+ residents living in a restricted, enclosed space of one square kilometer. The camps are overseen mostly by UNRWA—the United Nations Relief and Works Agency, established in the diaspora for Palestinian refugees. The number of aid organizations involved here is at times staggering and always confusing. So far, I have seen that many may have put a fingerprint on a place at one time, but often failed to check and make sure it's still there. The EKG machine donated, (possibly a decade ago?) leaves doubts in my mind that a new one was ever considered, but certainly someone cleared it as sufficient. To work there, I had to get permission from a Norwegian organization, but they just waved me through. That does not mean the people working there—who are mostly from the camp—ever skip a beat on what they have to deal with, from dragging the leaky blood pressure cuff from one room to another, or continuing to measure and administer medication in the few minutes between when the power goes out and the generator kicks in. To put it in perspective, if you didn't look out the window to see the urbanization, you would think you could be in a hospital in the jungle where supplies must travel thousands of miles to a remote outpost.

Returning to Bourj after living there for two months last summer, I've gotten acclimated to walking down the littered streets, hopping over the water running along with no drain to go to, and hoping the mass of wires and power lines bridging from building to building didn't fall and electrocute me. The camp receives at best 8 hours of electricity a day, so the hospital does have a generator, which seems to be well maintained and to post-date most of our medical equipment. The hospital does not differ from most conditions of the camp. All the water we use is unfiltered and not desalinated. We go through many bottles of Betadine and saline, and wash equipment in alcohol, but we have to use everything as if it were about to run out, since using the tap water at all would be even less sanitary. After scrubs of much-needed alcohol, tools go from cutting dead tissue from an infected wound on one patient to holding the suture needle on another. There is a sterilizing

machine, but it must only be used at the end of a shift. Luckily, hand sanitizer is posted on many of the walls—washing your hands after pulling off powdered gloves is like bathing in the ocean.

The first patient I was given alone was a child that had just cut his toe, and I was a bit saddened and fearful as I told his mother not to let it in water for three days. We see many returning patients because their wounds become infected rather than heal during rinsing and bathing—none of the water in Lebanon is drinkable, and the camps often have trouble purchasing even unfiltered water. Last summer, my apartment lost water for almost three days, until someone was able to refill it (and until we paid). The nearby school lost water that summer for a week.

Just a day in the emergency room changed all of my perceptions of chronically poor health. All the grisly calls and ridiculous conditions my colleagues and I had complained about in Baltimore scurried away like the many cockroaches we have to chase down every day here in Lebanon. We have a desk with two chairs, and each morning vertical lines are drawn in a large book to keep a ledger of the patients we have. The ER has three rooms, two containing two beds separated by a curtain, and one specifically for cardiac—or, in practice, for any serious “medical” patient other than an injury.

One of the first things I assisted with was casting an ankle. Still stuttering in my Arabic and basically shadowing people, suddenly a large tub of water came sloshing in from one of sinks. Cylindrical bags were popped open with puffs of white powder, dipped in, and wrung out in the tub. As I held the man's leg, I couldn't recall ever seeing an actual plaster cast. Once sufficiently positioned and dried, it was bandaged and he hopped away. This was the only time

I kept myself from watching someone leave; I didn't want to know if he had to hop home or was meeting someone to assist him. I later made the decision that I cannot shield myself. I want my job to be helping, but also reporting, so I try to debrief myself in my blog every day. I've seen half a dozen ankles casted since, and only two patients had crutches. The rest were carried by their friends, or borrowed our one wheelchair after a short argument. I asked if they could rent or have a borrow system with crutches, but they were too afraid of people not bringing them back. In fact, they only store a certain amount of gauze in plain view in fear of people taking it. Plaster casting was also used for a broken finger and wrist, after three tongue depressors taped on first. Equipment as simple as fiberglass casts and proper setting equipment could prevent so many returns, and prevent the mangled limbs I've seen on people who have obviously healed incorrectly.

I do understandably get many second glances as a young white girl running around and doing whatever is asked. Most of the staff I've met are Palestinian or Lebanese. One day, a man asked me where I was from, as I balanced someone's arm for suturing with a sterile kit, using questionably clean pliers. When I told him America, his face contorted; he couldn't comprehend why I would choose to work in this place in these conditions. He flat-out told me to go back. I said I wanted to help where help was needed, and his face showed with a mix of disgust, disbelief, and confusion, which he finished with a shrug, saying, “At least wear a mask all the time.” The things I've seen and heard are terribly depressing, but we see them through regardless of what we do or don't have, and feel luckier to have anything at all. On a bus ride home, a man asked me how expensive it was for a checkup and an X-ray. We shared sadness as I admitted I had no idea and he shrugged and sighed. He told me he was Lebanese, so even citizens have trouble finding care. He was asking about the camp hospital in the hope it would be cheaper.



What shocked me senseless was the first patient I saw brought in and declared “cardiac.” As an EMT, this is my element. I turned to the machines they were wheeling over. I soon had four large clamps in my hands. I held them open while someone else applied gel and we attached them to his wrists and ankles. Before I could recover from my surprise, I was handed a 6-lead. I moved again to attach them and found suction cups while drops of the same gel were put on his chest. Acknowledging I was not helping much, I watched as each lead was plugged onto his skin—surprisingly, they stuck rather well. They do have a more modern machine to print out the rhythm. My immediate, albeit depressing, thought was how easy a modern EKG would be to donate, but the stickers would have to be replaced...

### Simple things, which cost pennies in the US, must be treated like gold here.

I realized just how bad conditions could get this past Monday, when we had about two hours of sheer pandemonium that truly shook me. One patient came who needed the cardiac room, a fragile old woman that stared blankly off into space underneath a flowered scarf covering just her hair as her family lamented to us. Our next patient rattled me more than any other. He was completely emaciated, skin and bones with cracked lips. He made weak noises and gestures at us. His joints stuck out awkwardly, and it was a concave slope from his ribcage to his pelvis. The sound of someone repeating “don't stare” plagued my mind. Asked to help examine him, I pinched his skin and it stayed tented for nearly four seconds, he was so dehydrated. I didn't know his situation, but I thought of the very wealthy citizens living less than a kilometer away, who often haven't even heard of the camps. I knew he should have been admitted, but that is expensive and rare.

Almost immediately after his arrival, so many patients came that I truly lost count. Just as I would settle someone as comfortably as possible, another patient would appear with family in tow. Within 30 minutes we ran out of beds, space, equipment, and doctors. Two people were sitting in the 5 x 5 “doctor's lounge” and others were swapped from beds to the x-ray table. We had to call doctors from other parts of the hospital, so the chief OBGYN was managing tachycardia and severe abdominal pain. Around this time “breaking protocols” started to ring in my ears. Even though I'm only an EMT-B I have studied heart rhythms, so I was the triage for heart rhythm severity while the nurses took other symptoms. There is only one room for serious medical patients, so the machines were rolled around while snaking the cord to outlets, printing rhythms so I could tell the doctors who needed the most urgent care and jot down at least the basics. It felt like a mass casualty incident, and my heart sunk that there is one bed for a serious medical patient with the rest treated just jetting around curtains. We were starting IVs left and right, taping the bags to the walls. With overuse of all the machines, the power cut out for much longer than usual

and for one patient I held my phone, which has a flashlight on the top, in my teeth while I started a line. Then the light in the “cardiac room” burned out and we administered meds and IVs in the dark for hours until a replacement was found. The orderly brought at least four non-matching bulbs until one fit. Simple things, which cost pennies in the US, must be treated like gold here. Yesterday I sat and rubbed two tools together to scrape the plaster back off for immediate re-use. Each day a list of equipment needed is made, and each day a sad shaking of heads commences when the box comes back.

I've begun to blankly nod when asked if I'm able to do something, because I know it has to be done...with just two nurses, one or two doctors, and me. They really need all the physical and practical help they can get. I hope someday soon there will be more volunteers, or a program to rotate people in. There are two American-licensed medical schools in Beirut, and I wonder why people don't volunteer just one day. Still when I mention where I work, people either stare blankly or infer violence in sheer ignorance. I wonder about an audit of the hospital. People at beautiful hospitals in Beirut could come for a few days to observe, and perhaps would do wonders. As an EMT-B, I have already suggested realistic improvements in a week.

To more thoroughly explain the poor conditions, here in Lebanon, the Palestinian refugees have little to no rights and are confined to the camps. Camps like these also exist in Syria, Jordan, and Egypt. The problem is only growing as Syrian and Iraqi refugees flee their homes now. It will take outside help to reach in with aid, medical and otherwise as this situation worsens. Governments routinely decline to get involved—aiding Palestinian refugees is a volatile issue. These camps are a final option for Palestinian refugees—they truly have no land, work permits, or rights and their situation is universally overlooked.

The words of a man in the Shatila camp still haunt me: “They put us where there is no light, there is no air, in a place you wouldn't even put a dog.”

I want to stress that I do not write for any shock factor. I'm not criticizing the conditions. What I want for people to get out of this is that sometimes, we have no idea what we have and take for granted, and how so little can mean so much somewhere else. If there is anything more I want to do after my mere six months here, it is to tell this story for those who don't have a voice.

My blog is named after a quote from Khalil Gibran, Lebanese poet and artist: “Coming generations will learn equality from poverty, and love from woes.”

Kira Stoyko, EMT-B, currently works in Beirut, Lebanon.

<http://LoveFromWoes.Wordpress.com>



# Emergencia

## SPREAD THE STRUGGLE FOR EMS TO THE DOMINICAN REPUBLIC

## EXTENDIENDO LA LUCHA POR EMS A LA REPUBLICA DOMINICANA

Inspired by the triumphs of the Gwoup Ayisien Pou Ijans (Haitian Emergency Group) in Haiti, emergency medical technicians and paramedics of Hispanic descent living in New York City have begun to dialogue on how to adapt this model to other Caribbean nations, or to nations of Central or South America. With its proximity to Haiti, literally just over a mountain range, the extensive size of the Dominican-American community in New York City, and the extent of the hidden depths of poverty in places outside Santo Domingo, some Dominican-Americans have suggested the Dominican Republic as our next logical front in our international struggle for human rights attainment via EMS.

Preliminary reports would suggest that in the Dominican Republic, outside the capital and surrounding tourist areas, virtually no EMS service is currently available to the poor. As compared to Mexico and nations of Central and South America, the transport costs of personnel and gear would be less expensive, and the conditions certainly less prone to unacceptable risk at this time.

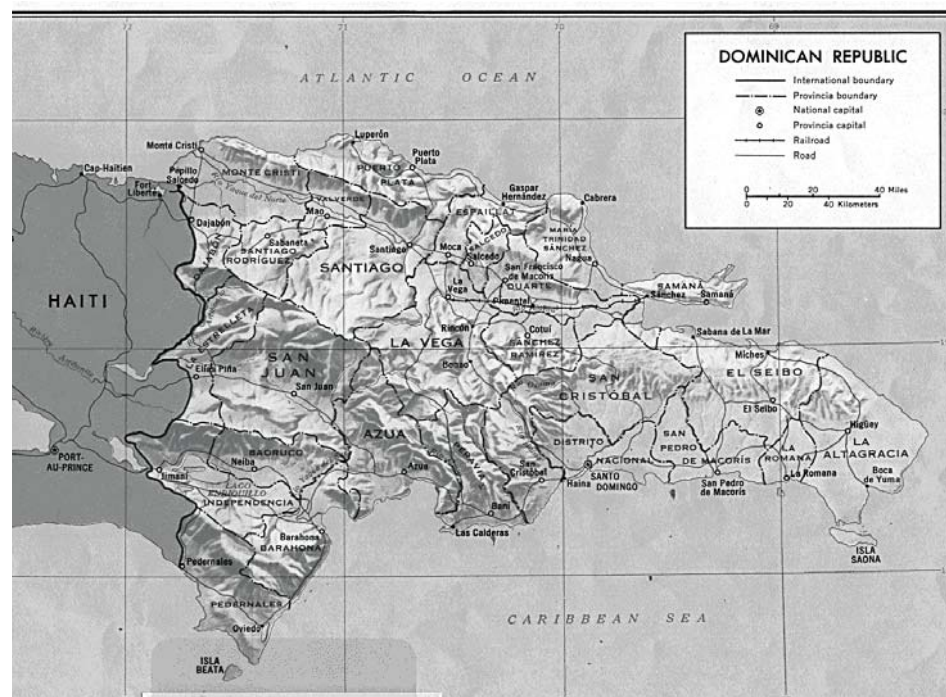
Haiti and the Dominican Republic, of course, share the island of Hispaniola, and have a tumultuous history of corrupt partnership, animosity, and violence. The Dominicans still remember the extensive brutality of Haitian occupation from 1822 to 1844, and surely the Haitians remember the 1937 massa-

cre of as many as 35,000 Haitians, largely with machetes. Since the beginning of Haitian independence in 1804, an inextricably intertwined series of events has transpired where dictators in Haiti and the Dominican Republic have time and again pitted their people against one other—often in order to distract the populace from both government's own evident opulence and grand excesses despite the impoverishment of their people. Those interested in reading on the subject might consider *Why the Cocks Fight: Dominicans, Haitians and the Struggle for Hispaniola*, by Michelle Wucker. Those of Haitian or Dominican descent surely are familiar with the prejudices and stereotypes, which are ingrained in the history of both cultures.

We are announcing the formation of a working group in New York City to conduct research, gather information, recruit personnel, and raise funds and equipment for this specific project.

We invite all emergency medical personnel and interested volunteers to coordinate with us to investigate the feasibility of deployment to the D.R. in the summer of 2013.

By:  
EMT-B Freddy Medina,  
EMT-B Francesco Martinez,  
EMT-B Ray Malanay.



Inspirado por los triunfos de Gwoup Ayisien pou Ijans (el Grupo Haitiano para las Emergencias) en Haití, técnicos/as de emergencias médicas y paramédicos/as de ascendencia hispana viviendo en Nueva York han comenzado un diálogo sobre como a adaptar este modelo a otras naciones del Caribe, o tal vez a las naciones de Centro y Sudamérica.

Por varias razones, la República Dominicana se ha clasificado como el país más lógico para nosotros a continuar mejorando los derechos humanos del mundo a través de EMS. La proximidad de la República



Dominicana a Haití, literalmente separado por solo una cadena de montañas, los dimensiones de la comunidad dominicana-americana en Nueva York, y la extensión de las profundidades ocultas de la pobreza en lugares fuera de Santo Domingo—por estas razones, muchos dominicanos en nuestra comunidad han sugerido la República Dominicana como nuestra próxima parada.

Los informes preliminares sugieren que en la República Dominicana, en las áreas afueras de la capital y los alrededores de las zonas turísticas, no hay prácticamente ningunos servicios de EMS que están disponible a la gente viviendo en la pobreza. En comparación con México y las naciones de Centro y Sudamérica, los gastos de transporte personal y del equipo son menores y las condiciones son ciertamente menos propensas a un riesgo inaceptable en este momento.

Haití y la República Dominicana, por supuesto, comparten la Isla Española, y tienen una tumultuosa historia de las asociaciones corruptas, animosidad y violencia. Los dominicanos todavía recuerdan la brutalidad de la extensa ocupación haitiana desde 1822—1844, y también seguramente los haitianos se recuerdan de la masacre de 35,000 haitianos en 1937, principalmente

con machetes. Desde el comienzo de la independencia de Haití en 1804, una serie de eventos íntimamente relacionados que ha ocurrido, porque los dictadores en la República Dominicana y Haití han una y otra vez manipulado el pueblo al contra del otro/a menudo con el objetivo de distraer la población de los excesos de la opulencia de los dos gobiernos, a pesar del

empobrecimiento de sus pueblos. Aquellos interesados en leer más sobre el tema podrían considerar *Why the Cocks Fight: Dominicans, Haitians, and the Struggle for Hispaniola*, por Michelle Wucker. Los de ascendencia dominicana o haitiana sin duda están familiarizados con los prejuicios y estereotipos que están arraigados en la historia de ambas culturas.

Estamos anunciando ya la formación de un grupo de trabajadores en Nueva York para llevar a cabo la investigación, recoger información, contratar personal, y recaudar fondos y equipo para este proyecto específico.

Invitamos a todos los técnicos y las técnicas de emergencias médicas y paramédicos/as, y también voluntario/as interesados en la coordinación con nosotros a investigar la viabilidad de la implementación de este proyecto en la República Dominicana en el verano de 2013.

Por:  
EMT-B Freddy Medina,  
EMT-B Francesco Martinez,  
EMT-B Ray Malanay

Traducido por:  
Lauren Cullen  
Francesca Navarro



**AEMT-P Jon Saltzman**

In the course of nobility in public service, sacrifices are made on a personal and familial level. Those sacrifices are seldom seen or acknowledged by the beneficiaries of great deeds. In the course of a societal shift from respect and honor to entitlement and selfishness, the value of public service has been lost on the public. We, as providers of care, hope and second chances, encounter diminishing returns of respect, honor and a living wage. We have learned the hard way that we can count on no one to provide assistance to us when needed, or even requested. In these revelations, our small subset of society has to learn to rely exclusively on each other.

In our most dire times of need and assistance on the job, we utilize the 10-13 radio code to call for help. We all know exactly what it means. No one asks questions, no one makes value judgments, we just go and help. It just gets done. Why do we not have the same unmarred dedication to each other's well-being when we are not in the streets with a radio in hand? We must provide this support to our own, and not just at memorials and funeral services.

EMS providers know what they're in for when they sign on for this life. We'll never drive fancy European sports cars, we'll never have a summer house on the lake, and we'll never be on the cover of a magazine. We live paycheck to paycheck struggling to make ends meet. While some people are deciding between the V6 and the V8, we are deciding between the light bill and the grocery bill. Dare we think about sending our kids to college, saving for retirement, a down payment on a house or god forbid we get sick or injured and can't work at all? Well, we probably can't give each other educations, retirements, or homes but it's not unreasonable to think that we can help our 'brothers-in-arms' keep the lights on and some food on the table when times get tough.

Efforts have been made for years to help one another in times of need but let's be honest, the reliability of charity is scarce, regionally limited, agency limited and sometimes popularity biased. Specifically in this great city of New York, the world of EMS is quite conflicting, territorial, convoluted, hierarchal, and tribal. Any attempt at joining providers together for any reason is traditionally an act of futility and serves to embellish the juvenile portrayal we strive to vanquish. While we perpetuate this 100 Years Civil War, the powers-that-be look at us humorously like a joke and reinforce their notion that we are undeserving. We reap what we sew. In the meantime, those of us in the rank and file still need a hand and in the thick of battle, the only hands around to reach down and give us a boost are our own.

In seeing the need for self-sufficient assistance for our 'brothers-in-arms' and recognizing how entangled we all are

in the modern social interactivity of the technological world, it seemed only obvious to take to the web. The first step of this movement to reach out to all providers in a uniform way is information. The focus is on putting information in everyone's hands. If you don't call 911, no one knows you need help. The same applies here, if the community doesn't know one of our own needs help, no one will. Modern social networking is the perfect platform for getting this information out to the whole EMS community.

We are all familiar with 10-13 parties and fund-raisers. We should also be familiar with the fact that advertising for such events traditionally doesn't go much further than a particular agency, station or maybe borough and that unfortunately usually depends on the popularity or name recognition of the member in need. In the municipal services of this enormous city, it is not uncommon for providers in one borough to never hear of 10-13 events of other boroughs. It is almost unheard of for individual agencies, whether commercial, volunteer or voluntary, to expect their call for help to be heard outside the walls of their own garage. If we as a service and a community are to progress to a better quality of life, these deficiencies need to change.

I present to you the first step in the journey of change:

**Facebook.com/NYCEMS1013**

This group page is designed for the sole purpose of disseminating information about 10-13 related issues and events from every corner of the city to every corner of the city. There couldn't be an easier way to be involved. Simply go to the page and click "like". That's it. You will see updates on your page and more importantly everyone you know will be able to see posts and information. Spreading the word like wildfire will only benefit everyone involved. [As an example, at the time I write this, there are 96 people following this page. Through their combined networks, each post potentially reaches 42,317 people. There are roughly 6000-8000 EMS providers in this city. If even half of them "liked" this page, the potential is there to reach well over 1 million people. How many people see a paper flyer floating around a few EMS stations? One or two hundred? Think about that, and then think about how easy it is join this movement.]

An individual won't be able to feed a comrades family while they're out on medical leave, but thousands of brothers and sisters pitching in what little they really can afford to spare, now that goes a long way. Before that can happen, the brothers and sisters of this community need to know who needs their help.

I call out to all of you, take off your patches, put down your shields, dust off that pink and blue card that unites us all and join me in doing what's right for our 'family'.

# Epic Saves

**EMT Saves Two People in First Two Weeks on the Job**

EMT Megan Pfeiffer, Station 50, just graduated from the EMS Academy at the end of March. Just two weeks later, she was already helping save lives. "That's what we're here for," EMT Pfeiffer said. "That's why I came to the job." On Apr. 18, she and her partner, EMT Jim Duff (a six-year veteran of the FDNY), responded to a home on 170th Street in Queens. An elderly woman had become confused and pulled out the dialysis stent in her arm, causing profuse bleeding. The EMTs tried to tie it off with a rubber glove, but couldn't get it tight enough, so they thought quickly and used the clamp they have to cut the umbilical cord during baby deliveries. They clamped her artery and stopped the bleeding. They then helped calm the distressed health aide caring for the elderly woman, and taught her what to do in case it happens again in the future.

They transported the woman to Jamaica Hospital. This rescue follows on the heels of another save for EMT Pfeiffer.

She and her partner, EMT Suchingh Singh (a five-year FDNY veteran), worked with paramedics and firefighters to save the life of a woman at a nursing home who started choking and went into cardiac arrest. The group was able to restore her heartbeat and transport her to the hospital in stable condition.

**EMS Members Save Life of Newborn Girl in Brooklyn**

It was an unusual call and a chaotic scene, but FDNY EMS members sprang into action on March 14, saving the life of a newborn girl in Brooklyn.

"When you get a pediatric call, you want to do everything you can," said Paramedic Carl Gandolfo. "Everything is ramped up by 10."

EMS members received the call at 6:20 p.m. to respond to a disoriented woman carrying a newborn on the street with the umbilical cord still attached. Paramedic Gandolfo and his partner, Paramedic Terence Lau, responded to the intersection of Eastern Parkway and Rogers Avenue along with EMTs Jamaal Shabazz and Jerry Bond.

When they arrived on the scene, the paramedics were told the mother left the scene. Minutes later another call came in referencing the baby at Lincoln Place and Rogers Avenue. "I've delivered babies before, but I've never been handed a baby like this," said Paramedic Lau.

Paramedics found the infant girl limp and blue, with the umbilical cord still attached. They immediately cleared the baby's airway and began neonatal rescue breathing using a ventilation device. The baby slowly started moving more and turned pink: then she began to cry and

flail her legs and arms.

They transported her to Kings County Hospital in serious, but stable, condition. "It was an honor to be there and help in a critical moment of this newborn's life," said EMT Shabazz.

Paramedic Gandolfo said this particular job hit home – since he has a 15-month-old baby boy. Gandolfo said after getting home from work, he woke his son to give him a kiss. When asked if he would check up on the newborn girl, he said, "absolutely," noting: "This job is a true calling. A lot of us take this job to heart and treat each patient like family."



**FDNY EMTs stop driver in altered mental state**

EMS members are known for being calm under pressure — but EMTs Thomas Staubitser and Matthew Cook from Station 4 went above and beyond on March 28, when they stopped a man in an altered mental state driving erratically in Manhattan. "It feels lucky that we were in the right place at the right time," EMT Staubitser said. At 5:45 p.m., the EMTs were flagged by an NYPD traffic cop at James Street and St. James Place, who said a man appeared to be having a seizure in a vehicle a few cars ahead. Concerned for the safety of the driver and those around him, the EMTs boxed in the vehicle with their ambulance so it could not move forward.

(Continued on page 11)

**Save some one, say something!**

Newsworthy events can be called in or e-mailed to the news media:

- Channel 2: (800) 242-6397
- Channel 4: (212) 664-2731
- Channel 5: (212) 452-3808
- Channel 7: (212) 456-3173
- Channel 9: newsdesk@wwortv.com
- Channel 11: (212) 210-2411
- NY Post: (212) 930-8500
- Daily News: (212) 210-NEWS
- NY Times: news-tips@nytimes.com

## ETHICAL DECISION MAKING IN EMS

EMT-B Eli Dinerman

Imagine you and your partner arrive on-scene to find a 100 year-old woman in bed. The patient was just discharged within the week from the local hospital, and since she has arrived home, the patient has clearly deteriorated. You ascertain the patient has not eaten for at least three days. Her gums are black. You were called because a family member was concerned and spoke to the patient's doctor, and the doctor wants the patient to go to the hospital to get a feeding tube placed.

The patient is non-verbal, and you are unable to clearly assess whether the patient is alert

or oriented. Another family member is present, and this relative adamantly refuses for you to care for the patient, or to remove her to the hospital. This relative further states that she is indeed the healthcare proxy for the patient, with durable power of attorney for medical decisions. She says she did not consult the doctor and duly refuses treatment and transport to the hospital. What are you to do? If this patient stays at home, surely the patient will die.

I got two conflicting reports from Medical Control doctors when researching this topic. The first time I asked about what to do, I was told that the healthcare proxy rules, so the patient stays at home. The second time I asked, the Medical Director of a New York City Emergency Department gave a contrasting answer: he maintained that the healthcare proxy is not valid in the pre-hospital setting.

What if the circumstances were slightly different? Let us say the patient is alert and oriented, but cannot swallow food. In this situation the patient would need a feeding tube placed because she cannot eat and has not eaten for the last three days. The patient refuses treatment and transport to the hospital saying she just wants to die in peace at home. What is your responsibility as an EMT now? Must you force this person to go to the hospital for treatment she does not want, because you have been called?

When you make a decision in both these cases, you are in effect making legal, moral and/or ethical decisions. Let us understand from the beginning that what is legal is not necessarily ethical, and vice versa: there is also a difference between ethics and morals. There's more to this job than some may think.

It is possible to make an ethical decision with regard to patient care which you are morally against. Let us examine the difference between ethics and morals. Morals are what an individual person would keep for himself, while ethics are a standard in a group of people. One may argue a doctor has the ethical duty to perform even such a horrid treatment such as female genital mutilation in a country where it is a mandated practice, though he may be morally against it. Another example would be a doctor who has the ethical duty to withhold care from a patient who refuses it, even though he morally feels like he should help anyway.

There are a number of ethical theories which are commonly referenced. When you make a treatment decision, what ethical theories do you base it on? I will attempt to explain the main ethical theories—I do advise EMTs to try to learn more about them than what I can explain here.

**Utilitarianism**  
The utility theory looks to measure both the pain and pleasure in all living things. When trying to decide on how to go about certain medical decisions, one would look to find the solution that would cause the most happiness and pleasure for the greatest amount of people.

**Deontology**  
Deontology is also known as the 'duty to care' theory. It proposes that all doctors have an ethical and legal duty to treat the sick. Under this theory, everyone must receive treatment. To refer to the exam-

ple above, someone ascribing to this theory would maintain that it is unethical to kill Jane, because you have an equal duty to her.

### Care-based

The care-based theory focuses on the characteristics of compassion, empathy, dignity, and kindness. Four more related theories, all heavily relied upon in this country, are Autonomy, Non-maleficance, Beneficence, and Justice.

### Autonomy

Autonomy refers to the capacity to be one's own person, to live one's life according to reasons and motives that are one's own, not the product of external forces. For many of us, autonomy seems like a no-brainer: we are passionate about our individual freedoms. It is easy to forget that just 30 years ago, there was no legal concept of autonomy when it came to patient's rights. This being the case, when a patient refuses care such as treatment or transport under the autonomy theory they are still entitled to know about the medical consequences of their decision. When we RMA a patient, we usually advise them wait, strike that from the record, we warn them of the potential consequences of their decision.

### Non-maleficance

Non-maleficance is the first rule of medicine: Do No Harm. A patient has the ethical right to be free from harm caused by anyone involved in the healthcare field. At times this may seem like this is a contradiction: suppose you have to amputate the patient's leg so he won't die from infection. In this case you would probably weigh the risks and benefits of either decision, and would probably decide that the benefit of disregarding non-maleficance is much greater than allowing the patient to die.

### Beneficence

Beneficence is defined as the ethical theory to provide treatment to benefit the patient and nothing else. If a doctor wants to perform an experimental treatment that will not benefit the patient this theory says it would be unethical to perform such.

### Justice

Finally, we come to Justice. Justice is for both the patient and the doctor. It protects the patient in that if the doctor were to do anything wrong, the patient would be able to seek justice. The Hippocratic Oath, still largely popular today in most medical schools, states that if the doctor did not follow the guidelines outlined, he shall be duly restrained from practice. It also protects the doctor from the patient, in the case the doctor preformed to the best of their ability.

In mentioning the Hippocratic Oath, I would like to opine that today's healthcare system is nothing like it was two thousand years ago, when the doctor was the primary provider. Today we are served by EMTs and paramedics, who knows, maybe shortly even by paramedicine and community medics, nurses, PAs, PCTs... the list goes on. I feel that everyone involved in patient care should always have some sort of oath they must take, that they are aware of their import, to always remember that those they treat are mothers and fathers, sons and daughters.

But I digress: now that we understand a little bit about the ethical theories that exist, which one is the best ethical decision to make? Which is the legal decision to make?

One must make the legal decision: that is a given. But when the law allows you to choose whether your patient stays home or not, which ethical decision will you make? If you cannot decide what the best thing course of action is, you always have Medical Control. Doctors are required to take ethics courses: let them decide which one is best. You will not find it strange that different doctors will advise different courses of treatment based on what ethical theories they feel are more important.



## WEINGARTEN CARD

If called to a meeting with management, read the following or present this card to management when the meeting begins:

"If this discussion could in any way lead to my being disciplined or terminated, or affect my personal working conditions, I respectfully request that my union representative, officer, or steward be present at this meeting. Until my representative arrives, I choose not to participate in this discussion."

## Weingarten Rights

[wikipedia.org/wiki/Weingarten\\_Rights](http://wikipedia.org/wiki/Weingarten_Rights)

In 1975, the United States Supreme Court, in the case of *NLRB v. J. Weingarten, Inc.*, 420 U.S. 251 (1975), upheld a National Labor Relations Board (NLRB) decision that employees have a right to union representation at investigatory interviews. These rights have become known as the Weingarten Rights.

During an investigatory interview, the Supreme Court ruled that the following rules apply:

**Rule 1:** The employee must make a clear request for union representation before or during the interview. The employee cannot be punished for making this request.

**Rule 2:** After the employee makes the request, the employer must choose from among three options. The employer must: grant the request and delay questioning until the union representative arrives and has a chance to consult privately with the employee; deny the request and end the interview immediately; or give the employee a choice of having the interview without representation or ending the interview.

**Rule 3:** If the employer denies the request for union representation, and continues to ask questions, it commits an unfair labor practice and the employee has a right to refuse to answer. The employer may not discipline the employee for such a refusal.



## YOUR AMBULANCE IS FILLED WITH COTTON

EMT-B Walter Adler

There was a dream I had once, although I was still awake. My ambulance was filled with cotton. I had worked so hard and put away almost nothing.

It has come to me several times since. The dream was based on a simple realization: there is a great deal of raw and brutal human suffering in this world, which continues largely because most of us choose to do nothing. The aggressors, the oppressors, the violators of our human rights are rarely individuals. The world is awash with petty despots and tyrants, but the bulk of humanity is basically good. There is no difference in the human character, in the basic human wants of an Irish firefighter and a Darfur refugee. All require housing, water, and food. All seek dignity, love, and wish a better future for their children. Our nemesis is not a man or a government it is a system. It is a series of institutions that from cradle to grave take a human and desensitize them fully from wanting for a stranger what they want for themselves.

**The reality is that no man, woman, or child ought to starve in the shadow of plenty.**

This desensitization is not inherent—but it is deliberate.

The institutions that keep us this way are many and the system itself is vast, but there remain undeniable facts. Over one billion human beings are living in squalor and dying of poverty and preventable disease, they live in 59 identifiable countries deemed failed or failing states. Over 4 billion people are living and grinding away with a fraction of their obtainable human rights to keep us in the developed world in the lifestyle to which we are accustomed. We in our own nation, the richest, freest, most powerful nation on earth have over 46 million living below the poverty line, and our EMTs and Paramedics are near the edge of that line.

Those are the facts.

The reality is that no man or woman or child ought to starve in the shadow of plenty, the equation becomes even more egregious when we realize the majority of the human race is doing so because of deliberate decisions, economic calculations, and the total apathy of those living near the very top.

My dream often comes to me in flashes. They always occur when I am asked to bear direct witness to human agony. A woman forced into prostitution, gang-raped, beaten, and left to die in the streets. She cries, begs to die, and there is nothing that

can be done to help her. A young boy run over by an SUV which speeds away, who bleeds to death in your bus as you try in vain to patch his wounds. An explosion blows apart a crowd of young kids and knocks you to your knees. A young man your age hangs himself in a school yard. Your partner takes a pistol to his head. You watch the ground swallow 300,000 people and there is nothing you can do.

Each and every time, in the face of the inescapable agony, comes again the dream. It is a dream shared by many. There is no reason we must live like this. There is a way to break this chain of suffering once and for all. I dream freedom dreams but these dreams necessitate deeds.

I know that many of us felt called to the emergency medical services because it spoke to our duty to act on this same realization. That life by life, day by day, night by night we would have the power to help, to heal and to save the world one woman, man, and child at a time. The world is a vast series of plantations and we work these plantations and die thanklessly for masters chasing life, liberty, and property. Few of us get all three.

Our masters divide us. It is the basis for their power.

Man is taught to dominate woman. Children are taught early to identify with an ethnicity, with a religion, and with a country. This hierarchy of overlapping oppressions is vast and in ignorance alone it thrives. At a young age, women are taught fear and subordination, and children to embrace division as identity. The household is the first tier of the plantation, the fallacy of everyman a king in his own domain. As the child grows in the image of their parents, he or she adopts the ethnic and cultural morays of their community. They are reminded incessantly of a supposedly inherent superiority via their nation of origin. Throughout they are assigned a religion which is surely to them the only true religion.

Then we enter school and are ingrained with our national mythologies, typically most of them are fabrications or lies. Those of us deemed smarter, largely via standardized tests work in the house while the rest work in the field.

The plantation system revolves around the white-collar house being alienated from the blue-collar field. Then both are socialized to fear the immigrant and the poor. It revolves around poor communication and misunderstanding from one plantation to another. It plays constantly on our false identities, emphasizes



## AFTER A DAY LIKE THIS WHY SHOULD WE HAVE TO WORK A SECOND JOB?

EVERY YEAR THE EMT'S AND  
PARAMEDICS OF FDNY EMS RESPOND  
TO APPROXIMATELY 1.3 MILLION 911  
CALLS. THEY ARE PAID 20,000-30,000  
DOLLARS LESS THAN POLICE AND  
FIREFIGHTERS. DON'T WE DESERVE  
A LIVING WAGE?



our differences, and appoints a massive hierarchy of petty despots to managerial positions.

In your home, you were given an imagined identity. Your gender, ethnicity, religion, and your national origin have absolutely nothing to do with your entitlement to human rights. In school, you were indoctrinated, divided into castes based on your ability to master a skill and produce wealth.

In your workplace, you are slave.

If you're in a union, your union is often a perpetrator in that slavery. Nevertheless, you're still very, very lucky to have a union at all. Because the vast majority of the nation, as well as the human race do not have a union. They don't have health benefits or a pension, earn overtime, or have a legal minimum wage. In fact, most of the basic consumer goods we enjoy necessitate that they don't. There are vast factory cities throughout the developing world where women and children work as slaves for little more than the cost of survival. But if you feel lucky being born in the developed world, or have escaped here just remember that you're still a privileged slave.

We, NYC EMTs and Paramedics

work on a plantation too.

Just because half of us have unions, because we don't sew t-shirts or pick coffee for a living doesn't mean the basis of the dream doesn't apply to you too. Just because you live in a country that is the richest, freest, and most powerful on earth doesn't mean you are free. You've just moved, or your grandparents moved out of the world's field into the world's house, and that house still has masters.

The dream which brought us to the EMS profession; the dream which makes us strive for a better world particularly in the fields of health-care and education is easily deferred via the grind of daily life even here.

The masters live in large homes on top of a literal hill. They eat fine food, and send their children to good private schools, and they drive expensive cars and throw money around on needless toys. Their power here in the US is tricking all of us on this American plantation that we're going to get some toys too if we collaborate. Moreover, its tricking us into believing that their political and economic decisions keep us safe, keep us free, and allow us to prosper.

(Continued on page 12)



### Basics of the Blueprint:

- Step 1: Make a plan.
- Step 2: Organize your team.
- Step 3: Acquire your equipment.
- Step 4: Make friends with the locals.
- Step 5: Train the locals to save lives.
- Step 6: Organize locals into an irregular EMS column.
- Step 7: Secure Human Rights.
- Step 8: Replicate in other countries.

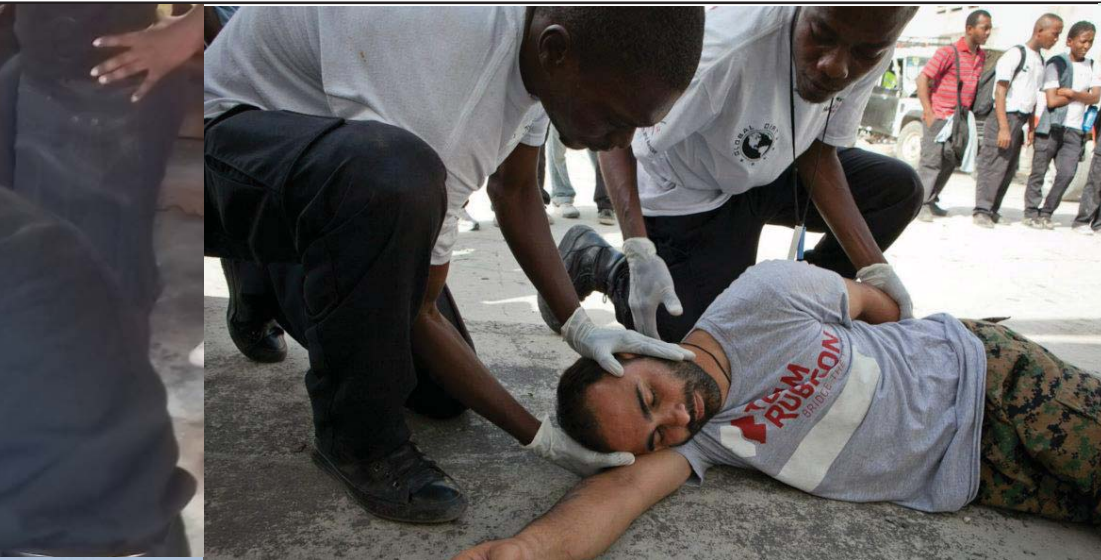


Enlist today in the Banshee Deployment Command:

[www.Alliance01.org](http://www.Alliance01.org)



DEPRINT



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**Help is coming.**



## IF ITS FREE, ITS FOR ME!



### EMT-B Acadia Eufrates

To some of us, “alternative” is a dirty word. In desperate times however, we must keep our eyes open to any and all solutions. I propose a simple look at the myriad of ways human groups have found to take care of each other and put food on the table. Let us also discuss Banshee’s new economic project which you will surely want to be a part of.

We have all since birth participated in at least one of the two most common alternative economies: reciprocity and gift.

Starting with reciprocity, we can think of parents who give extra attention to a well behaved child, or a buddy buying you a beer because you really came through for them earlier. Reciprocity, or mutual exchange, as a social phenomenon, is when positive actions are responded to by further positive actions. This may sound simple...but it flies in the face of economic models based on self-interest such as capitalism.

Reciprocal economies are not limited to friends and family. Banshee, along with G.A.I., EMPACT Northwest and many others are all using mutual exchange to build something amazing, an EMS system where there has never before been one. Let’s not forget how this paper is run and distributed—no one is paid for their services.

I would wager, and most psychologists would agree that reciprocity is a human instinct. If you doubt this, think about it this way; negative actions are often responded to with negative actions. So, some jerk who grabs your booty on the street may well end up with a bruise or two—and I bet he wouldn’t need a socioeconomics degree to figure out why.

Gift economies are similar, but place more emphasis on the original act of generosity as a social mechanism. Have you ever gone out of your way to find just the right gift for someone you love? Why? Perhaps

you wanted to show off, or you enjoyed the knowledge that YOU are responsible for THAT smile, or maybe it was something they need but won’t get for themselves, so your sense of justice kicked in. Whatever the motive, you have participated in a gift economy—one of the simplest and oldest ways of redistributing wealth (in all its forms) and maintaining a desired social order.

Not that long ago, there were many thriving gift economies among the Native Americans of the northwest. Each tribe had their own unique set-up, but I will use the general term Potlatch. A potlatch was a multi-day celebration in which a family would demonstrate their wealth to others through extreme generosity. Potlatches often included feasts, dancing, music, theatrics, spiritual ceremonies, and gifting of storable foods and goods. Hosting a potlatch was a way of solidifying or advancing social status, while redistributing wealth within the tribe. Occasionally potlatches would also occur between tribes. The most elaborate Potlatches often took place in the cold of winter when all these things (company, entertainment, food etc.) were most desired and needed. This tradition is still practiced by some, though colonization deeply threatened the continuation of Native American traditions.

Modern examples of gift economies can be found on the internet. The internet is the most democratic of information resources, as everyone has access or the potential of access (especially where there are public libraries). Furthermore, if you know where to look you can find almost anything for free on the internet, which revolutionizes traditional supply and demand models. On Jan. 22, 2011 the Land Destroyer Report explained how “P2P technology (peer to peer file sharing) eliminates material scarcity, thus the more a file is in demand, the more people end up downloading it, and the easier it is for others to find it.” He went on to ask us to “consider the implications this would have if technology made physical objects as easy to ‘share’ as information is now.” File sharing maintains a social order of universal free access to information. Therefore, people are happy to participate. This is obvious when we look at how independent artists sharing a portion of their art via the internet are starting to thrive while mega-companies trying to maintain the copyright status quo are falling out of favor.

Technology is in fact making material goods easier to ‘share’ also. Craigslist has helped me out dozens of times, as well as sites like Freecycle and others.

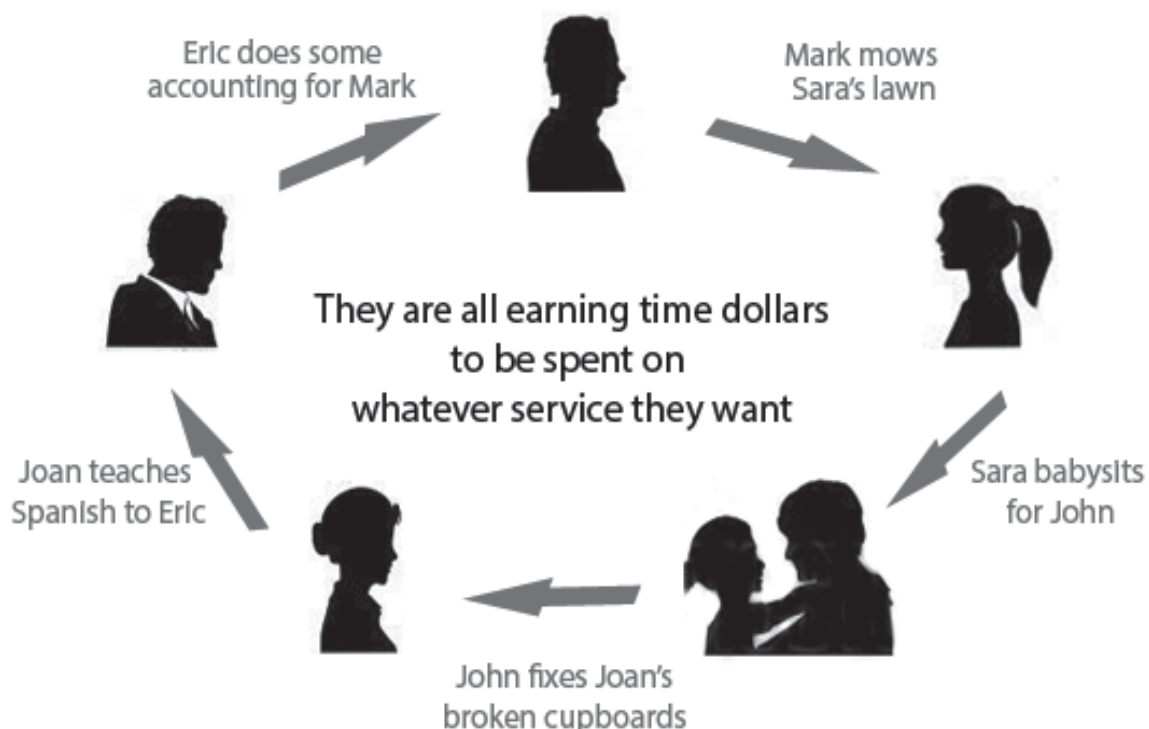
However, Open Source is my favor-

ite example of gift economy. ‘Open source’ is the term used for software that is free to use and accessible for people to join in improving it. This article was written using Open Office, so instead of paying for Microsoft Word I went to a website and downloaded a very similar program package for free. Then I was invited to volunteer by providing feedback, helping new users, testing codes, reporting bugs, writing or updating software, creating artwork, or any other contribution that I think will make the program better. Thousands of people are involved, for the same reasons people are involved in Wikipedia: 1. Free stuff is great! 2. It’s nice to contribute to something useful and meaningful, 3. The more people contribute, the better it is for everyone.

This kind of technologically-driven gift economy has created possibilities. There are now a variety of open source programs to help people start and manage Time Banks and local currencies. These systems represent a powerful way to strengthen a community and help people of all social classes get goods and services in an equitable fashion.

Time banking is similar to any other kind of banking; each individual has an account from which they can draw, deposit, or save currency. The currency used is time, instead of USD. It is similar to a credit union, in that the members are the owners. So what are the benefits of time banking? Firstly it is based on recognizing everyone’s equality; one hour of a plumber’s time is equal to one hour of a dentist’s time is equal to one hour of childcare. As long as you have a good or service to offer, chances are someone will want it regardless of federal currencies or “market values.” Another benefit is that time banks are community-focused, just like local currencies. One of the earliest examples of a time bank is Madison Hours. The Madison Hours Cooperative formed to strengthen and build local self-reliance in and around Madison, Wisconsin. They issue paper currency that can be used at many local businesses and with local profes-

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## A HISTORY OF EMS

Adapted from <http://fdnyemswebsite.com>  
and [www.EMSMuseum.org](http://www.EMSMuseum.org)



In order to fully understand all of the issues facing NYC EMS workers today, it helps to understand the history of the ambulance and the evolution of emergency medical services. Ambulance service, as a precursor to modern Emergency Medical Services, can be traced all the way back to the Middle Ages.

During the Crusades of the 11th Century, the Knights of Saint John received instruction in first-aid treatment from Arab and Greek doctors. The Knights of Saint John then acted as the first emergency workers, treating soldiers on both sides of the war on the battlefield and bringing the wounded to nearby tents for further medical treatment. During this time, it became a common practice for small rewards to be paid to soldiers who attended to the wounded and carried them in for medical treatment.

In 1487, during the siege of the city of Málaga, Spain, horse-drawn cart ambulances similar to those used in the Crusades of the 11th and 12th centuries were recorded as being used by the Spanish military to remove wounded soldiers and civilians from the fields of battle.

During the late 1700's, innovative advances in the field of emergency medicine were achieved, bringing us closer to EMS as we know it today. French Emperor Napoleon Bonaparte appointed Baron Dominique-Jean Larrey to develop the first medical patient care system for the French Army. The Baron concluded that leaving wounded soldiers on the battlefield for several days increased complications, suffering and death. "The remoteness of our ambulances deprived the wounded of the requisite attention," he wrote. In 1797, Larrey ordered trained medical personnel to be sent into the field to provide immediate medical care to the wounded soldiers, as well as en route to the field hospital. This plan of action ultimately increased soldiers' chances of survival, which Napoleon valued as an advantage to his conquest efforts. A special carriage with staffed medical personnel was commissioned to quickly access all parts of the battlefield. The carriage became known as the ambulance volante, or flying ambulance. With fellow sur-

geon Pierre Percy, Larrey formed a battalion of ambulance soldiers, including surgeons and equipped with stretchers. The morale of the French troops was lifted with the knowledge that the ambulances would arrive swiftly to attend to the wounded.

The first use in the United States of a field ambulance with an attendant occurred at the beginning of the 1860's, during the Civil War. Both sides attempted to emulate the medical practices of the Napoleonic wars. Lack of funding, government support, and dedicated personnel initially prevented the development of an effective ambulance system on either side. During the Second Battle of Bull Run in August of 1862, on the Union side alone, over 3000 wounded soldiers lay in the field for 3 days, and 600 wounded soldiers lay in the fields for over a week. At that time, the ambulance service was being run by the Quartermaster Corps. It was transferred to Surgeon General Jonathan Letterman, MD, to organize; he reinstated all of Larrey's concepts, greatly increasing the survival rate of the wounded.

At the Geneva Convention of 1864, an agreement was developed among the European countries to recognize the neutrality of hospitals, the sick and wounded, all persons involved in medical care, and ambulances. It provided safe passage across battle lines for all medical and injured personnel. On August 22, 1864, the organization adopted for its logo the reverse of the Swiss flag. The logo was a red cross on a white background. The name that they adopted was the International Red Cross.

Toward the end of the 1860's, there was a proliferation of the acquisition of ambulances throughout the United States. In late 1869, the first New York City hospital-based ambulance service was established at Bellevue Hospital by Dr. Edward L. Dalton. In December of 1869, the first month of operation of the ambulance service of the Free Hospital of New York (Bellevue) they ran a total of 74 calls. In 1870, 1466 calls were run. This original Bellevue dispatch system was very different from the dispatch used today.

These types of improvements to the response and care system were largely limited to the larger cities in America during this time.

During World War I, and most especially during World War II, the military medical corps proved their worth in field assessment and early management of injured personnel. Although the military system of emergency care became well developed, the development of a civilian system lagged far behind. In the mid 1950's, J.D. "Deke" Farrington, MD, FACS (considered by some to be the father of modern EMS), and others in his field questioned why the lessons learned by the military medical corps during World War II and the Korean War could not be brought into the civilian community to improve the standard of civilian care. At that time, emergency medicine and EMS were not what we know today.

At the 1969 Airlie house conference, a number of prestigious national medical associations drafted a document titled "Recommendations for an Approach to an Urgent National Problem". This outcome document indicated that immediate attention and control were needed in the areas of transportation and communication. Dr. Farrington and Dr. Sam Banks developed a trauma training school for the Chicago FD, which became the prototype for the first EMT-Ambulance (EMT-A) training program.

In 1974, the state of Kansas instituted a statewide program at the basic level and partially evolved at the EMT-Paramedic (EMT-P) level. The initial training program was called the Advanced Training Program of EMT. Nancy Caroline and her team at the University of Pittsburgh were awarded the contract from the US-DOT to write the national standard curriculum for the EMT-P. This modular training program included sections that later became the basis for the EMT-Intermediate (EMT-I). In 1976 a new EMS act was passed which gave oversight and funding to the U.S. Department of Health, Education, and Welfare.

The National Association of EMTs (NAEMT) was developed to represent EMTs at all levels. State EMS directors have formed the National Association of State EMS Directors (NASEMSD) to share ideas and develop strategies for EMS development across state lines. Another organization, the National Council of EMS Training Coordinators (NASEMSTC), is also charged with sharing educational ideas across states.

While this brief overview only mentions a few of the highlights in the developments of EMS, but as they say, the past is prologue. From the European battlefields to the mountains of Haiti and the Dominican Republic.

## Epic Saves

(Continued from page 5)

As they were radioing dispatch to notify them of the situation, the man stepped on the gas, striking the ambulance, then sideswiped it as he pulled into the left lane's oncoming traffic.

The pair stayed with the vehicle. EMT Cook tried to reach in through the crack in the window to grab the steering wheel as EMT Staubitser tried to open the car doors. Both attempts were unsuccessful, so EMT Staubitser tried to kick in the door of the car while EMT Cook tried breaking the window.

After the window broke, the EMTs were able to turn off the vehicle, put it in park and assess the patient, who appeared to be in an altered mental state rather than suffering from a seizure.

Luckily, the car had only moved about 75 yards beyond the ambulance, because just ahead was a park filled with people. The EMTs then called for another ambulance to respond. The man was transported to Beth Israel Hospital as the EMTs stayed behind to help police determine what happened.

"We were trying to piece it all together," EMT Staubitser said. "We were in disbelief about everything that just happened."

### Off-Duty FDNY EMT Saves Woman Choking in Restaurant

Most people can't say that between appetizers and their entrée they saved someone's life, but EMT - and paramedic student - Michael Greco certainly can. "It's something that anyone with our job, with our training, would just get up and do," he said. "It was just an instinct."

The three-year veteran of the FDNY was having dinner with his fiancée and their respective parents at Villagio restaurant in Whitestone, Queens, on May 29, when he heard someone at the other end of the dining room shout: "Choke!"

Greco immediately jumped up and saw the waiter nervously - and incorrectly - administering the Heimlich maneuver to a 72-year-old woman. Noticing that the woman was turning blue, he ran over, stood the woman up, gave her three Heimlich thrusts and a piece of steak flew out of her mouth.

He said he stayed with her for a few minutes to make sure her heart rate was back to normal and, once things settled, went back to eating dinner. "I didn't think much of it, but everyone was appreciative," he said. He added that his fiancée did not think anything of his response - having seen him previously assist when they came upon an overturned vehicle and someone who lost consciousness while on vacation - but their parents were more surprised.

"To have my family see the work I do first hand was nice," he said. "It's what we do every day. There's no fanfare, we show up and do our job. I showed up and did my job then sat down to eat."



## YOUR AMBULANCE IS FILLED WITH COTTON

Continued from page 7

In fact, the political and economic decisions of the American elite has in just ten years ruined our economy and cost us 4.6 trillion dollars and tens of thousands of human lives in a series of pointless wars. We as Americans are less safe than you were ten years ago. Your freedom is relative; compared to places like Congo, Darfur, and Haiti you are certainly more free. But that is in relation to a constitution which is highly flexible with justice. Not only ought you concern yourself with the freedom of a so-called foreigner, but you ought to be cognizant of your freedom in relation to effectiveness.

At any given time, the United States has one in 100 of its citizens in prison.

I'm very hard pressed to find an effective change agent in the history of this country calling for serious change, not silly reforms, who doesn't end up dead, in prison, or exile. Your freedom of speech here is highly relative.

So the plantation at home instills your imagined identity which works to divide us all from each other and sets up a world of little ethnic-religious-political fiefdoms. The plantation at school invests you with skills and divides you by caste. Then your professional life, your planation at work, takes your labor and turns it into another's profit. You are then further divided into your class based on what some boss decides to pay you.

When it's all done, some of us will prosper or fail at a game five billion people didn't even get to play fairly.

In the year 1948 the United Nations drew up 30 Human Rights. If you had them, you'd be truly free. I'm sure few of us can even list them. So whether you're dying on one plantation, or grinding on another. Whether you're living free in a developed country with a bunch of fancy toys, or dying of cholera in the Artibonte Valley, living in the projects, or struggling to stay out of foreclosure; even in the developed world, even in the richest plantations, no one has all the rights that are theirs by virtue of being born human.

I'd like us all to identify what those rights are so we know if we have them or not, so we can know if we are free. I became an ambulance man to help others secure those rights, also to secure them for my family and myself. We in the Banshee Association are fighting for the idea that we don't have to live like this.

Someone, probably working for the City or some fat cat in your agency is paying you \$10.00 (lowest transport), or \$16.00 (911 City) or \$32.00 (when you know somebody and been working at a voluntary hospital for ten plus years with them nice white pants) but we all know they billed the patient in the ball park of \$500.00 to \$3,000.00. We all know you who broke your wrist, your back and your neck didn't get a piece of that, where did it go? Into your master's pocket, the City, a corporate fat cat at Metro-Skell, or a blue-collar aristocrat with a pasty complexion and a hose.

**So get the cotton out of the back of your ambulance, look around, and get ready to fight like hell.**

## IF ITS FREE, ITS FOR ME!

Continued from page 10

sionals. With paper currency of course there has to be an exchange rate, usually set at a living wage such as \$10 USD/1 Hour. Let's use my friend Jenny as an example, if Jenny goes to buy a cake at the local bakery and she asks the cashier if she can pay with Madison Hours, the cashier explains that they can accept partial payment in Hours and the rest in USD. The portion that was USD is probably paying for sugar, vanilla and anything else that can't be locally bought or produced. However, on the walk home Jenny can be confident that the portion she paid in Madison Hours went to paying the bakery's employees or the Wisconsin farmer they get milk, eggs, and produce from. Thus, those hours went back into the local community. Aside from paper currencies, most time banks also maintain an online platform where hours are kept as credits.

This is where we see another improvement on USD banking. The online platform is almost like social networking where each member can have a profile explaining who they are and what they have to offer. When members are looking for something they can simply search in a particular neighborhood or for an item or service, and look through all the offers and the profiles of those offering. With time as the currency no one is competing financially so you can pick the best person for the job instead of the cheapest.

Since the recession, time banks have blossomed from Alaska to Florida, L.A. to Ithaca, and Ukraine to New Zealand, thanks to the plethora of Open Source software and people opening their eyes to other possibilities.

Membership in a Time Bank system can help fill the gaps left by too little pay, and help people get what services they need while improving the personal economics of everyone in the group. The form our time bank will take is up to all of you. Like any healthy economy, the more people

involved the better. Banshee represents a fairly varied group of talented people, and many of us have talents that we don't get to use enough, because until now we couldn't get much for it. What do you need and what do you have to offer? Maybe some welding, gardening, translation help, childcare, computer lessons, a meal prepared, haircuts, help moving, dance lessons, a painting, massage, fresh veggies, cleaning services, CPR certification?

All of these things are traded through time banks every day...as an alternative to paying cash.

The Banshee time bank will launch this fall, and I truly hope you all join. Before then, we have a lot to figure out. Should we have our own time bank, or a private group within an established NYC time bank? Should we loan a few hours to all upon joining the bank to get things rolling? Should we be locally focused? For example: if someone hosts a two hour class for 5 students, all the students pay two hours from their account. Should the teacher be credited with 10 hours, or should the teacher receive two hours because it was a two hour class? In the Catskills time bank system, the teacher would get two hours, plus a couple more for prep work—the other hours would be put into a community fund. Should we issue a paper currency? The exciting part of a project like this is the freedom to create the kind of system we want to work in.

If you have an opinion on any of this, please share it! If you want to help shape the time bank, please do so! If you simply want to join to help yourself and your fellows, you are more than welcome. At the end of the day it is our lives and our time, and we deserve our human rights—and joy to boot—regardless of our USD financial status.

a.eufrates@gmail.com

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# LITTLE HERO SWORN IN AS CHIEF OF EMS

EMT-P Michael "Secret Steel Drum" Kelly

Listen to the 911 Call:

[www.Alliance01.org](http://www.Alliance01.org)



He may be one of the FDNY's tiniest EMTs, but he proved that he's brave enough for the job of leadership.

Fire Commissioner Salvatore Casano, Chief of Department Edward Kilduff and Chief of EMS Abdo Nahmod swore in 7 year-old Drew Champagnie as Junior Chief of EMS on Sept. 22, after he called 9-1-1 and saved his mom's life just the day before.

"He is such a brave young man and we're all proud of him," Commissioner Cassano said. "He did a tremendous job."

Chief Kilduff, added, "We're all so proud of you, you're a wonderful example for all young kids in New York City, and deserve to take leadership over our city's emergency medical services."

Drew and his mother, Donna Gilkes, were at their Brooklyn home on the morning of Sept. 21, preparing Drew for school. They were in his bedroom when Ms. Gilkes suddenly collapsed and began having a seizure.

The boy immediately knew what to do. He called 9-1-1 and calmly told operators, including FDNY EMS Operator C. Guzman and EMS Radio Dispatcher J. Washington, that

his mom was "shaking." Then he proceeded to tell them his address, apartment number, phone number and his dad's phone number.

"He touched my heart, he did such a great job," Guzman said. "He was brave, he listened and he stood his ground, he just wanted to help his mom. A kid like that can lead our service to greatness." Washington added, "I was really impressed with what he did. Next time there's a blizzard, I bet everyone will be able to get an ambulance!"

They kept him on the phone and walked him through things he could do to help as they waited for help to arrive. And when the EMTs arrived on scene his mother was mostly better thanks to Champagnie's effective CPR and his McGyver-like knowl-

edge of how to cook diazepam and begin an IV bolus infusion despite having no medical training, and being seven years old.

Fire Commissioner Cassano told the other Chiefs of the FDNY in a secret meeting, "We've been waiting for an opportunity like this for nearly 100 years."

"Often EMS Chiefs are appointed arbitrarily, with little rhyme or reason and certainly with no consultation of the rank and file."

"It's about who you know," said an FDNY EMT who wished to remain anonymous as he made crude back-forth motions with his hand accompanied by a sucking noise..

"It isn't like the early days of the fire department, when it was about how well you could brawl and how much stuff you could carry out of someone's burning tenement."

When questioned about the future of the FDNY, EMS Junior Chief Drew told the Banshee News Service, "I sort of think EMTs work super, super hard. My first act as Junior Chief will be to triple wages, honor you as publicly and as often as I can, and empower you to form a mass trade union with your brothers



**EMS boss demoted in blizzard shakeup**  
The city's EMS chief was abruptly demoted last night - becoming the first head to roll over the disastrous response to the crippling post-Christmas blizzard, sources told The Post. Chief John... Read Full Story

and sisters in the private sector."

Fearless words from the mouth of a babe. It was as if even a seven year old with a fictitious rank awarded to improve public relations knew exactly what was to be done.

Champagnie's "Often EMS Chiefs are appointed arbitrarily, with little rhyme or reason but praise for son and certainly with no consultation of the rank and file."

mother had noth- ing but praise for her son, saying he was a wonderful boy who is incredibly smart and good with numbers. She said her mother (the boy's grandmother) taught him how to call 9-1-1, and said he takes after his uncle, FDNY EMT D. Gilkes.

"He's so great," Ms. Gilkes said.

She added that he remains protective of her, "Since then he's been standing by me all the time, telling me not to do anything. He just keeps telling me to relax."

"It's those qualities that we look for in the leadership of this ser- vice," commented former EMS Chief Perugia, who was quietly demoted after being made a scapegoat for the delays in EMS response due to the 2010 blizzard which were ultimately the fault of a DSNY strike, but was refocused on EMS. Perugia is now a four star chief, not a five star like Abdo Nahmod or a six star one, like little Drew.

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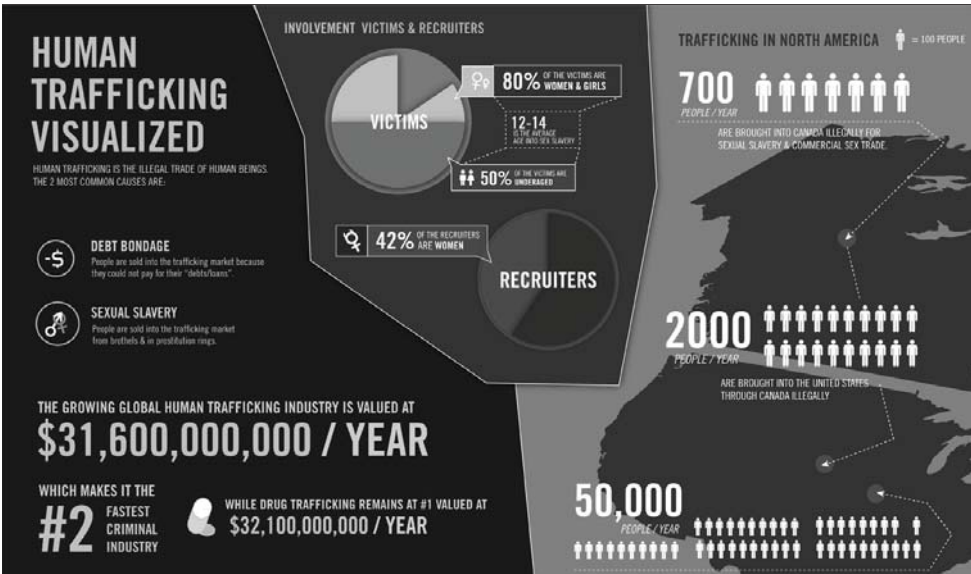
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## THE GROWING NEED FOR MODERN ABOLITIONISTS

Jacqueline Zimowski  
&  
Mirela Iverac

EMS must enlist in the fight against human trafficking hidden in the guise of strip clubs, massage parlors, escort companies, and tanning salons. The powers that be already ask you to report domestic abusers, child molesters, terrorists, and drug dealers. With human slavery on the rise and no paper work required use your eyes and ears on calls to hunt down human traffickers: and report observations paper work free to: (888) 373-7888. Could be your mother, sister, girlfriend, or wife. Time to unite and fight.

### Areas in Brooklyn, Queens, and Manhattan Remain Hubs For Human Trafficking.

Of course they are. The numbers in this article aren't even an ice cube on the tip of the iceberg. This problem is huge and it's not going to go away because some publicity got thrown at it. Dig in people, it's going to get worse before it gets better, but the fact that we're started was the critical first hurdle.

Law enforcement is learning what to look for in the differentiation between trafficking and other crimes. It's hard. Organizations are beginning to take hold to help care for the victims, there's only been a small handful (like Rachel Lloyd and Faith Huckle) handling the huge need in NYC. Give them money so they can expand!

Sooner or later prominent citizens from the upstairs New York will be sucked into trafficking as a victim instead of a buyer and THEN there will be more press and hopefully some action. I don't wish this upon anyone (trust me) but it seems to be the way things work in the City. The downstairs New York, well, these things happen, you can't dwell on it.

If the average New Yorker knew just how big a maelstrom the Organized Crime they're so blasé about and the Transnational Organized Crime from a veritable ungodly UN of barbarism had breached the gates of their fair city they would be a bit more interested. The players in this game, the ones on the bad side? They're very happy when you aren't.

### Even as Arrests Increase, Human Trafficking Remains A Problem

Areas in Brooklyn, Queens, and Manhattan remain hubs for human trafficking even as the number of related arrests increase, according to law enforcement officials. The number of arrests in sex trafficking cases in New York City increased more than 5 times to 50 in 2011, up from 9 in 2008. Still, the data also suggests many trafficking victims remain out of reach.

Jackson Heights and Flushing, Queens, Koreatown in Manhattan and Brighton Beach, Brooklyn, remain active hubs where victims – mostly women and young girls between the ages of 10 and 30 — are being trafficked, according to Tenaz Dubash, Victim Assistance Coordinator with Immigration and Customs Enforcement.

In New York State, there have been a total of 96 arrests for sex and labor trafficking and 31 convictions since 2007 when the anti-trafficking law came into effect. Most arrests – 87 – happened in New York City, according to ICE, the primary U.S. law enforcement agency responsible for combating human trafficking.

"We're making dent, and we're making progress," said James Hayes, ICE's Special Agent in Charge of Investigations. "But there's still a lot of work to do."

Between 14,500 and 17,500 victims are trafficked into the United States each year, according to the Department of Justice. ICE has been reaching out to the public with information about trafficking, particularly through January, which is the Human Trafficking Awareness month.

Most trafficking victims are from impoverished backgrounds and come from Mexico, El Salvador or Guatemala, often by crossing the border illegally or from south-east Asia and Eastern Europe, using fraudulent documents.

Traffickers often entice their victims with the prospect of jobs, education or marriage in the United States.

"When they get here, they're working 14 hours in a night club, 14 hours in a strip club, 14 hours in a massage parlor, or worse," Hayes said.



Trafficked women forced into the sex industry make about \$25 to \$30 each time she's forced to have intercourse, which can be to about 30 to 40 times a night, Dubash said.

One of the main issues remains identification of trafficking victims, who are almost never able to identify themselves as such.

Police officers also don't always recognize signs of trafficking, but Hayes said coordination with local law enforcement and training ICE has "increased the ability of both local, state and federal prosecutors to be able to bring charges against people."

### Slavery – Big Picture/Little Picture & Other Personal Theories

Search the Internet for information on Human Trafficking and you'll find a large amount of the returns are focused

on sex trafficking, specifically girls and women forced into prostitution.

Sex trafficking is inarguably a horrendous crime. The more you investigate the more you learn how it devastates millions of children and adults of both genders around the world. There aren't statistics on how many it kills because so much of it is hidden, even with this most visible form. It is a malleable crime, bending to fit the culture and perpetrator's purposes. A nightmare for those trapped and an extreme frustration for those fighting for its eradication.

There's more. Sex trafficking is a large piece of a larger body. It's higher visibility and media profile make it possible for many to believe it is the only, or predominate form of slavery in the world. I don't believe that's true. Let me be the first to tell you: I'm not an expert. No college degrees, no cer-



tification in related fields, no field research studies written. I read. I watch. I travel. I listen. I speak with others in the field. I have an opinion, and it's different than what I see out there. As a reference point here are some basic types of slavery.

**Bonded Labor or Debt Bondage**

Almost any kind of labor you can imagine. Agriculture, fishing, factory, construction, sexual, mining, soldier, teacher, athlete, model, etc. Often presented as a legitimate job offer for legal work predicated on either a fee or advance which is made impossible to repay.

Bonded labor can be entire villages, multi-generational, complete ethnicities, social classes.

- Involuntary Servitude or Human Trafficking
- Domestic Servitude: Maid/Servant/Nanny/Housekeeper
- Child Labor
- Organ Trafficking
- From babies through adults, also used for occultic practices
- Adoption Trafficking
- Child/Adult Soldiers

There are more types, definitions and variations. They are often interchangeable depending on host country or cultural setting.

There are thousands of NGO's in the world that work with victims of human trafficking. Rescue, shelter, medical and psychological care, vocational training, repatriation, restitution and justice are some of the critical things they provide or seek to make available, some under incredibly hostile conditions to their efforts and themselves. On the other end of the supply/demand chain or Big Picture are causal factors that allow people to be enslaved. This has been studied extensively by world relief and government organizational experts, and notably, by Siddarth Kara in his book "Sex Trafficking: Inside the Business of Modern Slavery".

Some contributing factors may be:

- Extreme poverty
- Natural Disaster
- Lack of education
- Lack of Public awareness
- Cultural gender/ethnic discrimination
- Political and/or social upheaval
- Armed conflict
- Failure in Rule of Law
- Global disparity in Rule of Law
- Marginalizing Economic policies
- Obstacles to legal migration
- Sex-selective migration policies
- Corruption in government and judiciary
- Lack of birth registration
- Devaluation of human rights
- low risk/high profit of trafficking
- Manipulation of religious rituals/rights
- Peer pressure
- Re-trafficking due to lack of options

A partial list but enough to get started if you haven't considered this aspect. If any of these factors are present, there's vulnerability. If you combine the potential for exploitation explodes. Which brings me to the perpetrators or slavers. It can be an individual with a single slave or they can be entire countries held in absolute bondage. They all

control human lives for their profit. My views on this part of the problem are extensive, arguably different from the mainstream and probably extremist. I also believe they possibly hold answers. Perhaps none of what I've said so far has been out of the ordinary or unexpected. That'll change.

**Why Hasn't Congress Reauthorized The Trafficking Victims Protection Act Yet?**

President Obama, in convening the annual meeting of his cabinet-level task force on human trafficking last week, noted the work the administration has done in law enforcement, aid to victims and diplomatic pressure to help the millions around the world who toil "under the boot of modern slavery."

But a crucial element is missing in this important campaign. Congress has yet to reauthorize the Trafficking Victims Protection Act, a law passed with strong bipartisan support in 2000 and reauthorized in 2003, 2005 and 2008. It expired at the end of 2011.

A Senate bill to reauthorize the act through 2015 cleared the Judiciary Committee in October but has not come to a floor vote. The bill, trimmed for lean times, cuts appropriations to \$130 million, but toughens enforcement measures and modestly increases victim assistance to \$25.5 million. A reauthorization bill has also been offered in the House, with wrongheaded Republican modifications. It would, for example, shift financing for victims' services to the Justice Department from the Department of Health and Human Services, which is far better-suited for the job but has been a recent source of Republican obstructionism over contraception and health insurance. Passing a law to fight human trafficking and slavery is one of those bipartisan no-brainers that Congress used to be able to accomplish — as it did three times in the administration of George W. Bush. But it's a different era now, one in which conservative Republicans also find reauthorizing the Violence Against Women Act unacceptable.

Allowing politics to hamper the campaign against human trafficking is especially tragic at a time when innovative approaches are making gains. A new trafficking hot line, financed through a grant by health and human services, for instance, has taken more than 49,000 calls, connected 5,770 potential victims with services and provided more than 2,155 law-enforcement tips. Those fighting modern-day slavery need support to find and help survivors. Congress should move quickly to keep this effort moving. It's a Global Problem, Not a 3rd World One: Slave Labor On The Rise In Russia

This precursor to the following article is not about Russia. It is however deeply connected to the subject for myself and my work. Of all the conversations I have with people about slavery one of the most difficult is how extremely hard it can be to make definitions and distinctions successfully clear. This particular piece deals with a recent encounter over Debt Bondage. I was in Italy last week speaking with two employees of a ship building company. Big ships. Some of the largest in the world. The two employees were ex-

tremely well educated, traveled and genial. Lovely.

We were having a general conversation about the beauty of our surroundings, favorite travel destinations; normal topics. We turned to occupations. I was fascinated with theirs. Coming from a town that builds what I had heretofore considered big ships, the magnitude, which we were overlooking as we spoke, was overwhelming in every way.

When my occupation came up there was the usual pause. One of the two thoughtfully observed that surely any labor for someone who was in need was better than none. Tough logic to refute in a few moments. I explained Debt Bondage as concisely and clearly as I could. Again the argument that it was work, and work was better than none. The person speaking's country is a major source of laborers so I could imagine the struggle in mind of something almost certainly never observed from a first-hand view. I explained being recruited under false conditions, giving examples from American cases; having personal I.D. documents confiscated, being unpaid for labor; living in terrible conditions. Still came the argument that it was better than nothing. My growing incredulity must have begun to show, unfair on my part because I've been in the same exact place emotionally, but my next words made an impression. "The definition that makes them truly slaves and not laborers is that they can not walk away." I repeated it. She said it out loud. "They can not walk away." "Oh." She said.


I understood, as much as we ever really can, that shock when pieces begin to fall into place in an internal mental picture or grasp of such an idea. The numbers of people we were discussing were huge, which doesn't help with the shock factor and they were very present in a physical sense. I turned the conversation to other areas not wanting her to be the focus while she thought things over and accepted or rejected them. It's a very personal decision, whichever way it goes.

We chatted for a while longer. They were truly lovely people and sometimes it's a horrible thing to open someone's eyes to even a possibility of something so terrible. There's almost a moral dilemma just in the act. Yes, I have access to substantiated data, examples of matching circumstances, have seen it with my own eyes, etc. But sometimes it really hurts to make others aware of something that didn't exist for them moments before. What do you do with that? How does anything change without that moment?

We spoke for a few more minutes, exchanged business cards as our transportation arrived. Laughed and shook hands and expressed sincerely how delighted we were to meet each other. And we truly were. But my heart still hurts over the process. This is something new for me. Usually my focus is only upon the laborers themselves and the anguish and terrible suffering they experience. Maybe that was truly selfish of me. We're all affected by this. In different ways yes, and it is undeniably more urgent for those in the position of living in slavery. Reality for them is in-your-face life or death. There is no gray area. But without being very aware of

how people are brought to knowledge of the problem, the balance of how people choose to react is affected, perhaps permanently. Food for thought.

**THERE ARE OVER 27 MILLION SLAVES IN THE WORLD TODAY**

more than the entire population of  **TEXAS**

**80% OF TRAFFICKING VICTIMS ARE WOMEN AND HALF ARE MINORS**




**1 MILLION CHILDREN ENTER THE COMMERCIAL SEX TRADE EACH YEAR AROUND THE WORLD**




**14,000 to 17,000 women and children trafficked into the united states every year**



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# ESPWA LEV

## HOPE RISES

Embedded inside an irregular civilian medical column in Haiti, this film is about a group of young Haitians and New Yorkers in the City of Port-au-Prince struggling to create the first EMS group in the history of Haiti.

The earthquake resulted in the deaths of 270,000 people crippling a nation already on its knees. Amid the squabble over aid money that began in the aftermath of the quake, a deadly cholera epidemic, and the unrest surrounding the presidential elections; a group of civilian volunteers led by EMTs & Paramedics from New York City began training a small group of Haitian men and women how to help, heal, and rescue their own people.

This is a film about solidarity and the dream of raising a rescue agency from the rubble.

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