

The *Public i*, a project of the Urbana-Champaign Independent Media Center, is an independent, collectively-run, community-oriented publication that provides a forum for topics underreported and voices underrepresented in the dominant media. All contributors to the paper are volunteers. Everyone is welcome and encouraged to submit articles or story ideas to the editorial collective. We prefer, but do not necessarily restrict ourselves to, articles on issues of local impact written by authors with local ties. *The opinions are those of the authors and do not reflect the views of the IMC as a whole.*

EDITORS/FACILITATORS:

- Brian Dolinar
- Darrin Drda
- Belden Fields
- Bob Illyes
- Paul Mueth
- Dave Powers
- Lesa Sadler
- Laura Stengrim
- Marcia Zumbahlen

THE PUBLIC I

Urbana-Champaign IMC
202 Elm St. / P.O. Box 973
Urbana, IL, 61801
217-344-8820
www.ucimc.org



The UC-IMC is part of the Community Shares Program.

Get Involved with the *Public i*

You don't need a degree in journalism to be a citizen journalist. We are all experts in something, and we have the ability to share our information and knowledge with others. The *Public i* is always looking for writers and story ideas. We invite you to submit ideas or proposals during our weekly meetings (Thursdays at 5:30pm at the UCIMC), to post a story to the web site (<http://www.ucimc.org>), or to contact one of the editors.

- Become a citizen journalist; write a news story or opinion piece.
- Make a tax-deductible contribution.
- Help distribute the *Public i* around the Champaign-Urbana area.
- Help with fund-raisers.
- Join the editorial board.

DARFUR *(continued from page 7)*

STAND is also an example for other grassroots movements on how to effectively cooperate with other organizations. STAND offers links to other groups on its website and promotes other groups' activities. It also encourages its chapters to seek support and work cooperatively with other human rights organizations. The Awareness Week Events at the University of Illinois in February were coordinated by Action Darfur but were sponsored by eleven other student organizations. STAND and GI-Net also announced during their D.C. activism weekend that they will combine their forces to create one long-standing genocide awareness and intervention organi-

zation that will have a continuing presence beyond the Darfur crisis.

HOW TO HELP

You can support the awareness work of these students by staying updated on news about the Darfur crisis and spreading that information to friends and family. You also can contact Rep. Timothy Johnson and Senators Barack Obama and Dick Durbin to tell them to support funding for the peacekeeping missions in Sudan with at least \$700 million in 2007 and to pressure for NATO enforcement of a no-fly zone and deployment of peacekeeping troops. Finally, you can send an on-line postcard to President Bush at www.savedarfur.org to urge him to live up to his promise of "Not on my watch."

Who Are Today's Activists?

Book Discussion on

"LETTERS FROM YOUNG ACTIVISTS: TODAY'S REBELS SPEAK OUT"

with contributor Andy Cornell & editor Dan Berger

WHEN: 2pm, Sunday, June 4th

WHERE: UC Independent Media Center) 202 S. Broadway, in the Urbana Post Office)

Contributors to the book will lead a discussion on "today's rebels," and open a dialogue on the multiple activist efforts in the C-U area. This event is free & open to the public. Copies of the book will be available for purchase. For more information, go to www.lettersfromyoungactivists.org

Co-sponsored by Urban League's Center for Civic Engagement and Social Justice, CU Citizens for Peace and Justice, Students for Environmental Concerns, Men Against Sexual Violence, Independent Media Center, UIUC Office of Women's Programs, and many more!

For more info, contact Ross at wantland@uiuc.edu or 649-1636.

Sustaining Contributors

The *Public i* wishes to express its deep appreciation to the following sustaining contributors for their financial and material support:

SocialistForum: An Open Discussion and Action Group, *Meets 3rd Saturdays of the month, 3-5 pm, at IMC, Broadway & Elm. (U)*

Jerusalem Cafe
601 S. Wright St, Champaign; 398-9022

The AFL-CIO of Champaign County

World Harvest International and Gourmet Foods
519 E. University, Champaign

That's Rentertainment
516 E. John, Champaign; 384-0977

The Union of Professional Employees (UPE)

National Fish Therapeutic Massage
113 N. Race, Urbana, 239-3400

The Natural Gourmet
2225 S. Neil, Champaign; 355-6365

AWARE, the Anti-War, Anti-Racism Effort
Meetings every Sunday at 5pm at the IMC

The Social Equity Group, Financial West
Socially Responsible Investing

If you or your organization would like to become a sustaining contributor to the *Public i*, or would like more information, please call 344-7265, or email imc-print@ucimc.org.

A Paper of the People

Published by the Urbana-Champaign Independent Media Center

June 2006 • V6 #5



HEALTH CARE

for Nina's story, see page 1



Health Care in CU
Marcia Zumbahlen
Page 1



Reform in Illinois
Ken Powell
Page 4



Support & Stigma
Lesa Sadler
Page 5



STAND & Darfur
Jodi Farritor
Page 7

Waking Up to the Reality of Health Care in Champaign County

by Marcia Zumbahlen



OVER THE LAST 22 YEARS that I have lived, worked, and attended school in Champaign County, I have used nearly every possible method to cover health care costs for my daughter and myself: school insurance, Medicaid, private HMOs, state-funded HMOs, state-funded PPOs, and the “no insurance” out-of-my-pocket method. My experiences taught me that class affects one’s access to quality health care. However, I didn’t “wake-up” to the barbarism of our current health system until I befriended a local Mexican family as part of a language exchange. I’ll let their 4-year-old, alias Nina, tell the story.

Hello, my name is Nina. I was born in Urbana, IL. I go to Public Health for doctors. One time, when I was three, I went to Public Health for my cavities. Usually there is a lady there that speaks Spanish to me but I guess she was gone. They made me go into a room all by myself. There were lots of grown-ups talking but I didn’t know what they were saying. I didn’t know when they were going to move the chair and the things they put in my mouth made noises. I was really scared. I wiggled a lot. The dentist didn’t look happy. I cried and the dentist left. A lady in a white coat took me to my parents. She didn’t say anything to me. She gave my dad a card but I didn’t know what she said.

The next day Mom called her grown-up friend Marcia about the card. Marcia came to my house. She said the card had the names of special dentists for kids (I know that because she said that in Spanish). Marcia called the dentists. She said only one of the dentists could give me a special gas so I wouldn’t wiggle. That dentist wanted my mom to pay hundreds and hundreds and hundreds of dollars. Marcia said the dentist didn’t take medical cards because special dentists don’t get paid very much or they have to wait a long time to get paid when people have a medical card. My mom said that we didn’t have the money and Marcia looked worried.

I was worried. Even though I’d seen almost every form of health coverage from the inside out, I didn’t expect to see a child slipping through the cracks. On the drive home my guilty anxiety felt like I’d swallowed a knife, with its heavy handle in my gut and blade in my chest. To alleviate my pain I called the only resource I could think of, the Champaign County Health Care Consumers (CCHCC). The receptionist suggested I contact Lisa Bell, who coordinates the Champaign County Child Dental Access Program from her home. “Nina” can tell you the rest.

Later Marcia called and said she I could see the special dentist after all. Actually, since I live in the country, I’m not supposed to go to Public Health for my teeth. I’m supposed to see Lisa Bell. So my mom, Marcia and I went to see Lisa Bell [4 months after the visit to Public Health]. Lisa let my mom and Marcia come with me to the big chair. Lisa had a toy for me to hold. After she looked at my teeth I got a big sticker. Lisa said that she would call that special dentist and say we wouldn’t have to pay (Marcia said that in Spanish). I think Lisa will pay the dentist more money.

[A month] later my mom, Marcia and I went to the special dentist. She had lots of movies and toys for kids and lots of colors. I felt special. She also let my mom and Marcia come with me to the big chair. After the special dentist said things in English, Marcia repeated them in Spanish. That helped me know about the gas. My mom and Marcia talked to me a lot and held my hand and my foot while the dentist was working. I was just a little scared and I knew to open my mouth really big. I felt safe. When the gas ran out, I started to pull my hand up close to my body because my mouth was hurting and I was

getting scared. I started to make a noise like I might cry and the dentist stopped. She said she didn’t want me to be scared. She noticed me. I got a toy and I didn’t cry.

My mom says we will go back to the special dentist to finish the cavities. I know it’s a long time from when I went to Public Health because I’m 4 1/2 now and I know how to use the pink fluoride water that the special dentist gave me.



After realizing how out of touch I was with the limitations of public health care, I conducted a series of interviews with local activists. Jim Duffett at the Campaign for Better Health Care taught me that Nina’s experience was not too different from the many people who use a medical card to cover health costs. Medicaid recipients often hit a brick wall when referred to specialists. Few, if any, specialty practitioners are willing to accept patients with a medical card. Some refuse simply because they lose money from 1) severely delayed and low-rate state reimbursements, and 2) increased no-shows from failed transportation. Others refuse because they do not want to work with patients they deem to be the riff-raff (i.e., classism, racism, prejudice...call it what you want). Specialty programs like the Dental Access Program are often the only way for Medicaid recipients to see a specialist, and even then there are long delays (7 months to complete the work in Nina’s case).

To learn more about the Dental Access Program, I visited Lisa Bell in her home office. I was amazed at all the work she does behind the scenes to ensure that children like Nina have better teeth. She voluntarily educates school children about brushing their teeth, staying up late to stuff child-friendly dental kits with her son. She seizes every opportunity to voice her concerns at a political level. In the middle of my interview, she called the Illinois Governor’s office to seek more information about their policies regarding children’s health care. She works non-stop to secure continued funding for the Dental Access Program. “Eventually, we’re going to run out of money and children like you’re little friend will just suffer,” she warned. I was amazed at how much work it takes for just one child to see a dentist.

ARTICLE 25 OF THE 1948 U.N. UNIVERSAL DECLARATION OF HUMAN RIGHTS STATES:

“1. Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.

2. Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock shall enjoy the same social protection.”

My final interview was with Dr. Ann Robin, a local gynecologist working at UIUC’s McKinley Health Center who quietly puts time in at The Pavilion and Planned Parenthood sites across central Illinois. She taught me that even though programs that extend access to health care specialists exist, their requirements still leave individuals with piecemeal treatment.

The Dental Access Program is for rural children only: families within city limits must pay specialists out of pocket. The State’s Breast and Cervical Cancer Screening and Treatment Program covers mammograms and PAP smears and procedures to remove breast or cervical lesions for income eligible women. Uninsured women at middle income levels or women with complicated cases are stuck (e.g., heavy bleeding from fibroids precludes treatment for cervical lesions, but fibroid removal is not covered). Women who are non-citizens can have a medical card while they are pregnant, but only for 2 months after they give birth. Those women who need long-term treatment (e.g., follow-up work from a complicated C-section, support for post-partum depression, etc.) are out in the cold. The medical card will cover specialty interventions for things like diabetes but not the specialty care for infected gums that so often accompany and aggravate this condition.

Dr. Robin rattled at least 5 more examples off the top of her head, including problems with patients crossing state lines, etc. The bottom line is that time and again people with these more common complicated cases become rooted in a vicious downward spiral. In the end, the “behind the scenes” work for piece-meal treatment ends up costing far more than providing quality comprehensive care in the first place.

My search ended in emotional exhaustion. Is this really the status of health care in my community? Do we really de-value people so much, especially innocent children, that we are willing to let them rot away simply because they cannot pay?

One step toward bettering access is the Illinois All Kids Healthcare Program proposed by Governor Blagojevich that begins July 1, 2006. This program offers affordable health insurance on a sliding scale for Illinois children 18 or younger, regardless of family income, and regardless of legal status and pre-existing conditions. Basically it extends programs like Medicaid and Kid Care to higher income levels and replaces the primary provider approach with a more effective case management approach that follows participants over time (i.e., to ensure comprehensive care).

As good as it sounds, only time will reveal this program’s success. To ensure that the program is serving the truly “uninsured”, children must be uninsured for at least 6 months before being enrolled in the program (eventually this will increase to 12 months). Even though it would not be “cost effective” for currently insured families at higher income levels to switch to All Kids, theoretically, families who are barely covering health insurance costs could risk going “uninsured” just to qualify for less-expensive premiums. Even though a consultant for Gov. Blagojevich is spreading the promise of timely payments at competitive rates, providers may not sign on at the necessary rate, thereby overwhelming an already drained system. Consequently, children like Nina would have to compete for the few available slots with even more children, many who could afford care elsewhere.

For the near future, it still seems we’ll be a lot closer to filling the pockets of health insurance CEOs than putting people over profit. Or, as Nina would say, “Insurance companies will get to keep their big buildings.” After speaking with several local health care advocates for this article, I am more convinced than ever that we need a more streamlined single payer system for health care, and I’d like to add a cost-effective wrap-around program for families and young children to that plan (e.g., prenatal and postnatal nurse home visiting). I hope we get it before my daughter, let alone Nina, has children.

COMMUNITY FORUM

That Same Old Song and Dance

By Carol Spindel

Here we are once again, talking about the chief. You know who I mean. Not the fire chief, not the police chief, but our own dearly-invented, unfailingly-controversial, national-celebrity, real live imaginary Indian chief. It just goes on and on—the story of the two towns, the buckskin gown, the two Dee Browns, and the halftime dancer with the multiple million-dollar frown. Will it ever end?

On April 28, 2006, the Executive Committee of the NCAA, the membership organization that governs college sports, turned down an appeal by the University of Illinois to keep the sports symbol of its Champaign-Urbana campus teams. UIUC is now out of compliance with the NCAA and ineligible to host post-season events.

Athletic Director Ron Guenther immediately said the ruling would have an “unbelievably negative effect” on the sports program. Chief fans criticized Guenther as defeatist. Chairman of the Board of Trustees Lawrence Eppley backed Guenther in a commentary in the Champaign-Urbana *News-Gazette* on May 7. The commentary ended, “I value Ron’s counsel and commitment to excellence in Illini athletics. All loyal Illini do.”

In contrast, Eppley never issued one word of support for Nancy Cantor, Chancellor of the campus from 2001 to 2004, when she was attacked day after day in letters to the editor, state-wide billboards, and on local talk radio for saying that an inclusive campus was her priority.

For the past ten years, UIUC has paid a huge price to keep the chief—millions of dollars in cash and wasted resources, a divided student body, disaffected faculty, painful tensions on campus, especially for the few Native students, declining respect from academic peers, contradictions between its mission to diversity and reality, compromised integrity. The school’s leadership was willing to pay all those prices, although any one seemed exorbitant to many of us.

But now, the price is even higher, and probably, finally, just too high: the sports program will suffer. The men’s tennis team, although they have little connection to the chief, could not host championship events this year. Trying to compete while out of compliance with NCAA regulations is like trying to play basketball in lead shoes. The other teams are bound to win. They’ll recruit the most competitive athletes and coaches and the consequences will be felt for years.

Aside from Guenther’s real-politik, the response of boosters has been indignation at the big bad NCAA, which they say has overstepped its bounds, and lots of chest-thumping about local control. Governor Rod Blagojevich commented that the NCAA was “out of line” and Eppley said, “The NCAA’s insistence on dictating social policy for a few select member institutions intrudes on the University of Illinois Board of Trustees’ autonomy...”

Jumping into the breach, Representative Tim Johnson and House Speaker Dennis Hastert introduced a bill in Congress that would limit the NCAA’s ability to sanction schools because of their mascots or team names. Late-night comedians are probably sending them flowers.

Their bill is called the “Protection of University Governance Act of 2006.” Three Democrats also co-sponsored, proving that grandstanding for political gain and stupidity are non-partisan. At this particular moment in history, the Speaker of the House introducing

a law protecting universities from overactive surveillance by the NCAA is some kind of tragic chutzpah.

It’s also a surprise that Johnson is now committed to protecting university autonomy. He took the opposite position in 1995 when he thought the university might retire the chief, sponsoring a bill in the Illinois state legislature to overstep the university’s authority. He did this against the wishes of university leaders who considered it a dangerous precedent.

After introducing HR 5289 to Congress, Johnson commented that the NCAA should “leave the social engineering to others.” Roger Huddleston, a sports booster and pro-chief activist, said recently, “The Chief is not the issue, as much as I love the Chief. This is about right of self-determination.”

The comments about social policy, social engineering, and local control recall the rhetoric of the States’ Rights Dixiecrats in 1948. These southern politicians left the Democratic Party because of President Truman’s civil rights agenda, which included anti-poll tax and anti-lynching legislation. The keynote speaker at the States’ Rights convention, Frank Dixon, accused Truman of “trying to enforce a social revolution in the South.” Strom Thurmond, the States’ Rights candidate for President, urged southerners to fight for local self-government so they could keep white rule. He frequently said the issue was not so much civil rights as constitutional states’ rights. It’s the same old song and dance.

The NCAA Executive Committee decision is final and won’t change no matter how much Illinois politicians threaten. As for overstepping its bounds, the NCAA exists to govern college sports. This is why UIUC belongs—so that the teams they compete against train and recruit under the same rules they do. By enforcing Title IX, the NCAA has engineered a social revolution—pre-Title IX my high school didn’t have sports teams for girls!

The NCAA has “core values” which include a strong commitment to diversity and inclusiveness, demonstrated through hundreds of programs that promote gender and racial equity for athletes, coaches, staff, and fans. The mascot policy makes explicit that this commitment extends to Native Americans and creates consequences for schools that refuse to comply.

UIUC has chosen to keep its students, fans, and alumni in the dark about the true nature of the opposition to Chief Illiniwek. The repeated requests for retirement of the logo and performance from Native alumni, national Native leaders, and the Peoria Tribe of Oklahoma, the legitimate descendants of the Illinois tribes, never appear in the alumni magazine. Nor do the criticisms of the civil rights community, including recent honorary degree recipient Julian Bond. Alumni don’t realize that Chief Illiniwek downgrades the prestige of their school and the value of their degree. Years of denial and secrecy make the university’s job harder now.

UIUC was lucky to keep the team name “Fighting Illini.” It’s a gift from the Peoria Tribe and the NCAA. A little gratitude would be in order. The NCAA urged Illinois to educate its fans about the new meaning of “Illini” to ensure they understand it is not a reference to any living, historical, or imaginary Indian tribe. A savvy public relations campaign is essential—picture Dee Brown, the one in the orange headband, talking about respect. Why not remind alums that Illinois was also the home of

the other Dee Brown, who re-wrote American history to include a Native point of view?

No one can dictate to fans what they can wear nor what they can do at private parties. But when pro-Chief fanatics pressure the university to keep the chief at any cost, they are working against the best interests of both the Illinois sports program and the university as a whole.

If the symbol is retired it will be a relief. But I don’t see anything to celebrate. The university hasn’t acknowledged this as a civil rights issue. If UIUC does retire the logo and performance, it will be because it was forced to by the only outside institution with a big enough stick.

I’ve often said that the trustees should have consulted some mothers. The question I would put to them is: if you have to pull a band-aid off a kid’s skin and you know it will hurt, will it hurt LESS if you do it really, really slowly? Say, take about 15 years?

My unscientific sample of mothers all responded, “NO! It will become an obsession and the kid will think about the band-aid all the time. Rip it off and go for ice cream.” But obviously, the Illinois politicians never asked us.

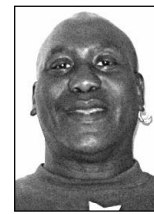
The fact that this issue has been allowed to fester for so long and do so much damage demonstrates that the University of Illinois has serious governance and leadership problems. Former President of the University of Illinois and of the American Council of Higher Education Stanley Ikenberry has called for reform in the way the trustees are selected. A larger board, selected in more diverse ways, would probably have shown more effective leadership and might not have been hamstrung by political conflicts of interest.

So whether you’re town, gown, a fan of both or either Dee Browns, if you care about UIUC, tell the Governor it’s time to RETIRE and REUNITE over a very large order of blue and orange ice cream. For genuine “Protection of University Governance,” help start a movement for governance reform. And don’t vote for a Congressperson that wastes our time playing Dixiecrat.

Carol Spindel is a lecturer in English at the University of Illinois at Urbana-Champaign. She is the author of *Dancing at Halftime: Sports and the Controversy Over American Indian Mascots*.

Is Justice Blind?

By Earl Robinson



There is a growing disparity in America between those who receive health care, and those who do not. Nowhere is this disparity more apparent than here in Champaign, Illinois. There is a young lady here in Champaign, 21 years of age, who is legally blind, suffers from a brain tumor, and has a slipped disk in her lower back.

Her health conditions are fully documented, so there is no question about the reality of her ailments. With such documentation, one would think that she would have no problem with receiving medical assistance. Wrong! Not only has she been refused medical help from the many doctors here in Champaign, she has been denied public assistance, and has been refused help from the office of Social Security.

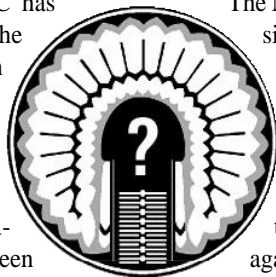
Although this young woman is legally blind, she has three percent better vision in her right eye than in her left eye, and this is above the minimum to receive any medical assistance.

The real reason she has been denied medical assistance is because she is poor. She is certainly not the only person to suffer from a health care system that condemns one to death for being poor, and offers a better quality of life to those who are more affluent. In Champaign, to be poor and ill is punishable by DEATH!

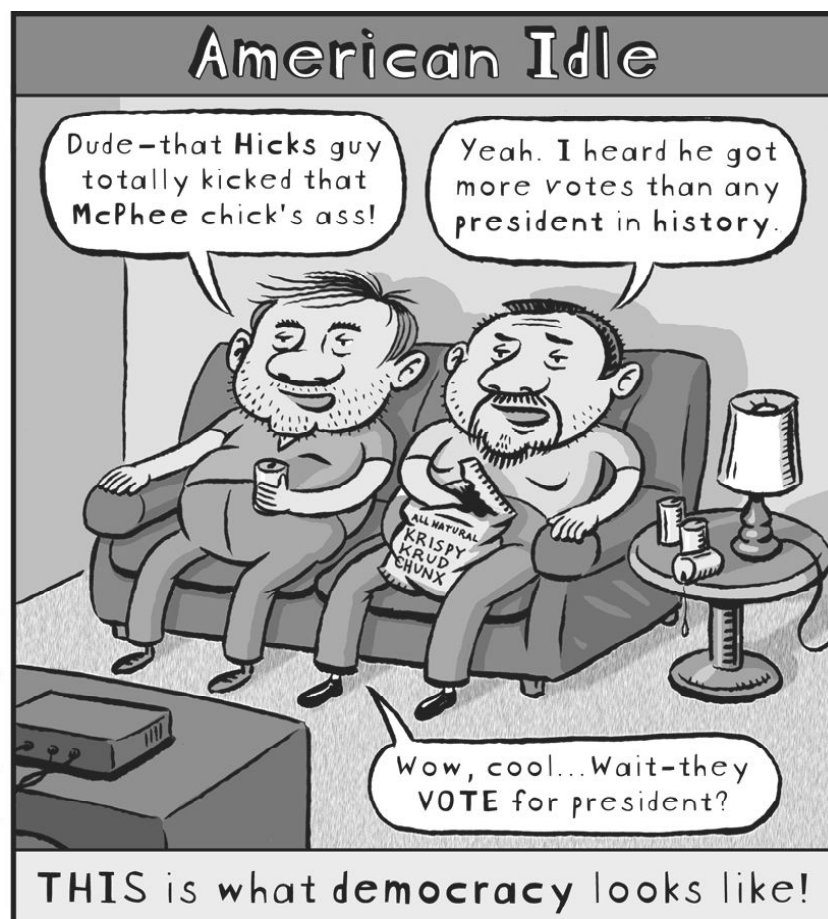
Earl Robinson, *First Citizen*, works around issues of health care and economic justice. He is a student at Parkland College in criminal justice.

A REMINDER FROM PRESIDENT GEORGE W. BUSH:

“I’m going to remind our allies and friends in the neighborhood that the United States of America stands for justice; that when we see poverty, we care about it and we do something about it; that we care for good – we stand for good health care. I’m going to remind our people that meddling in other elections is – to achieve a short-term objective is not in the interests of the neighborhood.”



CHANNEL

BY 05
DR 29
DA 06

Cartoon by Darrin Drda. Channel X celebrates its tenth year with 2 compilation books, “The Early Daze, 1996-2000” and “Recent Re-runs, 2000-2004”. Email d_drda@hotmail.com for details.

LoCal

Police Stage Attack On Garden Hills

By Brian Dolinar



POLICE HAVE LONG BEEN regarded by many in the African American community as an occupying army. The recent use of overwhelming force by police in Garden Hills, a predominantly working class African American neighborhood in Champaign, only feeds into this perception. After a four-hour standoff, Carl "Dennis" Stewart, 46, was forced into a corner by police and he killed himself.

The death of this husband and family man cornered by police should be regarded by all members of the Champaign-Urbana community as a sign of continued social ills.

On the afternoon of May 11, 2006, Champaign police responded to a domestic violence call in the Garden Hills neighborhood, just north of Bradley Avenue and west of Prospect. Upon arriving at the scene, they found Stewart, a well-liked head custodian at Booker T. Washington elementary school, sitting alone in his parked car in the driveway of a neighborhood house with a gun. It was learned that Stewart had been separated from his wife, was going through marital problems, and was suicidal.

Champaign police quickly leaped into action by calling in the S.W.A.T. (Special Weapons and Tactics) team and rolling out the force's prized A.P.C. (Armored Personnel Carrier), an expensive high-tech tank designed to suppress mobs and riots. Instead of handling this as a potential suicide, the police reacted as if this were a terrorist attack.

Police brought in a hostage negotiator, but after several hours they had gained no ground. Pinned into a corner by the police tank, Stewart attempted to flee in his car, and was trapped by police. The situation ended with the worst outcome when Stewart turned the gun on himself.

COURT WATCH IN GARDEN HILLS

A new watchdog organization called Community Court Watch grew out of Cop Watch efforts that began over two years ago. Court Watch members Aaron Ammons of C-U Citizens for Peace and Justice, Tanya Parker of *Habari Connection*, and myself went out into the Garden Hills community to interview people about their perception of the police reaction.

One woman who lives on Joanne Lane, where the standoff occurred, told us she has not received a full explanation from the police. The first thing she saw was police with drawn pistols and rifles in her front yard. When she went outside, she was sternly directed by police to go back into the house. Her greatest concern was for her child who was returning home from school.

She went on to explain that she saw the armored tank chase Stewart's vehicle up the block. She described the site where the suicide occurred and told us it looked like the armored tank had rammed Stewart's car, pushed him off the road and into a post.

Other neighbors we interviewed told us they heard six shots, not the alleged single gunshot.

Many we talked to expressed their concern that police did not allow family members to talk with Stewart. A photo in the May 12, 2006 issue of the *News-Gazette* showed Stewart's brother restrained by police, quoted as crying repeatedly, "You're just going to shoot him anyway."



A typical S.W.A.T. truck

One interviewee who knows Stewart's mother said that even she was not given a chance to talk to her own son. Police brought Stewart's mother to the scene, but would not allow her to talk to him. "If anyone could," the interviewee explained, "certainly a mother could talk to her son."

Someone else we talked to said she also knows the family. She claimed that it was after police cut off a phone conversation between Stewart and his wife that he took off in his car.

A witness told us that the white hostage negotiator was not very helpful. Watching the incident from the front window of his house, he stated bluntly that after listening to the negotiator, he was ready to kill himself.

One question raised is: why a hostage negotiator and not a suicide counselor?

"THEY WAS WORSE THAN THE MILITARY."

Pointing to Arrowhead Lanes bowling alley at the end of the street, a neighbor described the army of police officers lined up in the parking lot, all wearing black uniforms. While we interviewed her, a UPS truck drove by. Gesturing at it, she said the police truck was even bigger – a "big blue tank." I asked if the police seemed as if they were carrying out a military exercise. She said, "Shoot, they was worse than the military."

I asked one woman if it could have ended another way. She told me, "It went down exactly how they wanted it to go down. He was Black. They didn't care." Do you think this would have happened in a white neighborhood? She said, "Hell no!"

Those we interviewed felt that only half the story has been told by the local media. The *News-Gazette* did little more than dictate what the police told them to say. In the newspaper, Champaign Police Chief R.T. Finney congratulated his force and said, "There was a considerable amount of restraint shown" (5/13/2006).

Two years ago, when the African American community opposed the purchase of Tasers in Champaign, Chief Finney was just beginning his tenure with the force. After the City Council failed to endorse the purchase of Tasers, Finney agreed it was best and said it should be his priority to improve his relationship with the community (*News-Gazette* 3/25/2004).

After this latest police stunt in Garden Hills, it does not look like Chief Finney has made much progress in this relationship.

In Urbana, new Police Chief Mike Billy is talking about reinstating the Street Crime Unit to fight drugs, yet another heavy-handed police response to what is at its root a problem that should be treated through social services, not more police raids.

Of course, an investigation will most likely absolve the Champaign police department of all blame. Unfortunately, community relations between African American residents and the police will continue to worsen.

Five Deaths At County Jail

By Brian Dolinar

WITH THE DEATH OF QUENTIN LARRY ON May 28, now five inmates have died in the Champaign County Jail over a three year period. Individuals should not die in police custody – even if they are drug addicts. Citizens must demand an independent investigation into all five of these incidents.

Deaths in the local jails became an issue in 2004 when three suicides occurred within six months at the county jail. In the average year, eight to nine jail suicides are documented in Illinois. In 2004, jail suicides in Champaign County represented one third of the total in the state.

The third suicide was particularly suspicious. Police claimed Joseph Beaver hanged himself from a telephone cord in the booking area.

Public outcry prompted Sheriff Dan Walsh to hire a mental health counselor and take precautionary measures in the downtown and satellite jails. Yet it is clear that not enough has been done.

In July 2005, one man died in police custody of natural causes. This most recent incident involving Quentin Larry, which the police are calling "drug related," makes five deaths of individuals in police custody.

In November 2005, a rogue police officer was exposed in the local jail. Sergeant William Alan Myers is currently charged

with aggravated battery and obstruction of justice for using a taser on an inmate. Myers tased a restrained man four times in an empty cell. Investigation found that he had tased three other individuals, including one African American woman who says she was pregnant at the time.

Sheriff Walsh and State's Attorney Julia Rietz say they have pressed charges against Myers and have done all they can.

How many more must die before we see real reform in the local jails?

We don't need the new \$30 million jail that both Walsh and Rietz are calling for. We need counselors, social workers, educators, and other alternatives to mass incarceration.

Join us for a Court Watch demonstration Wednesday, May 31, 1pm at the county jail, downtown Urbana.

Come to Court Watch meetings on Saturdays, 4pm at the Independent Media Center, downtown Urbana, Broadway and Elm, in the old post office.

Sponsored by Champaign-Urbana Citizens for Peace and Justice, Visionaries Educating Youth and Adults (VEYA), Anti-War, Anti-Racism Effort (AWARE), and the Urbana-Champaign Independent Media Center.

Contact us at lifestratinst19@sbcglobe.com.

The SCHOOL for DESIGNING A SOCIETY, PATCH ADAMS, M.D. & JOHN GLICK M.D. present: The Thinking-Outside-The-Box INTENSIVE

Re-designing the Health Care System

This five-day design intensive is for those people who feel the current medical system is undesirable, and who want time, tools, and community to figure out "what next?" We invite you to join us in this immersion program of "thinking outside the box" of the current health care system.

TOPICS:

- * Health Care Justice
- * Ethics & Politics of Care
- * Changing to a Single-Payer System
- * Patch Adams and Humanistic Medicine
- * How to Move from 'Managing Care' to 'Care Is What Manages?'
- * How Does the Cuban Health Care System Work?
- * Innovative Health Care Systems Design

Who Should come?

- * Medical and Nursing Students
- * Doctors and Nurses
- * Public Health Activists
- * Midwives, Patients
- * Community Dreamers
- * Anyone with a stake in Health Care is welcome to participate.

September 20-24, 2006 Harrisonburg, Virginia

COST: \$400 (before May 15); \$500 (before Aug. 15); \$600 (before Sept. 20)
PLACE: Massanetta Springs Conference Center, Harrisonburg, Virginia
TIME: Sessions begin 2 PM Wed, Sept. 20, thru 2 PM Sunday, Sept. 24
TO APPLY: Contact Susan at HealthIntensive@yahoo.com; (217) 344-1439 or visit WWW.PATCHADAMS.ORG

Local



Health Care Justice for Illinois

By Ken Powell



Ken Powell is the Downstate Health Care Outreach Coordinator for the Campaign for Better Health Care, a 17-year-old organization working to create an accessible, affordable, quality health care system for all.

AFTER OVER A DECADE in which it was considered a third rail of politics, and despite all the lobbying on the part of insurance and pharmaceutical industries, health care reform is again making political waves as we realize that our health care system is fundamentally flawed. This is not particularly surprising, with Americans experiencing premium hikes year after year for less comprehensive coverage, the salaries of top executives in the insurance industry growing exponentially, and the ranks of un- and underinsured U.S. residents continuing its climb. Across the country, state legislatures are being pressured to revive the health care debate and taking steps towards addressing this large and growing crisis, and Illinois is no exception.

On any given day, approximately 1.8 million people are uninsured in Illinois alone. However, this US Census figure doesn't take into account those that are uninsured for only a portion of the calendar year. According to a 2004 Families USA report, 3.6 Illinoisans, or nearly one in three, were uninsured for all or part of 2003 and 2004. Of these, 76% were workers or members of working families, as a growing number of employers in Illinois cannot afford to offer insurance to their workers. In fact, 53% of workers in 2001 were not offered insurance, whether due to small businesses not being able to afford the rising costs of health care, or to businesses in general having to cope in an increasingly competitive and globalized market.

Beyond the statistics are the stories of people whose lives have been devastated by a health care system that has failed them. Experiences of individuals and working families being put into coverage plans including health savings accounts and carved up insurance pools, designed to provide those enrolled with more individual "control" of their healthcare that leaves them in financial crises. Stories of being dropped from insurance coverage in the middle of radiation treatment or chemotherapy and not being able to obtain coverage without paying astronomical premiums and deductibles due to a pre-existing condition, if offered coverage at all. Or the accounts of the growing ranks of

underinsured with 'bare bones' policies that often will not cover unexpected medical needs or basic preventative care. Testimonies such as these and the many, many others like them are demonstrative of a fundamental problem with our health care system that often values profits over health and exclusion over dignity.

While most would agree, regardless of political persuasion or ideological worldview, that there is a systemic problem with our current health care system, few can agree on a solution that can address these issues. With the current political climate in Washington, health care advocates are increasingly looking to the states to implement comprehensive reform, as the possibility of federal action appears unlikely for now. Illinois is one of a handful of states that health care activists are watching closely, particularly the process set in motion by a little-known piece of legislation known as the Health Care Justice Act, passed by the General Assembly in 2004 and sponsored by State Rep. William Delgado and then-State Sen. Barack Obama.

The Act began a dialogue in Illinois that brought the key stakeholders in the health care system together: consumers, grassroots advocacy organizations, providers, labor unions, hospitals, faith communities, and even the insurance industry. This dialogue began through the formation of the Adequate Health Care Taskforce, appointed by the majority and minority leaders in both the Illinois House and Senate, and by Governor Blagojevich. The Taskforce was charged with holding public hearings in each Congressional District in the state to get input from Illinoisans about their experiences with the health care system, both positive and negative, and suggestions for reform directions. This provision effectively creates the space for a participatory process, allowing residents of Illinois and the key stakeholders in the health care system to have their concerns heard, rather than mandating an outcome that may not meet the needs of Illinois' current situation. Over 2000 Illinois residents turned out for these hearings and gave a wide range of testimony. The hearing for the 15th District was held on February 15 in Champaign and drew over 100 local and regional attendees addressing a variety of issues, including the importance of mental and oral health services, the impact of health care at the bargaining table, and increasing Emergency Room utilization by the uninsured as their

only route to medical access.

At this point, after the public hearings, the Taskforce is in the process of choosing plans that will be modeled and quantified for expansions in coverage, impacts on quality of care received by consumers, and options for payment including short-term cost and long-term savings, among other dimensions of analysis. Plans to be modeled range from a pooled risk, shared responsibility single-payer system to the further commodification of health care under bargain shopping, stripped down health savings accounts. After this has been completed, the Taskforce is to submit a plan, or multiple plans, to the General Assembly by October 1, 2006, to be acted upon by December 31, 2006 and with an implementation date no later than July 1, 2007. The only criteria the Taskforce has to judge such plans are the principles articulated in the legislation, including access to a range of preventative, acute, and long-term care services; portability of coverage; regional and local consumer participation; cost-containment measures; and affordable coverage options for the small business market, in addition to others.

The Campaign for Better Health Care was a main mover of the Health Care Justice Act and is the largest grassroots health care advocacy coalition in Illinois, representing over 300 organizations and thousands of consumers, and raising the medical, economic, and moral imperatives of health care access and affordability. The Campaign has been organizing around the public hearings throughout Illinois to make sure that individuals and organizations are made aware of this historic public debate, and that consumers are able to participate in this process.

As we move into this second phase, the Campaign is continuing its efforts to raise awareness of this dialogue and to empower consumers to advocate for justice in health care. This will culminate in dozens of actions across the state in September and October, urging the Taskforce to recommend, and the General Assembly to enact, comprehensive health care reform. This six week push will kick off with the Health Care Sabbath, in which over 100 communities of faith will participate in discussing just and compassionate health care. The effort will also include a variety of other actions to ensure that our elected officials know the Health Care Justice Act needs to be a top issue in the upcoming election. The Campaign is working both within the Taskforce and with our coalition partners to ensure that

the final plan operates on the principle Everybody In, Nobody Out. If you want to become involved in working towards quality, accessible, affordable health care for all Illinois residents with the Campaign, visit www.cbhconline.org/hcjc or email kpowell@cbhconline.org for more information.

AN ARTICLE OF FAITH

As the Adequate Health Care Task Force makes its way across the state, several religious leaders are proclaiming access to quality health care for all as one of the tenets of their faith.

Our United Methodist denomination stance is based on the teachings and life example of Jesus, who frequently crossed the boundaries of his day in order to offer care and concern to those whom society had neglected or outright despised. We have a moral obligation to transform health from being a privilege, which it is now for many persons, to a right which it should be for all.

—Reverend Robert Burkhart, Central United Methodist Church, Skokie

Jeremiah asks, "Is there no balm in Gilead? Is there no physician there? Why then has the health of my poor people not been restored?" (Jeremiah 8:22). I ask why in our country, where we have so many physicians and medical resources, has the health of our people not been restored? In the gospels, illness is recognized as not only a physical ailment, but is also viewed as isolation from the community. We cannot leave vulnerable people on their own to deal with their illnesses.

—Associate Pastor Wendy Mathewson, Northminster Presbyterian Church, Evanston

Virtually all religious traditions agree on the moral law known as the golden rule, where we are called upon to treat others as we wish to be treated. Is there any among us that wants to be turned down for insurance or go bankrupt because of overwhelming medical bills? We are a culture of extreme individualism, which is often one of our virtues, but in this case, our individualism is not helping us solve the problem. We will need a more cooperative response to be successful.

—Reverend Michael Brown, Interfaith Alliance, Central Illinois Chapter, Peoria

Testimony to the Adequate Health Care Task Force

By David Gill



I had the opportunity to address Illinois' Adequate Health Care Task Force on February 15, 2006, when they visited the 15th Congressional District. My remarks were received with boisterous applause. Here's the text of my testimony:

I appreciate the opportunity to address the Adequate Health Care Task Force today.

My name is David Gill, and I'm an Emergency Department physician from Clinton, Illinois. I'm also past president of the Board of Directors of Dr. John Warner Hospital in Clinton, and thus I've witnessed the difficulties inherent in health care financing from more than one perspective.

As a 15-year member of Physicians for a National Health Program, I've long been convinced that America desperately needs a Single-Payer National Healthcare Plan, for the well-being of both our citizens and our large and small businesses.

I'm currently running, for the second time, for Illinois' 15th District seat in the U.S. House of Representatives. But until I can convince a majority of 15th District voters to send me to Washington, where I intend to be a leader in bringing adequate health care to all Americans, I feel that Illinois' Health Care Justice Act is an appropriate and necessary step in the right direction.

For more than twenty years, I've borne witness to the lunacy and injustice of health care financing here in Illinois. I've watched as Illinois' citizens — young, old, rich, poor, black, white — have suffered and died, because of the failure of our elected leaders to implement a health care plan which provides access to needed care. These same citizens would be alive and well today had they lived in Japan, Germany, Canada, Switzerland, or any other industrialized country in the world.

Our Illinois businesses, large and small, now compete in a global economy; but we force them to compete on a playing

field which is far from level, as companies from all those other countries have the benefit of universal health care plans. For this reason, American companies will eagerly flock to the first states that implement adequate health care for all.

Within the past month, I watched a young man less than 40 years old die of a heart attack, leaving behind a wife and two young children. He worked as a full-time househusband and father, while his wife worked full-time outside their household. He experienced mild, intermittent chest pain for one week, but, because he was unable to afford health insurance, he ignored his wife's pleas to have his chest pain evaluated. And as so often happens, over and over and over again, he arrived at my Emergency Department too late. His children will now grow up without their father, leaving them with broken hearts and putting them at increased risk for a host of negative social consequences. As a society, we fail such children each day that we stand by and fail to implement universal health care.

Local



Reducing Stigma Through Peer Group Support

by Lesa Sadler



Lesla is currently finishing her Masters degree in Education at Penn State University. Combining creative arts, counseling psychology and education, she is a mental health instructor, program creator and consultant for several outlets in and out of this county. She has 2 daughters, Tonie and Mandy, and has a passion for the arts and community action. During the summer she will be presenting fun, educational programs for adults and children. For more information, email sevenegen@hotmail.com

THE PHONE RANG AT MIDNIGHT, and Sten Johansen answered it, with a good idea of who it might be. At the other end of the line, a familiar voice was frantic and crying. "They won't give me my meds!" It was Sten's good friend, whom we will call Sue, who had had shoulder surgery that day. Sten had been with her at the hospital before the operation, after her recovery, and in the evening for the nursing change at 8:00 PM. He had accompanied her all day not only as a friend, but also as her advocate, to assure that she would be given her psychiatric medications without interruption due to oversight or negligence. Sue was on a strict regimen of medication for her bipolar disorder, post traumatic stress disorder, and dissociative identity disorder. At each step of the pre- and post-surgical procedures, Sue and Sten had asked for assurance that the meds would be administered at the designated times, as prescribed by Sue's psychiatrist. They spoke with the night nurse to make her aware of the situation.

During Sue's midnight phone call, that same nurse said the medications weren't listed for Sue, nor had them been provided, and she couldn't give them anyway without the doctor's orders. Sten then called a night-duty psychiatric nurse at the psychiatric ward where Sue had often been treated. The nurse there called Sue's psychiatrist at home (at 1 AM), who then called the hospital staff to demand the medications for Sue.

Sue's pleas to the nurses on duty had

gone unheeded. The reason? Stigma.

PEER SUPPORT

Sten knows all too well about stigma and what it can do to people who have emotional difficulties or disabilities. He is a facilitator for the Depression and Bipolar Support Alliance of Urbana Champaign. DBSA is a nationwide network of peer support groups for people who suffer from depression or Bipolar Disorder. The local group meets twice weekly and the members share common experiences, problems and possible solutions. Many of the issues discussed involve the ubiquitous, subtle and not-so-subtle forms of stigma. I sat down to talk with Sten about some of the things the group can do for its members.

"Family is not always the best support", he said. "Sometimes family relationships carry with them baggage, which can actually add to the problem." In such cases, a peer group can provide an understanding refuge. Many group members show obvious distress after spending time with their families and sometimes after a doctor's appointment.

One might wonder how doctors could be a source of distress when in fact they are supposed to be the source of healing. Sten notes that some DBSA members often find their doctors to be impersonal in nature, condescending or unwilling to listen. He reports that many members come back from appointments feeling deflated and beaten down. They feel they are not taken seriously and if they have a complaint, it is just attributed to their emotional condition. This is a big area of vulnerability where stigma is the culprit.

SICKNESS IN THE SYSTEM

So, if a patient is having difficulties with a doctor, why not visit another doctor? This would be simple if everyone had a health care plan that treated mental illness the same as physical illness. This, however is rare,

even with the best of plans. Insurance companies often dictate which doctors a patient can see and which medications they will pay for as well as restrict the number of therapy sessions available per year. In many cases, insurance itself is an issue. Some DBSA members are on public aid, while some have no coverage at all.

In regards to treatment, there are many breakthrough therapies and medications to treat depression, but only 15.3% of the people with mental illness in the United States get what would be described as adequate treatment (*Chartbook on Mental Health, 2006*)

There is treatment available for low income persons but there is usually a waiting list. Some members of DBSA have had to wait up to 6 weeks to see a doctor. Unfortunately, depression can be a downward spiral,

and often by the time a person seeks help or someone assists them, they may be in acute psychological distress. For someone clinically depressed, a day can seem like a lifetime, let alone waiting weeks for the next available appointment.

Many people end up in the emergency room with a crisis because of this lack of immediate support.

Sten has found that some doctors in the community will help out in an emergency situation. He himself has also escorted many patients to the hospital.

In the case of physical disability, it may take months or years for someone to acquire a rightful disability claim. Most are turned down 2 or 3 times before they become eligible. This is especially true when it is a first time emergency. Sten told me that many DBSA members have had to hire lawyers to get a fair shake at disability. One of the benefits of the peer group is that members can advise each other on good disability lawyers in town.

DOWN TO THE DOCTOR

In addition to the difficulties in obtaining treatment, a client may also face stigma during

treatment. If a person is on public assistance and has made it through the wait list, she will then be assigned a doctor.

Unfortunately, Sten has found that DBSA members commonly have many problems with their doctors. In many cases a member will tell the doctor that their medication is producing side effects or not working at all, only to be completely dismissed. Advocates have tried to go with these clients to give their complaints credibility but doctors will often, and inexplicably keep these people from joining them in the office.

If a client is unhappy with her doctor, she may file a complaint, but it takes another 6 weeks to get a different doctor who still may not be competent. This can be devastating if medication side effects are a problem or the medications are not helping at all. To complicate matters, many medications for depression take weeks to take effect. Although most people in the mental health community work very hard to meet the needs of the clients, the uncaring nature of some of the doctors and the system itself can be harmful to people with depression.

HOPE ON THE HORIZON

Fortunately, there is some good news. Sten sees the emergence of a new way of treatment coming from the certain psychiatrists who do not base their practice on autocratic ideals. They listen when a client is concerned and work with the individual to improve the effects of treatment. I asked Sten how many of these doctors were available and although he claims no statistics, from what he has heard from members, about 15 % of them have this type of treatment.

There is a long road ahead and a great need for better mental health care and delivery in this country. Issues of stigma have to be addressed as they are linked to the illness itself. With so many medications and therapies available, acquiring good treatment and being treated with respect are the main issues at hand. With improvements in these areas, combined with peer groups willing to advocate for each other, we may be on the road to recovery.

Stigma from the Inside Out

By Lesa Sadler

There are levels of severity to mental illness in addition to its different manifestations. In this article I will attempt to convey what I have seen stigma do to people after they have been diagnosed. I have chosen bipolar disorder because it's one through which I've seen people robbed of their personalities, not only by the stigma of others but by themselves also.

BIPOLAR SYMPTOMS

The extreme low of this illness can be dangerous. The depression is overwhelming and can be devastating. A pervasive feeling of doom convinces the patient that the only way out is suicide. Every task takes incredible effort, as though one is literally wading in the mud.

At the extreme high end, people report feeling invincible, highly aware, and energetic for days. Fun-loving behaviors can get out of control. People report staying up for many nights to complete a project. Ideas that friends think are outrageous make perfect sense to a bipolar person. Some people spend money uncontrollably and neglect their bills.

Imagine that you start to have bipolar symptoms and before you know it, you hit either of these extremes. Your life is out of control, you are suicidal, or both. You are urged to get treatment. People that love you are worried and want you to find out what the problem is. Perhaps you have broken the law and are ordered to get an evaluation by the court. Maybe the night you took the pills, someone found

you and rushed you to the hospital to save your life. Whatever the case, you get a brand new label: Bipolar.

RELIEF...OR NOT

Perhaps you suddenly realize you're not the loser you thought you were. You're not lazy stupid, senseless, selfish or any of the names and labels that have already been handed to you. Maybe you thought that your character flaws were the reason things were never steady. But no – now you know it's not you. It's the disease. What a relief...well, maybe for a little while.

Time for medication. Many people require meds to manage their moods and actions. Some say these medications make them feel dull, less creative and more boring. But for many, medication can work well and enable them to lead what can be considered to be a normal life.

Now let's look at the issue of stigma from a more personal point of view a bit further. You have been told that many of your feelings and actions are a result of your disease. Soon you begin to wonder which is you and which is the disease. Are you in a good mood today or are you at the beginning of an extreme high? That occasional urge to be irreverent – is this your fun spirit or the illness? Are you irritable today because you are overworked, or is it your illness?

You find yourself yelling at your children and maybe your wife, who asks if you forgot to take your medicines. When you tell someone that you are upset with them, they ask the same thing. Suddenly you are no longer able to have legitimate complaints, feelings and urges, or make mistakes like everyone else; they are always in questioned or mini-

mized because they can be attributed to your "disease." You now look to others to see how to act and validate your feelings. And god forbid that you show strong emotion!

QUESTIONS TO CONSIDER

Have you ever spent too much money? To some, that's simply "retail therapy." For a person suffering from bipolar disorder, this is part of your craziness and you should be concerned.

Have you ever stayed up all night working on a project? That's enthusiasm and ambition; you should be proud of yourself! A person with bipolar may fear another high followed by a crash.

Have you ever gotten angry with a sales clerk or lost your temper at work? Well, don't we all? As a person with bipolar, you might want to consider a medication adjustment.

Have you ever had a boss, doctor or a family member do or say something nasty to you when no one else is around? You complain. You deserve to be heard and you expect an apology. A person with a bipolar might be accused of blowing things out of proportion, of having false perceptions, or making false accusations. I have personally seen complaints thrown out without any investigation, simply because the plaintiff had a mental illness. Who are people going to believe – the woman that is bipolar or the man in power who she claims assaulted her?

This is vulnerability. This is a loss of personal power. This is stigma, a constant companion of those diagnosed with a mental disorder.

eNviRoNMeNt



Peoria Citizens Score Public Health Victory

— And Call for Our Help

by Lisa Offutt

Lisa Offutt is a former resident of Urbana who was active with People's Alliance on Central America from 1985 to 1992. She has lived in Peoria since 1997 and is currently working with Peoria Families Against Toxic Waste to stop the expansion of Peoria Disposal Company's hazardous waste landfill.

WHEN MY FAMILY MOVED to Peoria from Urbana more than 8 years ago, we suffered some culture shock. We'd left a fairly progressive community and a wide circle of activist friends to move to a city where the culture was much more conservative and definitely more passive; the first demonstration we saw covered on Peoria television was a group of people rallying to get a Hooter's on the riverfront. But where Urbana's physical charms are subtle, Peoria's geological variety was a pleasant change.

That fall I would often find myself driving on the western edge of town on a two-lane road that descends from the neighborhoods in the hills lining the Illinois River, toward the cornfields beyond. The hills, the trees in their autumn colors, the blue sky over the cornfields all helped compensate a bit for what we'd left behind. Toward the bottom of the hill, an access road threads back uphill, marked by a sign reading "Environmental Management Services." In my bucolic daze I thought of recycling and other green things.

Who knew that the facility hidden at the end of that access road, behind that ludicrously euphemistic sign, was actually a hazardous waste landfill? As it turns out, almost nobody. Peoria Disposal Company's No.1 landfill has accepted millions of tons of hazardous waste at this facility since the 1970s, and most Peorians would have remained ignorant of this situation had the landfill not approached capacity. With closure looming within a few years, Peoria Disposal Company (PDC) began the process of applying to expand the landfill by over 8 acres and 45 vertical feet, which would allow dumping to continue for another 15 years.

The first to raise the alarm, a year or more ago, were groups like Heart of Illinois Sierra Club and River Rescue. Still, the news didn't seem to travel much beyond those who were

already active in environmental efforts—a pretty small community. But when PDC filed its application in late 2005 and made the requisite public notification (a tiny display ad in the *Peoria Journal Star*), the cat was out of the bag and public opposition quickly gathered momentum.

When people started asking questions about what was being dumped on the edge of town, what they learned literally frightened them into action. Under its current permit, PDC No.1 accepts primarily waste containing heavy metals like lead, mercury, cadmium and chromium. It also accepts Manufactured Gas Plant (MGP) remediation wastes: soil removed from the former sites of plants that produced fuel gas from coal. A partial list of the toxic materials often found in these soils includes volatile and semivolatile organic compounds (VOCs and SVOCs), benzene, polynuclear aromatic hydrocarbons (PAHs), and metals like arsenic, chromium, lead, copper, nickel and zinc. PDC is licensed to accept some wastes that it currently does not (such as PCBs);

PDC alone decides what waste to accept. The substances being dumped at PDC No.1 have been associated with cancer, birth defects, and mental retardation, to name just a few of the possible health hazards.

However, this site has been operating since at least the 1970s, well before current regulations were put into place. It's not entirely clear what might be buried in the older parts of the landfill. Of particular concern is the "barrel trench," where in the 1970s steel drums containing various solid and liquid hazardous materials were buried with only a non-compacted clay "liner". In 1983, an EPA report noted "contaminants found puddled on soil from leaking drums."

While there are enough concerns about this landfill to fill a day-long seminar, possibly the most serious and obvious problem—and one rel-

evant to Urbana-Champaign residents—is that it sits on top of the Sankoty Aquifer. Landfill defenders have made a great deal of noise about the fact that the landfill sits above the Shelbyville Outwash, not the Sankoty itself. The Shelbyville Outwash is a finger, if you will, on the hand of the Sankoty Aquifer. PDC No.1 sits right at the knuckle where they join—upstream. To suggest that the landfill does not endanger the Sankoty is a bit like saying if we dump something into the Mississippi at New Orleans, it won't get into the Gulf.

The Sankoty Aquifer underlies 750 square miles of Illinois. It furnishes drinking water to 264,000 people in 39 communities in the tri-county area alone (Peoria, Tazewell, and Woodford counties). But the Sankoty is not a discrete entity. It is hydraulically connected, and mixes water, with the Mahomet Aquifer. Urbana-Champaign draws water from the Mahomet.

PDC claims that we don't have to worry about groundwater contamination because the liner system will last for 500 years. Even if that were true, heavy metals last forever—they do not degrade—and I daresay they will be as poisonous to people in 2506 as they are now. The truth is, all landfills leak. Liner systems consist of compacted clay (which is permeable) and HDPE—plastic—sheeting. The plastic sheeting is permeable even when intact; liners have pinholes in them when they are installed; and they all degrade and crack eventually. Landfills a lot younger than 500 years are already leaking. In fact, evidence suggests that PDC No.1 is already leaking. PDC's assurances regarding their liner system don't hold water, let alone toxic waste.

There are other issues of concern to people outside of Peoria County. Consider the fact that only around 10% of the waste comes from Peoria County. Most of it comes from out of state, including Indiana and Ohio, and comes to Peo-

ria in trucks over the highways. One could reasonably assume that hazardous materials are being trucked down I-74 to Peoria, and spills can happen anywhere.

As long as landfilling hazardous waste is cheap and convenient, industry will continue to produce it. Stopping the expansion of PDC No.1 will reduce the options available to producers of toxic waste, making the development of alternative processes more attractive. Clearly, the continued operation of PDC's hazardous waste landfill endangers more than just Peoria residents; stopping the expansion and closing the landfill will benefit us all.

Thanks to a grassroots movement the likes of which many longtime Peoria residents say they have never seen—petition, yard sign and billboard campaigns, door-to-door canvassing, letters to the local paper and untold numbers of phone calls, emails and old-fashioned letters to County Board members organized by the local Sierra Club, River Rescue, Citizens for our Environment and Peoria Families Against Toxic Waste—on May 3 the Peoria County Board voted 12-6 to deny PDC's expansion request.

We have cleared one major hurdle, but our work has just begun. We now have to muster our resources—physical, psychic, and financial—to oppose PDC's almost certain appeal of the board's decision to the Illinois Pollution Control Board. In any case, millions of tons of hazardous waste still sit above our aquifer, within 3 miles of 53,000 residents and directly upwind of some of the most densely populated neighborhoods in Peoria. Our task now is to do what is necessary to protect not just our community but others across central Illinois.

You may feel removed from this problem, but truly we are all connected. The Illinois EPA needs to know how far the effects of this decision extend, and how great is the good—or the harm—they have the opportunity to do. Please contact Director Douglas P. Scott of the Illinois EPA at PO Box 19276, Springfield, IL 62794 or call 217/782-3397 and let him know that PDC No. 1 needs to be cleaned up, not expanded. Visit www.notoxicwaste.org to get the latest information and find out how to help.



National



Support Our Troops: Provide Healthcare When They Get Home!

By Laura Stengrim



IN CASE YOU HAVEN'T BEEN KEEPING TRACK lately, the latest Department of Defense figures indicate that the U.S. is quickly approaching 2,500 soldier deaths and 18,000 casualties in Iraq. While anti-war activists have been vigilant about exposing the lies that led us into this war and demanding "troops home now," we have not been attentive enough to the plight of veterans, many of whom lack access to proper healthcare. Supporting our troops should mean more than affixing a bumper-sticker saying so; it should mean paying attention to casualties and pressuring the Bush administration to support the Veteran's Administration (VA).

Vietnam Veterans Against the War (VVAW) and Iraq Veterans Against the War (IVAW) released a stunning report last year documenting the shortage of healthcare for veterans, arguing that 1/3 of veterans under 25 years of age lack health insurance. Moreover, according to United Press International, "Iraq veterans are beginning to show up at homeless shelters around the country." The rate of amputation is twice as high as it was in WWI and WWII, and the rates of Traumatic Brain Injury, Post Traumatic Stress Disorder, and Depleted-Uranium-related illness surpass those of all other wars.

The VVAW and IVAW "work with veterans every day who

deal with the painful realities of a healthcare system that rejects them because it is under-funded, understaffed and most importantly because it is being broken down and torn apart by a government who seems to value their death more than their lives." As the VA budget is cut and healthcare costs rise, it is becoming more and more difficult for veterans to access health care. In the FY 2006 budget, for example, co-pays doubled and annual enrollment fees rose to \$250. In 2004, Knight Ridder found that approximately 572,000 eligible veterans were not accessing services. As the war in Iraq drags on, veterans' medical issues are becoming more profound and complex, and at the same time the VA system is facing a serious crisis.

TBI (TRAUMATIC BRAIN INJURY)

Thanks to medical and technological advances, fewer soldiers are dying in the current war compared to previous ones. However, many suffer massive injuries that will affect them for the rest of their lives. In addition to the increased numbers of amputations and mental health disorders, another unique problem for many Iraq veterans is TBI. In fact, TBI is emerging as "the signature injury of the Iraq war," with anywhere between 25% and 60% of bomb-blast survivors suffering from a condition that impairs cognitive functioning and often goes hand-in-

hand with PTSD.

Only four VA facilities around the country are specially-equipped to handle TBI cases, and in some cases the symptoms (including headaches, light and noise sensitivity, memory loss, anxiety, depression, and difficulty solving problems) are so mild that it goes undiagnosed, much like "shaken-baby syndrome." Permanent brain damage results about half of the time, and in the most extreme cases soldiers must learn to walk, talk, and use the toilet all over again.

Rocket-propelled grenades, improved explosive devices, mortars, and land mines are common causes of U.S. injuries and deaths in Iraq, all of them tending to cause head traumas that would have killed soldiers in previous wars. Although body armor and helmets are keeping more soldiers alive in such blasts, TBI leaves no physical traces and is sometimes overlooked. As the Defense and Veterans Brain Injury Center, supported by the Department of Defense, notes, mild brain injuries are often dismissed as "getting your bell rung." Most Iraq war TBI victims are 21 years of age.

PTSD (POST-TRAUMATIC STRESS DISORDER)

In the Fall 2005 issue of *The Veteran*, Ray Parrish, the VVAW's military counselor, documented the difficulties veter-

NaTioNal



ans face in making a PTSD claim. In order to satisfy what he calls “the VA’s obsessive compulsion with documentation,” veterans are forced to jump through bureaucratic hoops and endless technicalities to receive care. This, of course, either deters them from seeking help or delays the process until it is sometimes too late.

For example, “being in a war isn’t the same as being ‘engaged in combat’ for the VA,” so those suffering from mental disorders due to a service-related incident—but not necessarily one that the military considers “in combat”—must wade through the legalese of getting notarized ‘buddy statements’ to prove that the stressor did, in fact, occur. If the veteran fails to go through the complicated series of appeals, examinations, and hearings, or fails to do so within a certain amount of time, the health benefits are cut.

Excerpted in a VVAW and IVAW report entitled *From Vietnam to Iraq: Ignoring the Veteran Health Care Crisis* is a letter sent to Senator Cornyn (R-TX) from Jason Thelen, a soldier who served in Sadr City. Thelen argues that “the VA system and military doctors refuse to recognize the damage that the war in Iraq is causing,” and he tells the stories of three of his fellow soldiers that suffered from PTSD after the war and failed to get adequate treatment. Most shocking is that of “Arthur V.,” who faced serious problems re-adjusting to civilian life after serving and earning a Bronze Star in Iraq: “Alcohol, PTSD, and family problems worsened, and nothing helped. In the summer of 2004, he donned his formal Army uniform, placed a noose around his neck, and stepped from a bridge, killing himself.” Thelen tells of others whose physical injuries and psychological problems have gone undiagnosed;

in one case, a troubled soldier was sent on a dangerous mission as “punishment.”

DU (DEPLETED URANIUM)

Finally, whereas TBI and PTSD are becoming more recognized as legitimate casualties of war, a third factor, DU, carries a great deal of controversy. A veteran of the Gulf War and Kosovo intervention with whom I correspond captured the attitude when he recently remarked, “I never believed the DU stuff.”

The effects of DU are only beginning to be understood, for DU itself is only very mildly radioactive and was previously believed to cause no harm as long as it stays outside of the human body. During the first Gulf War, DU was used to tip bullets, partially as a way to get rid of toxic waste. However, upon impact, it begins to burn and release dust-like particles of highly-radioactive U-238 into the air, which

can in turn be inhaled. Some believe DU to be the cause of the mysterious “Gulf War Sickness,” which has caused kidney damage, birth defects, cancers, neurological problems, and even death for nearly one out of seven Gulf War veterans.

The U.S. continues to produce and use DU munitions, the long-term effect of which for soldiers and civilians alike could be devastating. Exact estimates vary, but the consensus is that the use of DU during the Gulf War pales in comparison to the current Iraq war.

Sources: Iraq Coalition Casualty Count (<http://icasualties.org>); VVAW (www.vvaw.org); IVAW (www.ivaw.org); TrapRock Peace Center (www.traprockpeace.org); Robina Riccitiello, “Casualty of War,” *Newsweek* (web exclusive, 17 March 2006): <http://www.msnbc.msn.com/id/11882164/site/newsweek>; DVVIC (www.dvvic.org)

INteRNAtioNal



Learning from Students Who STAND to Stop Genocide in Darfur

By Jodi Farritor



Jodi Farritor is a graduate student in Speech Communication. She is part of the Amnesty International and Action Darfur student organizations at the U of I. She teaches group exercise classes part-time and is interested in human rights, conflict resolution and interpersonal and organizational communication. She can be reached at jfarrit2@uiuc.edu.

BETWEEN 2003 AND 2005, in the Darfur region of Sudan, the government and Janjaweed militias burned and destroyed hundreds of rural villages, raped and assaulted thousands of women and girls, murdered over a hundred thousand people and caused the deaths of hundreds of thousands more via starvation and disease. According to a survey by the Coalition for International Justice and the World Health Organization (WHO), 400,000 people have died since the conflict in Darfur began in 2003. They estimate that 140,000 have been killed by Janjaweed and government attacks and that another 250,000 have died from disease, starvation and exposure. This breaks down to the deaths of 500 people per day or 15,000 per month.

The Sudanese government’s campaign forced more than two million Darfurians from their homes into the inhospitable desert without food, water, or any other way to sustain life. As of 2006, some 1.8 million live in camps in Darfur and approximately 220,000 have fled to Chad, where they struggle to survive in camps that are repeatedly attacked by militias and around which women are raped as they look for essential firewood. In addition to the people displaced by the conflict, at least 1.5 million other people need some form of food assistance because the conflict has destroyed the local economy, markets, and trade in Darfur. Just like the genocide in Rwanda, the slaughter in the Balkans, and the Holocaust, this crisis has received little attention in the media and even less international attention.

Only 7,000 African Union troops have been deployed to keep the peace, and they do not have a mission to protect civilians. This inexperienced, under-funded and under-staffed force has been only minimally effective in creating security in the region and militias continue to attack refugee camps and aid workers. Recent peace talks among the Sudanese government and the rebel groups they seek to destroy, the UN promise to send troops in 2007, and international awareness events offer hope to an end of the conflict. However, immediate NATO peacekeeping troops and funding are needed to secure the region and to ensure humanitarian aid to the victims of the crisis.

STUDENT ACTIVISM RAISES AWARENESS AND CREATES POLITICAL PRESSURE FOR INTERVENTION

On April 30, 2006, with the stark white U.S. Capitol Building as a backdrop to a simple stage, over sixty speakers and performers, including directors of activist organizations, religious leaders from many faiths, political leaders, survivors of genocide, country music stars, sports stars and one movie star, created a spectacle to end the worst human rights crisis of the new millennium. As I stood on tip-toes in my bright green “Stop Genocide in Sudan” T-shirt trying to see



U of I students present Stephen Borg, Deputy Chief of Staff for Timothy Johnson, with a banner during a lobbying meeting on April 28.

Senator Barack Obama, Ellie Weisel, Al Sharpton, Pulitzer-prize winning author Samantha Power, Big & Rich, George Clooney and other presenters on the stage and jumbo screen, I became frustrated with trying to see over the large crowd.

Before expressing internal complaint, however, I remembered what a wonderful problem a crowd is for as an activist. On a sunny afternoon on the last day of April, I was one among tens of thousands of people on the lawn of the U.S. Capitol demanding that it be the last day that the U.S. and international community ignore the Darfur human rights crisis. Chanting “Never again”, “Not on our watch”, and “You are not alone,” my voice joined the thousands of others in Washington D.C. and at rallies across the country demanding intervention to end the genocide in Darfur that had been raging for three years.

The Save Darfur Coalition, a coalition of over 100 humanitarian and human rights organizations, coordinated the rally. As members of Save Darfur, Students Taking Action Now: Darfur (STAND) and the Genocide Intervention Network (GI-Net) are two student-based national organizations that brought over 800 students from around the nation to the rally and hosted a weekend, April 28-30, of student activism for Darfur. Approximately 25 students from the University of Illinois along with 80 from Northwestern University traveled 16 hours on a bus from Evanston, Illinois to Washington D.C. to attend the weekend events, lobbying their congressional and senate representatives on Friday, attending informational workshops on Saturday, and rallying on Sunday.

Student volunteers coordinated the events. They set up lobbying appointments, organized meeting space for workshops at George Washington University and found housing for 800 visiting students. Volunteers also created, compiled and distributed to each workshop participant a packet of information for lobbying and a binder with tips on how to organize summer action. These student volunteers were able to produce a professional and well-attended conference and to mobilize a coordinated lobbying effort and provided tools for continued activism.

GI-Net and STAND offered a brief training and reference packet to each student who had a scheduled meeting with their representative. The lobby packet included information on the background and goals of STAND and GI-Net, updates on the current situation in Darfur, and current needs or

requests to make of government representatives. STAND and GI-Net officers provided lobbying training before appointments, including review of the meeting outline, etiquette and role plays of both a successful and an ineffective meeting. They provided a unified message and requests of the representatives including sponsorship of House Resolution 723, support of NATO enforcement of a no-fly zone over Darfur and deployment of on-the-ground troops, and funding for peacekeeping in Sudan.

After a day of lobbying, STAND and GI-Net gathered workshop participants for a large morning meeting and an afternoon of brainstorming and guidance in regional groupings. At the morning meeting, Samantha Power, Pulitzer prize winner for *A Problem from Hell: America and the Age of Genocide*, offered encouraging words to student activists:

“You are always going to be seeing what efforts you are not achieving,” said Power. “There is hope in what you’re doing...always remember that fewer people are dying than there would be if you were doing nothing.”

After Powers’s lecture, participants broke up into groups by region of the country. They brainstormed on how to expand activism beyond the campus environment to their local communities in the summer. These meetings and a binder with reference material covered three steps – recruit, meet and take action – and provided resources on how to accomplish those steps.

Despite being organized by all student volunteers, the weekend had a strong impact. Lobbying resulted in the Senate’s approval of the requested \$173 million in emergency funding for peacekeeping in Darfur. Also, the Sunday rally generated 850 news segments on U.S. and Canadian radio and TV and hundreds more in the print media.

LESSONS FROM STUDENT ACTIVISM

Peace groups can learn not only from the well-organized lobbying and conference of Darfur student activists, but also from the foundations and regular practices that support them. STAND was a single campus student organization that was founded at Georgetown in September 2004. There are now over 190 chapters at universities across the country, including Action Darfur at the University of Illinois. The group has grown both through grassroots contacts and the resources they make publicly available.

STAND has an executive committee and regional coordinators that contact and provide resources to the local chapters. The organization has a user-friendly website, standnow.org. On the new chapter page of the website, STAND emphasizes that if you can provide the people, they will provide the resources and tools for activism. STAND also gives step-by-step instructions on sponsoring events and gaining public support and media access. For each event, STAND gives guidelines on offering clear information about Darfur and national awareness campaigns. They also provide a media kit, including sample press releases and alerts, which local groups can use to gain media attention. STAND provides all the tools necessary for successful grassroots campaigns. It maximizes the potential of individual groups, but also unifies these groups to have one strong message.

(continued on back page)