DARFUR (continued from page 7)

STAND 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 organization 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.savethatcharifar.org to urge him to live up to his promise of “Not on my watch.”
Waking Up to the Reality of Health Care in Champaign County

by Marcia Zumbahlen

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 Duffitt 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., class, 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. She 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. She sees 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 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.

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.
CoMMuNity ForUM
That Same Old Song and Dance

By Carol Spindel

Here we are once again, talking about the chief—no, not the fire chief, not the police chief, but our dearly-dear governor, Governor Rod Blagojevich. He stepped it beyond, and a lot of chest-thumping response of boosters has been indignation at the Governor's efforts to get the 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 council 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 who, 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 his priority.

For the past ten years, UIUC has paid a huge price to keep the chief—millions of dollars in cash and in personnel sessions. As they stood up, they stood for 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 will be the final blow to the sports program. Guenther is done in a law protecting universities from overactive meddling in other elections is – to achieve a short-term objective is not in the interests of the neighborhood."

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-Urbana. 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 disc that has to be operated on 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 READER 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."
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. A natural causes death. This most recent incident involved 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 lifestatiretiz19@sglobal.net.

POLICE HAVE BEEN LONG 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, made many people look 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-known head custodian at Booker T. Washington elementary school, sitting alone in his parked car in the driveway of a neighboring 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 leap into action by calling in S.W.A.T. (Special Weapons and Tactics) team and rolling out the force’s prized A.P.C. (Armored Personnel Carrier), an enormous 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 member Aaron Ammons of C-U Citizens for Peace and Justice, Tanya Parker, 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 had 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 trapped by police. The situation ended with the worst outcome when Stewart turned the gun on himself.

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

After 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 uninsured Americans rising, we are beginning to address 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 consideration 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 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 on the sidelines, including health savings accounts and carved up insurance plans, designed to provide those enrolled with more individual “control” of their healthcare costs that frequently leads to 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 preventive care. Testimonies such as these and the many, many others like them will form the core of a discussion about the 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, including insurance companies, 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 Rod 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 effective- ly 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 hearing about key policy solutions to meet the needs of Illinois’ current situation. Over 2000 Illinois residents turned out for these hearings and gave a wide range of testi monies. Together, they began working for the Health Care Justice Act, passed by 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 across Illinois will participate in a day of prayer and action. 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 priority 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 Illinoisans, visit www.cbchonline.org/hcj or email kpow- ell@cbchonline.org for more information.

As the Adequate Health Care Task Force makes its way across the state, several religious leaders are proclaiming the right to 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 gospel, illness is recognized not only as 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 in 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

I had the opportunity to address Illinois’ Ade quate Health Care Task Force on February 15, 2006, when they visited the 15th Congres sional District. My remarks were received with a hostile applause. Here’s the text of my testimony.

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

I’ve always been 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 that leaves them in financial crises. 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 and the weary alike.

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 first states that implement adequate health care for all. For this reason, American companies will eagerly flock to the first states where we are treated 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 in 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.

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By David Gill
Reducing Stigma Through Peer Group Support

by Lea Sadler

Local

June 2008

www.ucnc.org / www.public.ucnc.org

Reduction of stigma is currently finishing her Masters degree in Educa-
tion at Penn State University. Combining creative arts, counseling psychology and
writing, she is a mental health instructor, program creator and con-
sultant for several outlets in and out of this com-

Stigma from the Inside Out

by Lea 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.

When at the extreme, people report feeling invaluable, highly aware, and energetic for days. Fun-loving children can get out of control. People report staying up for many nights to complete a project. Ideas that friends think are out-
rageous make sense to the person. Some people report spending 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 turned upside down, it’s chaotic, and often by the time a per-
son reports feeling invaluable, highly aware, and energetic for days. Fun-loving

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 your character flaws. Yet, don’t you sometimes give in to the temptation to work beyond what is possible and without stopping to think about the consequences?

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 bipolar may be accused of being difficult, ungrateful, or say something nasty to you when no one else is around? You may file a complaint, but it takes another 6 months for the complaint to be reviewed. Many of these complaints are thrown out without any investigation, simply because the plaintiff had a mental illness. Who are people going to believe – the woman that is dismissed or the 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 illness.
By Laura Stengrim

ness surpass those of all other wars. Post-Traumatic Stress Disorder, and Depleted-Uranium-related illnesses 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 soldiers being treated at VA hospitals, TBI patients need long-term care.

TBI victims are 21 years of age.

Nine of the nation's veterans die from injuries related to psychiatric conditions every day. Veterans with TBI are more likely to have depression, anxiety, and post-traumatic stress disorder.

The VA's mission is to ensure that every Veteran receives the best care for every stage of life. The VA is committed to helping our nation's Veterans and their families lead healthy and productive lives. The VA provides a comprehensive system of care for all Veterans, including those with TBI.

The VA has established a TBI Center of Excellence to improve the care and outcomes for veterans with TBI. The Center provides leadership, education, and research opportunities for VA providers and others involved in the care of veterans with TBI.

The VA's TBI rehabilitation program includes a multidisciplinary approach that focuses on the physical, emotional, and social well-being of veterans with TBI. The program is designed to help veterans with TBI and their families adjust to life with a TBI and to achieve the highest possible level of independence.

In order to provide the best care possible, the VA has developed a series of guidelines and protocols for the treatment of TBI. These guidelines are based on the best available evidence and are regularly updated to reflect the latest research.

The VA has also established a national consortium of VA medical centers that provide specialized care for veterans with TBI. These centers are staffed by experienced providers who are specifically trained to treat veterans with TBI.

The VA has established a TBI Registry to track the long-term outcomes of veterans with TBI. The Registry includes information on veterans with TBI who are receiving care at VA medical centers. This information is used to improve the care and outcomes for veterans with TBI.

The VA has also established a TBI Research Program to support research on TBI. The Program supports research that is focused on understanding the mechanisms of TBI and developing new treatments.

In summary, the VA is committed to providing the best care possible for veterans with TBI. The VA has established a TBI Center of Excellence, a TBI Rehabilitation Program, a TBI Registry, and a TBI Research Program to support the care and outcomes for veterans with TBI.
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 submit mountains of red tape. This, of course, either deters them from seek- ing help or delays the process until it is some- times 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 falls under "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 VVAV and IVAV report entitled From Vietnam to Iraq: Ignoring the Veteran Health Care Crisis is a letter sent to Senator Conmy (R-TX) from Jason Thelen, a shop at George Washington University and found housing on the new chapter page of the website. STAND and GI-Net 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 current events 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, 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, supporting 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 group-ings. 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 Power's lecture, participants broke up into groups by region. They brainstormed on how to expand activism beyond the campus environment to their local commu-nities in the summer. These meetings and a binder with refer- ence material covered three steps - recruit, meet and take action - and provided resources on how to accomplish those steps. Kowarsky also organized by student groups for the weekend had a strong impact. Lobbying resulted in the Sen- ate's approval of the requested $173 million in emergency funding for peacekeeping in Darfur. Also, the Sunday rally generated 850 radio new segments in U.S. media, 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 have been able to acquire.

STAND has an executive committee and regional coordi-nators that contact and provide resources to the local chapters. The organization has a user-friendly website, stand.org. On the new chapter page of the website, STAND emphasizes that if you can provide the people, they will pro-vide 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 pro-vides all the tools necessary for successful grass-roots campaigns. It maximizes the potential of individual groups, but also unifies these groups to have one strong message.

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, representatives from many faiths, political leaders, sur-vivors 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...