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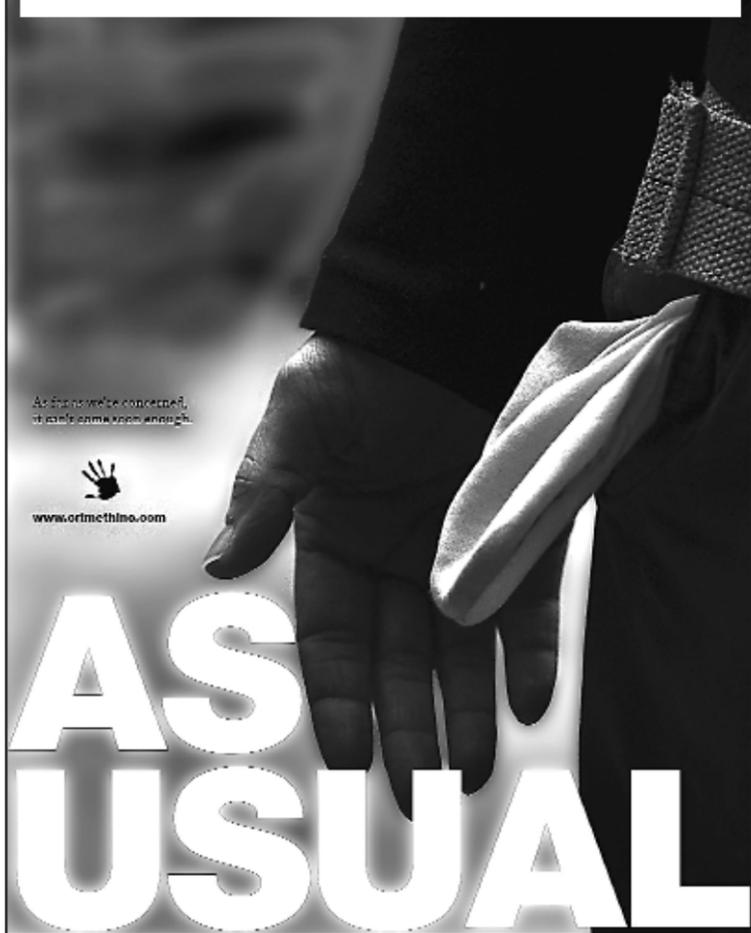
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HEALTH CARE



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TIMES
OF
CRISIS



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Unifying Our Nation and Resolving Our Crisis in Health Care

By Dennis Lazof



Dennis Lazof, a native of Illinois, was a resident of Champaign-Urbana during 1982-87 and produced a show on WEFT on foreign affairs. He now resides in Durham, NC and works primarily on health care policy as a human right (www.EverybodyInNobodyOut.org)

THE DASCHLE-LAMBREW POSITION, as expressed by Barack Obama during the campaign, contends that single-payer (SP, approximately Canadian-style) health care makes the most sense for its efficiency and ability to stabilize health care financing. But that SP is “not politically feasible now in the USA.” This is exactly what middle-road reformers have been arguing for decades. But what if we choose to sidestep the argument over what is “politically feasible” and whether any significant step forward has ever been achieved without challenging the mainstream’s (corporate) concept of what is “politically feasible”?

OUR GOAL AND COMMITMENT

What our nation needs now is a commitment that we are going to begin evolving, as quickly as possible, to a system that will accomplish this one goal: allow everyone access to all medically appropriate care—regular, preventive, critical and chronic. Let’s act as if we no longer want to be the one industrialized country which fails to do this. No American shall be excluded from the system of quality care due to being unable to pay. Let’s agree on this principle FIRST!! Pres. Obama, is this a shared principle or not?

Let’s say we do agree that our goal is NOT getting just 80% or 95% of Americans into some insurance program that picks and chooses who is eligible for some restricted quality of coverage. (Who is volunteering themselves or their family to be in the left out 5%?) And let’s make it a real commitment, let’s push forward a legal commitment to the Right to Health Care for every American, just as solid as the Right to Education (K–12) which was enacted in 49 State Constitutions. Let’s make the Right to Health Care in 2009 a demonstration of how this nation will unite and stand up for the least fortunate, for those whose health is failing, for those whose loved ones are terribly stressed not only by the illness, but who are also burdened with approaching family financial ruin with our cruel system. Let’s unify as a single caring society.

We know that achieving this goal is possible. Other industrialized nations are spending about half what we spend per capita and all their people enjoy full access to needed care. After we make this commitment to the Right to Health Care, if then the insurance companies cannot be affordably and usefully employed in achieving the goal, we’ll leave that up to them and the Obama Department of Health and Human Services. If the insurers can and wish to be honestly and energetically involved in a system delivering care to all who need it and it’s financially stable, then fine (as long as we watch them and regulate for good quality care). If they do not wish to be involved anymore, then we might have no choice but go single-payer, eliminating private insurance and saving the wasted administrative portion (25–30% of current health care expenditure).

Recently, in fact, conservatives have voiced concern that the Obama health care intentions (March 2009) might be to set up a public Medicare-like option and that this would certainly out compete and eventually put all private health

care insurers out of business. Perhaps, but it seems like a strange thing to be worrying about, even for a conservative Republican. After all, it would seem that currently our primary concern might be doing what’s fiscally responsible and at the same time providing our whole population with the benefits of modern industrialized society, especially given the tremendous stress of our severe recession.

But it’s all a fraud if we don’t agree on the goal and we don’t make this commitment. The private companies will always be happy to insure the healthier Americans, and get generously subsidized to temporarily take in a token few of the riskier cases. And pharmaceutical companies will of course always be willing to give away a few drugs here and there, when they can sell everything else at prices they set without negotiation. Maybe I’m too naïve to think that insurance and pharmaceutical corporations might be willing to shoulder their share and cover the needs of a cross-section of Americans, not just the younger and healthier? And to do so at stable affordable costs? We’ll never know unless we agree on what we are trying to achieve.

WHAT’S WRONG WITH “GUARANTEED AFFORDABLE” HEALTH CARE?

Okay, so let’s say we can agree, or have agreed on, what kind of health care system would we then go about setting up, let’s say in the first year or two? What we hear most about, of course, are the corporate-friendly “solutions” arranged in Massachusetts and in Maine during the last several years, often referred to as “Guaranteed Affordable Health Care” plans. And it’s likely we will hear something like that proposed, even if a shared and clear commitment is made. There is nothing wrong, of course, with health care being guaranteed and affordable. And nothing is wrong with health care being universal. Problems arise, however when organizations, politicians and the media use the terms so loosely, as to render them meaningless. “Universal Health Care” cannot honestly be used to refer to the MA and ME reforms which might cut the state uninsured rates in half. Similarly, “guaranteed affordable health care” has been much abused of late.

The growing clamor under the banner “Guaranteed Affordable” health care, much of it emanating from major liberal reform organizations on the national and state levels, has been a dishonest PR campaign. What most of these plans have in common is an increased role of for-profit insurance corporations—with their high overhead and their primary commitment to shareholders. Patient care is not the goal or the driving principle of these plans, just as it never was in the evolution of our current system. In fact, to the insurance corporations the official term is “profit loss ratio” (money lost from profit, having been spent on patients). Now, of course, sometimes some of the uninsured do get included in new tax-subsidized for-profit programs, but that’s always temporary and no more than a by-product of creating a program which looks good on paper and delivers more profits to insurance corporations. Such improvements are temporary because costs have to increase overall when new programs are designed for the private insurers and involve both direct and indirect additional taxpayer subsidies. There is no way to get the insurers to offer high quality health insurance to higher risk patients or those who are likely to actually need health care services. In other words, these are all expensive plans and thus financially unstable.

Maybe the incremental reforms that are proposed within these “Guaranteed Affordable Plans” or “Nearly Universal Health Care Plans” could be legitimately considered

improvements over current lapses in coverage, even if they are expensive. And maybe I would not vote against them, if I were sitting in Congress. But what we cannot allow is for them to be touted as the real thing. They are not universal plans for health care. They are not guaranteed care to all Americans. They are not serious proposals for keeping health care affordable. It’s not just a matter of “better than thou” semantics. It’s a matter of keeping in mind what our country should be (all-inclusive, with abundant, broad opportunities) and what we should provide for each other as a civilized people. It’s a matter of putting the commitment first and foremost and then beginning the discussion anew about how we are going to realize this agreed upon principle.

AGAIN, BEWARE OF THE HUCKSTERS

In closing, remain aware that these plans for incremental reforms like to insert a final step after several others (benefiting private insurers)—a final step in which “finally the other programs we have proposed will be further expanded so that everyone in our nation (or state) will be included.” That’s just shrewd marketing for the incremental reforms, otherwise the commitment would be primary not an afterthought. Organizations and politicians making such proposals are just trying to “dress up” their corporate-friendly incremental reforms with a final “hypothetical” step, which they honestly know will never ever come to be.

The Social Advocacy group from Uni High roundtable discussion:

“We Who Believe in Freedom Cannot Rest: Cross Generational Voices on Budding Social Justice Movements”
April 18, 1 pm at the Independent Media Center (202 S. Broadway in Urbana)

IMCFest 2009 & the Boneyard Arts Festival, April 17–19

At the IMC

IMC Fest 2009 is a celebration of nearly a decade of the independent media movement in the twin city area. The festival will be composed of almost 30 of the areas favorite performers from various genres, an art show, local speakers, belly dancers, fire spinning, improv, and much more. Preliminary schedule available at: <http://www.imcfest.org/schedule-events>.

What’s more, this year’s fest will be happening in conjunction with the Boneyard Arts Festival (<http://www.40north.org/events/festival.html>) Several local artists will have work on display during the festival.



What April 7 Means For Urbana Schools

By Cody Bralts



Cody Bralts is a Junior at Urbana High School and currently serves as News Editor of the school's student newspaper, The Echo.

COUNTY RESIDENTS MAY WANT TO PAY close attention to the outcome of the local election next month. A proposed school sales tax increase to fund school-based projects for Urbana schools will be on the April 7 Champaign County ballot. Should the referendum pass, it would increase the Champaign County sales tax, which currently stands at 7.5%, by one percent. Projections are that the tax would bring in an additional 3 million dollars annually for Urbana Schools.

Proposed projects include installing energy-efficient air conditioning systems and lighting, with provision to consider other sources of energy such as solar. Renovations for Washington Elementary School and district libraries along with new multipurpose rooms are also included in the proposed funding.

TAXING DIFFERENTLY

When people think of school taxes, many think of them as a euphemism for property taxes. While property tax, paid by those who own real estate, makes up the basis of local school funding, the proposed school tax would be based on the local sales tax. The increase would affect everyone living in Champaign County, including those not associated with the Urbana-Champaign area. This factor might hinder the Urbana School District's efforts to pass the measure, according to Urbana High School social studies teacher, Michael Pollock. "It is more difficult to pass that type of referendum," he said. "You have the entire Champaign County, including rural folks who generally feel that the tax unfairly impacts them."

Pollock added that the benefit of having a sales tax rather than a property tax is that it brings in a lot more money, which led Champaign and Urbana to lobby the state for allowing the sales tax to be applied to school-

based referenda. "Cities like Champaign and Urbana got the state legislature to pass a law allowing counties to increase the sales tax, not property tax, for schools."

That one percent tax increase, to Pollock, makes the financial possibilities endless: "The tradeoff for this, and a way to sell this to the public, is that you agree to put it on a sales tax which affects everybody but is also paid, to a significant degree, by those from outside the county. For example, people who come to Champaign-Urbana for ball games or to see families...when they buy stuff here, they're helping to repair our schools."

Urbana school board member Cope Cumpston, a supporter of the tax increase, said that the passage of the referendum could help the district immensely, "There is no other revenue stream that supports schools in this way; our funding has been decreasing steadily and school facilities are deteriorating all across the country." Cumpston added that there are a number of factors that have led to this situation. "Particularly in Champaign County, revenue formerly available to the schools has been drastically cut by tax caps... we desperately need the money." She cited other counties such as Williamson and Cass which are seeing "dramatic educational benefits" from passing a similar sales tax increase.

IS THE STATE TO BLAME?

Much of the money that makes public school possible comes from the state. However, due to recent state-wide budget problems, along with stringent oversight laws, many districts have not been getting the adequate funding needed to improve school programs. Pollock believes that, "The problem with school funding in Illinois is that the state has pledged in its own constitution that they will pick up 50 percent of the cost of public education... The balance of the cost... is supposed to come out of local initiatives." But "The state of Illinois has not fulfilled their 50 percent pledge... so there is a greater and increasing responsibility for paying for schools through the local taxes."

Cumpston cited flaws in the federally-mandated No Child Left Behind Act (NCLB) as part of the reason for the recent strife the district has faced. "Our schools have also taken big financial hits in the last few years because of the requirements of NCLB, which are not backed up by any fund-

ing." That view seems to be common in other districts as well. Many educators have said that the NCLB act has underfunded its own projected goals by punishing schools that under-perform on tests. While the Act may have helped close "the achievement gap," many advocacy groups, such as The Forum on Educational Accountability, have noted that "since its passage, No Child Left Behind has been chronically underfunded, shortchanging the educational needs of our nation's neediest children."

MAKING IT A COMMUNITY ISSUE

Both Cumpston and Pollock agree that, while many citizens outside the district would be paying the sales tax, their contribution would help the community as a whole. However, Pollock says that, "some people look at this not as a community responsibility but as: what am I going to get out of this?" He said that the school district needs to be more progressive in getting the word out.

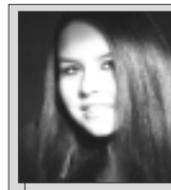
Citing a similar school referendum on last November's ballot that failed by 300 votes, he added, "I think it failed primarily because the school district and the people who supported it did not do a great job of selling it to the public."

Both Pollock and Cumpston hope citizens will look to the benefits of the tax increase. As Pollock concluded, "It's not just for the people who have kids in the schools. You want quality education; you want kids who are growing up with the ability to go out and contribute to this community. You have to give them a good public education and that costs money."

For more information about the referendum, visit <http://www.champaigncountyclass.cc/faq.html>

The Cost of an Exhibit: Beyond the Chief

By Ashley Tsosie-Mahieu



Ashley Tsosie-Mahieu is a member of the Diné (Navajo) Nation, a first-year Master's student in the Educational Policy Studies Program at the University of Illinois at Urbana-Champaign, and a graduate assistant at the Native American House.

IN MID-FEBRUARY, HOCK E AYE VI, Edgar Heap of Birds, a Cheyenne-Arapaho artist, visited the University of Illinois at Urbana-Champaign campus. Just days after his "Beyond the Chief" exhibit debuted on Nevada Street, Heap of Birds gave a talk about the social justice elements of his work. Heap of Birds explained that his exhibits are intended to make viewers confront America's controversial past and reflect on the treatment of Native peoples, as well as to understand Native peoples' resistance to colonial imposition.

The "Beyond the Chief" exhibit is specifically intended for viewers to reflect on the history of Illinois. The top words on the signs, "Fighting Illini," are printed backwards to enhance this effect. Additionally, each of the twelve signs represents an Indigenous group who once belonged to the lands now known as "Illinois." These include Kaskaskia, Peoria, and Wea. The signs are reminders of those whose lands we now walk upon, work upon, and live upon. By reflecting back, we can try to understand the complex histories of forced removal and attempt to respect those who came before us.

Heap of Birds' work is often politically-charged in nature, and the "Beyond the Chief" exhibit is no exception.

The damage done to the exhibit, then, provokes much wonder due to the political significance of the signs. One of the signs in the exhibit showed considerable damage when Robert Warrior, the Director of the Native American House, John McKinn, the Assistant Director of the Native American House, and I passed by the sign on the afternoon of Monday, March 16. The sign that was damaged was the "Peoria" sign, one of three signs installed directly outside of the Native American House. It appeared as if someone had used a shoulder or foot to crush the sign, as it was bent in at the center, the ends pulled in toward each other. Each sign is appraised at \$10,000 each due to artist fees, cost of materials, and cost of installation.

The monetary damage done to the sign is significant, but is it more significant than it seems? Was the perpetrator merely a drunk college student on their way home from the bar, picking out random things to destroy? Or was the damage to the sign a malicious attack on the Native American House and the "Beyond the Chief" exhibit? As a Native student and an employee of the Native American House, who has dealt with the overwhelming racist attitude of many folks on and off campus and who has witnessed many verbal attacks on the Native American House, on Native students, and on Native peoples and communities in general, it is difficult to dismiss this incident as a harmless prank. Because the "Peoria" sign was singled out, the intent of the

perpetrator further comes into question. A picture of the "Peoria" sign is what was used by the Native American House to widely publicize the "Beyond the Chief" exhibit and the Heap of Birds visit and presentations at the University. Not only was the "Peoria" sign the most recognizable sign of the exhibit, but the Chiefs of the Peoria Nation, Chief John Froman and Second Chief Jason Dolarhide, had visited campus as part of the "Meet the Chief" event less than one week prior to the damage done to the exhibit. All of this makes one wonder if the damage done to the exhibit is just as symbolic as the exhibit itself. Did the perpetrator intend to attack the Native American House? Is this a reaction against the activities created by the Native American House, especially those surrounding "chief illiniwek"?

I suppose we may never know the answers to those questions. But, what still remains evident by this occurrence and the commentary after this story was reported by

the *Daily Illini* is this community's dire need for education about Native peoples, communities, and nations by Native peoples. This is what the Native American House and American Indian Studies program try to achieve with programs like "Meet the Chief" and the Heap of Birds exhibit "Beyond the Chief."

It is just unfortunate that our efforts always seem to come at an additional cost.





Health Care Reform = Political Realignment

By Jim Duffett

Jim Duffett is the Executive Director of Campaign for Better Health Care (CBHC), the largest grassroots health care coalition in Illinois.

THE POLITICAL WAR WAGING around health care reform has major ramifications beyond the single issue of health care. Not since the mid-60 has there been an attempt to fundamentally reshape and realign the policies of this country for the common good. For the past several decades, our nation has been exploited and ravaged by the right wing and their robber barons. They remain committed to defeating everything President Barack Obama stands for, and are gearing up to do everything they can to prevent him from moving our nation forward.

The battlefield where this fight will take place is health care. The opponents of fairness have regrouped, and some of their "generals" in this war are people like Rick Scott, the Bernie Madoff of for-profit hospital takeovers, and Rush Limbaugh, the babbling buffoon of talk radio. They have money and they can mobilize people. Their followers will do exactly as they are told, and will make call after call to their congressperson.

They see President Obama as we do: as our 21st Century FDR, but they perceive him in a negative way. The opponents of fairness believe that, of all the major economic and social issues President Obama has identified for reform, among them health care, energy, and education, health care offers them the best opportunity to stop reform. If health care reform goes down in defeat this year and the economy is still struggling by November 2010, we will witness a major onslaught by a new group of ideologues even worse than Newt Gingrich. Medicare, Medicaid, and Social Security will all be on the chopping block.

The smears and cultural divide tactics of the past are likely to come fast and furious from those who continue to embrace the status quo. The cost of inaction is inexcusable. We will hear the same old worn-out rhetoric: big government, socialism, more bureaucracy (even though the insurance industry's bureaucracy is 7 times that of Medicare), lack of choice, and many other lies. Ironically, the perpetrators of these lies continue to enjoy the security and the peace of mind that their quality health care insurance, paid for by tax money from you and me, has provided them.

The health-care-reform-fight, this year, must be fought at the congressional level. During 1993-94 battle, this fight was fought in secretive meetings and with internal maneuvering in Washington. This is not to say that the media will

not portray this fight similarly again. For us to win, we must wage a ground war congressional district by congressional district. This includes both Democrats and Republicans.

An opportunity existed in 2007 and 2008 to pass progressive and comprehensive health care reform in Illinois, but a small handful of Democratic state senators, including our local State Senator Mike Frerichs, voted against legislative proposals that would have achieved this. At that time, several House Democrats played the game of politics in Springfield and stated that they supported health care reform, but continued to embrace a public policy of "Do Nothing."

Sadly, Washington is no different from Springfield, but it is up to us to force change. Every year that health care reform is not enacted, another 40,000 working Illinois families lose their health care insurance and small businesses and Illinois families are forced to pay an extra \$3 billion a year for an inefficient health care system. We cannot afford to wait any longer!

While we would prefer a public-private partnership system that would eliminate the role of the insurance industry, it is unlikely that this will occur. As Newt Gingrich suggested in 1995, in referencing Medicare and Social Security, "We cannot kill these programs all at once, we must let them wither on the vine and then we can end them." This should be our approach with the insurance industry. We cannot allow the perfect to become the enemy of the good. If we do, not only will health care reform fail, but the domino effect on so many other reforms will also fail.

We face another brutal fight, but this time we will prevail by stopping those who oppose fairness for all Americans. We must apply the lessons learned from previous battles. We can lay out all the facts and figures on health care reform and explain repeatedly the advantages of one plan over another, but history tells us that facts alone do not win social justice causes.

Strategic and targeted messaging, a broader coalition that includes small businesses, and strong public mobilization will be the keys to our success. The American people understand that health care is the key to economic security and opportunity. They may not believe the fact that Medicare's administrative (bureaucracy) costs are less than 3% per dollar for medical services versus the 20% per dollar that the insurance industry's bureaucracy currently spends, but poll after poll shows that the American public definitely believes in guaranteeing access to affordable, quality health care for all.

Recently, from March 13-15, 327 congregations (over 50 in the 15th congressional district) involving over 50,000 parishioners took a step in expressing their outcry for health care reform. They demanded action from their congressional representatives to enact affordable, accessible and quality-guaranteed health care for ALL. Currently, the Campaign for Better Health Care and our coalition partners have organized nine local congressional district committees throughout Illinois. This will be expanded to include a total of 13-15 congressional districts by this summer.

Here in Illinois' 15th Congressional District, there is a broad coalition of faith, social service, small business, labor and other groups representing several communities which meet monthly and have rolled up their sleeves in preparation for this fight. They believe that there is no reason why all Americans should not have the same opportunity to access the same level of health care insurance that Congressman Johnson receives. After all, we pay for his health care insurance.

So far, Congressman Johnson's legislative score regarding health care reform this year is zero. He voted to oppose expanding an ongoing federal-state program that will now provide health care insurance to over 10 million children of working families, commonly referred to as SCHIP. He also opposed President Obama's Economic and Recovery Act that provided the first down payment on health care reform. We hope to see his score increase. The upcoming budget vote will be an opportunity for Congressman Johnson to show that he supports health care reform.

This battle is being fought now, and you must be a part of it. The Campaign for Better Health Care is part of several national coalitions fighting the battle for affordable quality health care for all, but you cannot allow this opportunity to make history pass you by. We need you to dedicate at least 30 minutes a month writing emails, making phone calls, and attending community meetings for health care justice. We also need your financial contributions to enable us to wage this fight. Without both of these kinds of support, we will not succeed.

Your health, your family's health and your community's health is at stake. Join your 15th Congressional District Committee by going to www.cbhconline.org to find out how you can get involved. The time is now to ensure every American's economic security and opportunity through health care reform.

Acupuncturists Without Borders

By Paul McGuire



Paul McGuire is a veteran of the Iraq War and former Army officer who served in the 82nd Airborne Division.

ON MARCH 19, 2009, the U.S. Senate Armed Services Committee held a hearing on the increasing number of suicides in the armed forces.

The high ranking officers attempted to provide a strategy for preventing this crisis among the military services following a January where US soldier suicides exceeded combat deaths and 2008 which ended with the highest number of suicides on record.

The testifying officers made a tepid attempt at addressing the genuine root cause of these suicides.

One could easily surmise that eight plus years of war and occupation in Afghanistan and Iraq, with multiple troop deployments, ultimately set the groundwork for the disturbing trends that followed.

The officers proposed strategies to mitigate the issue perhaps until they can redeploy the individuals again or at best, release them from the military whereby they are no

longer their concern, thus washing their hands of the situation. Regardless of the military's response to this crisis, local communities are taking notice of the stresses and anxiety of our veterans.

One such organization, Acupuncturists Without Borders (AWB) is an example of what caring and compassionate people can achieve when they take a proactive strategy in helping communities during what they call "crisis resulting from disaster or human conflict."

AWB is providing a community veteran's clinic for U.S. military veterans, current members of the Armed Forces, and their immediate support network.

AWB was formed in 2005 in the aftermath of hurricanes Rita and Katrina with a vision to partner with local organizations and "offer the services of volunteer acupuncturists to provide treatment to interrupt this cycle of pain and chaos and relieve suffering."

The local clinic was formed with the help from AWB acupuncturist Katie Davidson, in conjunction with Urbana-Champaign Friends Meeting (Quakers), and input from me, a member of Central IL Iraq Veterans Against the War.

With politics aside, AWB set out to host a free clinic that aims to help relieve the stress many veterans experience from past and current conflicts and the stress of transitioning from military to civilian life.



It is also open to family members who are taking care of veterans.

The treatment consists of having 5 small needles placed into both ears while sitting relaxed in a chair for approximately 20-40 minutes.

The clinic is held every second and fourth Tuesday of each month from 6-7:30 pm at the Urbana-Champaign Friends Meetinghouse at 1904 E. Main Street in Urbana. Much research has shown the positive effects of acupuncture treatment for stress and anxiety reduction. Articles about such treatment have appeared in the *New York Times*, Military Officers Association of America, and the

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Native American Health Care Lagging Behind the Rest

By Rebecca Franz

Rebecca Franz is a Cherokee, Shawnee and Lakota Native American. She's currently attending Eastern Illinois University as a Psychology major.

THE EXPECTED LIFE SPAN OF THE NATIVE AMERICANS is nearly five years less than for the general population of the United States and stands around 72. In 1972-1974, infant and maternal mortality rates were, respectively, 25% and 82% higher than those in the general US population. The figures for diarrhea and dehydration were 138%, for tuberculosis 600%, and for unintentional injury 264% higher. Although this disparity narrowed considerably over the next two decades—most dramatically, by 1991-1993, gaps in infant and maternal mortality rates reduced to 4% and 12% higher, respectively—new statistics reveal that the gap has been widening again. Native American infant mortality rate, for example, shows a 44% increase over a decade ago while the rate for the population has decreased. The causes of these alarming statistics need to be explored in detail but most experts agree that, in the last decade, much less federal money has been allocated to the health care of the Native Americans compared to other groups.

Native Americans have also less access to quality health care. The difference between Native American clinics and hospitals and their counterparts in general areas is appalling. The waiting times for getting appointments are longer than the average for the general population. Diagnostic tests and medical procedures are not readily available and the quality of care is deplorable because of the shortages of doctors, funding, and equipments and the low quality of facilities.

HISTORY OF NATIVE AMERICAN HEALTH CARE

Federal health care services for American Indians were first established in 1824. Federal policy towards Indians at that time was primarily aimed at military containment. Army physicians took measures to control the spread of infectious diseases among Indian tribes located near military posts, and they were not focused, in particular, on improving the Natives' health care or conditions. In 1849, military control of Indian affairs ended and the Bureau of Indian Affairs (BIA), which assumed responsibility for health care, was transferred to the Department of the Interior. Since then, health care, as well as education and other federal services, have been provided to the members of federally recognized tribes, as a result of treaties signed between the tribes and Congress, giving the federal government the role of a trustee.

In late nineteenth century, the policy of the federal government towards Indians was one of assimilation and Indian tribes were no longer viewed as separate nations. At the beginning of the 20th century, during the Hoover administration, the BIA was reorganized into five divisions: health, education, agricultural extension, forestry, and irrigation. Each division had a professional or technical director in

Washington who had a direct relationship with the reservation superintendents. It was believed that improving services would lead to Indians' assimilation with the general US population and the government support could be eventually withdrawn. In 1955, in an effort to dismantle the BIA, the Division of Indian Health, later renamed Indian Health Service (IHS), was formed within the Public Health Service.

In 1975, the *Indian Self-Determination and Educational Assistance Act (PL 93-638)* was passed. It provided tribal governments with a way to contract with the Secretaries of the Interior and of Health, Education, and Welfare to develop new services or assume control over services previously run by the federal government. A year later, the *Indian Health Care Improvement Act (PL 94-437)* was passed. The purpose of this law was to improve health care facilities, create new and needed services, and to attract more Native Americans to the health care profession. These pieces of legislation allowed for increased community involvement and, along with the federal policy of Indian preference in hiring, allowed for Native Americans to take positions of control in both the tribal and federal systems. The IHS is becoming less centralized and tribal governments are taking over control of health care services from the federal government.

TRADITIONAL HEALTH AND HEALING

Historically, there have been many conflicts between the IHS and the people it serves. The initial attitude of IHS was one of disregard for native beliefs and traditions to the detriment of the health of the Native Americans. Each of the over 500 tribes in the US, though similar in some characteristics and experiences, has very different traditions and practices. The preservation of these individual identities is vital to them and their mental and physical well-being. As with any community, it is important to view the health and health care of Native Americans from a cultural perspective as well as a purely medical one.

Use of traditional healers, for example, is still widespread among the Native American population. Each tribe has its own sacred rituals and ceremonies, much of which are known only to members of the tribe. Medicine and religion are strongly linked in traditional native culture. It is believed that one must follow specific paths in order to maintain optimal health (physical, mental, and spiritual). All things are believed to have life and spirit and are intricately related in the universe. Illness is perceived to be a disruption in the delicate balance between individual beings of the universe. The restoration or maintenance of health is achieved by correcting these imbalances. Traditional healers help in restoring balance. This may be achieved through simple ceremonies involving prayers or chants, herbal remedies including salves, ointments, and teas, or dances. Many Native Americans use both traditional and Western medicine. It is important for physicians and health care providers working with the Native American population to be aware of the vital role traditional medicine still plays in native culture. Collaboration

Facts about Native American Health Status and Care:

- Native Americans have the poorest health record and the lowest life expectancy of any ethnic group in the U.S.
- The ten leading causes of death for Native Americans are diseases of the heart, malignant neoplasms, unintentional injuries, diabetes mellitus, cerebrovascular disease, chronic liver disease and cirrhosis, chronic lower respiratory disease, influenza and pneumonia, suicide, and homicide.
- 13 percent of Indian and Native Alaskan deaths occur among those under the age of 25, more than three times the rate for the same age group in the total U.S. population.
- American Indian and Alaskan Native youth are more than twice as likely to commit suicide as youth nationally.
- The average age of IHS facilities is 32 years, compared with the national average for health facilities of 9 years.
- The IHS estimates that current mental health staffing for Indian health facilities meets only 43% of the need.
- The Level-of-Need Funding Workgroup for the IHS estimates that it would cost about \$15 billion to bring Native American health services up to par with the services offered throughout the rest of the United States. This would include \$8 billion in one-time investments to bring Indian health facilities up to modern standards and \$7 billion per year to staff and operate thereafter.

between traditional healers and Western practitioners is an important step towards providing more holistic care to everyone. This may be especially true in areas of mental health. With the lack of health care in most areas, if it weren't for the traditional practices there would be no health care at all.

Acupuncturists Without Borders

Continued from page 3

National Center for Complimentary and Alternative Medicine.

In a section of the *Journal of Alternative and Complementary Medicine*, the authors state that, "In the treatment of anxiety neuroses, generalized anxiety, preoperative anxiety, and post-traumatic stress disorder, (PTSD) acupuncture seems very promising." There have been very positive responses from veterans and family members who have attended the clinic.

I decided to try the treatment out and found it to be a very relaxing experience.

As a combat veteran, I know how tough it can be returning back to civilian life, and those of us who are lucky enough to make that seamless transition should never forget that there are many who do not.

Many suffer from feelings of isolation, despair, anxiety, depression, and worse yet PTSD.

Though the clinic makes no claim at permanently healing or fixing such symptoms, they do provide a free and positive alternative that has shown to reduce stress and anxiety.

It is our responsibility as veterans and citizens to extend an open hand to other

veterans and their family members who may be experiencing stress.

A great way to do this is in partnership with people like Katie, Charlotte Green, Barbara Kessel, Bobbi Trist, Ann Donovan, Merlin Taber, Sandy Bales, and Gayle Mohr who spent countless hours planning and donating their time and resources to host this clinic.

They have displayed a great amount of selfless generosity that should not go unnoticed. For me, it comes as no surprise that the military continues to remain reactive to issues like those mentioned above, but that means as community members we need to

counter it by being proactive in addressing those same issues in innovative ways with alternative methods for those veterans residing in and returning to our communities.

For information about the clinic, email Barbara at bakes@gmail.com or call Bobbi at (217) 351-9298 and on weekends at (217) 766-1335.

You can visit AWB at www.AcuWithoutBorders.org.



HIV/AIDS In Champaign-Urbana

By Alexx Engles



Alexx is a junior at Uni High

AS MANY OF US KNOW, HIV/AIDS has become a major epidemic in Africa. In 2007, the UN estimated that about 1.9 million people were newly infected with HIV in sub-Saharan Africa. We see many billboards and other media reminding us about this distressing fact, often urging us to buy something in order to help Africans in their impoverished and destitute land. Bono's Product Red campaign comes to mind, with companies such as Starbucks, the Gap, and Apple donating a small portion of their earnings to fight the spread of AIDS in Africa.

Yet, HIV/AIDS doesn't just happen in Africa. It's an epidemic across the world that even includes developed countries like our own. In fact, our own capitol's health officials have just released a report stating that 3% of Washington D.C. residents are infected with HIV/AIDS. That may not sound like much, but it's actually a higher rate than is currently suffered in West Africa. Still, this percentage is only the diagnosed cases—health officials admit that the number may actually be much higher. The pervasive image of the HIV-positive, starving African is not only paternalistic and condescending; it also blinds us to the fact that we have the very same issues to deal with in our own country, and even in our own community. Regrettably, our tendency to focus our charitable efforts overseas often diverts attention from the struggles of our own.

In reality, HIV/AIDS is a growing problem, even in the State of Illinois. According to the Centers for Disease Control, in 2005 Illinois ranked 7th highest in the nation for reported cases of AIDS. The Illinois Department of Public Health estimates that, as of December 2008, Champaign County has at least 300 residents living with HIV or AIDS.

The number of reported HIV/AIDS cases in Champaign-Urbana are rising, but unfortunately, we often don't see people combating this issue on billboards or TV. We see examples of stigmatization instead of support. Examples include the new laws implemented around the world (including developed countries) that stigmatize HIV by criminalizing the transmission of the virus. Not only that, mainstream opinion still tends to frame HIV as a disease almost exclusively reserved for gays, when that is simply

not true. The reality is that, though HIV transmission rates are still highest among men who have unprotected sex with other men, the rates of transmission are quickly rising with other behaviors, such as unprotected heterosexual sex and intravenous drug use.

Fortunately, there is help available to HIV-positive people in our own community. As much as there is to criticize about our nation's health care system, it does lend some support to the HIV-positive individuals (whether that aid is enough is a topic for another article entirely).

Locally, we have an organization that exclusively helps HIV-positive individuals. The Greater Community AIDS Project (GCAP) was conceived almost 25 years ago in Champaign-Urbana. GCAP is a non-profit organization that seeks to support those living with HIV/AIDS. For instance, GCAP provides food through the Eastern Illinois Food Bank to families who have been affected by HIV/AIDS. The organization also has an Emergency Assistance Program which helps HIV-positive individuals pay for such necessities as housing, utilities, medication, and transportation. GCAP also owns two houses, the Champaign and the State Street House, which are used to house HIV-positive individuals until they can care for themselves.

GCAP also reaches out to the public by hosting two annual events with which community members can easily get involved. One is a Holiday Gala, which helps raise money for the organization. The other is the more well-known Artists Against AIDS. This yearly event raises money for and awareness about those living with HIV/AIDS in Champaign-Urbana.

This year's event will be held at the Orpheum Museum from April 24-27th. Local artists will donate their works for sale and the proceeds will benefit GCAP, in turn assisting hundreds of area HIV-positive individuals and their families. Mike Benner, GCAP's Outreach/Interim office manager, says Artists Against AIDS "helps to bring HIV and AIDS to people's attention. It reminds them that HIV/AIDS isn't a disease happening in some far off corner of the world or even just in major metropolitan areas of the United States. There are hundreds of individuals here in East Central Illinois who are HIV-positive and in need of some sort of supportive services. Artists Against AIDS, which is a volunteer-run event, gives testimony to the compassion of people throughout our community."

HIV/AIDS is a worldwide epidemic and Africa as a whole remains the most hard-hit area of the world in terms of how quickly the disease is spreading. I'm not arguing

Artists Against Aids

The Seventeenth Annual volunteer-operated exhibition and sale, featuring over 200 local artists' works will be held in downtown Champaign. Proceeds go directly to The Greater Community AIDS Project (GCAP), a local non-profit agency providing support services for those affected by HIV/AIDS.

Location: Orpheum Children's Science Museum
346 N. Neil St., Champaign

Help Pass the Illinois Medical Cannabis bill

On March 4, 2009, the Human Services Committee of the Illinois House of Representatives passed the medical cannabis bill (HB 2514) 4 to 3. The full House will soon be voting on this important bill, also known as Compassionate Use of Medical Cannabis Pilot Program Act. We need to make sure that the growing, distribution, and use of medical cannabis becomes legal in Illinois and the needless suffering of tens of thousands of Illinoisans ends.

Please call your State Representative at (217)782-3944 and urge them to vote yes on HB 2514

Naomi D. Jakobsson Champaign Phone: (217) 373-5000, Fax: (217) 373-8679

For more information visit:

www.illinoisNORML.org; www.IllinoisCAN.com;
www.idealreform.org.

against Americans who are trying to help stop the devastation in Africa. However, too often, that sort of philanthropy can easily be twisted into a manipulative marketing ploy, or an ego boost, or perhaps most egregiously, a blinder to the fact that HIV/AIDS is a real problem in our own community too.

For more information about HIV/AIDS in Champaign-Urbana or about Artists Against AIDS visit gcapnow.com

Single-Payer Lobby Day

Single-Payer Lobby Day press conference Dr Quentin Young has worked with Physicians for a National Health Program (PNHP) since 1987, a Chicago-based not-for-profit organization. He is the current National Coordinator and CEO for PNHP. He was personal physician to Martin Luther King Junior during his stay in Chicago, and also to Chicago Mayor Harold Washington, author Studs Terkel, Illinois Governor Pat Quinn, a young activist named Barack Obama, Rep Mary Flowers, lead sponsor of *HB 311, the Health Care For All Illinois Act*

Other speakers at the press conference were Jerry Jenkins, Donna Smith of the National Nurses Organizing Committee (NNOC) Dorothy Ahmad of the NNOC and a Cook County Hospital worker as well as Champaign County Health Care Consumers' executive director Claudia Lennhoff

The discussion included historical reference to the late Sen Simon's attempt to improve the Clinton HealthAmerica Act by allowing for a State Single Payer Option whereby states could try a universal plan with federal support equivalent to all present allocations.

Web Resources available on UCIMC website under Single Payer Lobby Day.



Dr Quentin Young speaking in Springfield

The Mystery Of Heart Disease and the Need For More Ressearch

By Fred Kummerow

Professor Emeritus Fred Kummerow is a biochemist who has been conducting basic research in medical and nutritional science at the U of I since 1950. Despite his retirement, he continues to be an internationally recognized researcher and publisher in the field of transfat and cholesterol in heart disease.

CHOLESTEROL AND HEART DISEASE

Cholesterol is a life sustaining substance needed to make every cell in our body. It is not a source of calories like sugar and fat. Eight hundred milligrams of this crucial substance is made in our liver every day. Just one of those milligrams is equivalent to the weight of 10 crystals of table salt. The normal American diet contains only 400 mg of cholesterol per day, half as much as supplied by our own bodies.

After a meal, the fat and cholesterol in the intestinal tract appear in the blood as tiny droplets called chylomicrons. These are gradually cleared from the body by the liver. Two fat carriers are formed in the liver from protein that carry the cholesterol and fat in the blood. These are the LDL and HDL lipoproteins.

A high LDL level indicates that you have eaten too much fat; a low HDL level indicates that you have not eaten enough protein, or enough food that contains the 8 essential amino acids to make the necessary apoprotein. (These are listed in my book *Cholesterol Won't kill you but Trans Fat Could.*) The "bad" LDL (oxLDL) is an oxidized form of LDL. What we do not know yet is why more LDL is converted into oxLDL in patients with heart disease.

Because sugar is soluble in blood and requires a minimum of processing to become glycogen, or stored sugar, it is used as the first source of energy. But after the sugar in the blood decreases enough, LDL begins to provide the energy. The reason that so many Americans are fat around the waistline is that their diet contains so much sugar and fat that they eat subsequent meals before they have used up the initial energy sources. That fat is stored around the waist.

DANGEROUS CHANGES IN THE CELLULAR STRUCTURE

The cell membranes that encase each cell are largely composed of cholesterol. They change in composition during a person's lifetime. This is a natural process that results in hardening of the arteries (atherosclerosis) to some extent in all of us as we age. One way to show this change is to study the veins of artery by-pass patients.

By-pass procedures include finding veins in legs, or perhaps arteries in arms, that can be harvested and then used to by-pass the diseased arteries leading to the heart in the same patient. Of particular interest is the chemical composition of the veins that have been used as arteries to the heart in second by-pass patients. These veins were clear when they were first used in a by-pass. However, in second-time by-pass patients, they too became clogged and required replacement. By studying the chemical composition of those veins, we found changes occur that cause calcium deposits. They contained forty times more calcium than they did when first inserted.

Oxysterols are what regulates the level of cholesterol in the blood. They are formed from cholesterol in the liver. Eight years ago, in our lab, we found that patients who had undergone by-pass surgery contained a higher level of these oxysterols in the blood than those patients who did not need a by-pass.

We grew (cultured) human cells along with synthetic oxysterols. Those cells cultured with an oxysterol resembled the composition of the clogged cells in the vein of the second by-pass surgery. This revealed that oxysterols are a risk factor in heart disease.

These changes in cell structure allowed calcium to flow into the cell and disrupted its normal functioning enough to kill the cell. When the cell dies, enzymes remove the protein and lipid portions of the cell, but allow the calcium to remain embedded in the cell wall. It is this calcium and lipid plaque that eventually lead to atherosclerosis in the arteries. What we do not now know is why higher levels of oxLDL and oxysterols are formed in the liver of patients with heart disease.

We do know, however, that antioxidants in the blood are necessary to keep the polyunsaturated fatty acid LDL from forming oxidized, or "bad," LDL. This is continually being done in most people. However, in some people there are just not enough antioxidants in the blood. We have found one antioxidant that keeps LDL from becoming "bad" LDL. Once oxLDL is not found in the blood, the possibility of atherosclerosis forming in the arteries is diminished.

THE IMPORTANCE OF UNSATURATED FAT AND FIBER

In 1957, Dr. Edward Ahrens reported the results of a study entitled, "Dietary Fats and Human Serum Lipid Levels." He used an all-liquid diet consisting of salt-free milk protein product and sugar, along with the vitamins available in 1957. He found that saturated fats like butter raised blood cholesterol levels while unsaturated fats, like corn oil, lowered them. This diet contained no magnesium, which was later found to be essential for the metabolism of saturated fat.

Dr. Ahrens also used this diet in 1969 to measure the absorption of cholesterol from the intestinal tract. Without any fiber in the diet, 70% of the cholesterol used in this test was absorbed in the blood. These 1957 and 1969 studies indicated that saturated fat and dietary sources of cholesterol cause higher blood cholesterol levels. This is still believed to be the case by many health professionals today.

However, as far back as 1957, medical researcher Dr. Warren Sperry found no correlation between the plasma cholesterol level and atherosclerosis in

RUNAWAY HEART

By Matt Murrey

The surgeon hoisted Heart from the dead donor's chest; Heart thought it was being born, fresh from a C-section. Still warm and slick with blood, it flexed its firm ventricles with a vigorous pump, slipped from the surgeon's grip, plopped on the floor, and skidded past the rubber-gloved grab of the surgeon's assistant. It thumped open the door and beat a little two-step down the hall: da-dum, da-dum, da-dum. It was a strong little booger, had been working out for years. A nurse called out, "Get back here, we're not done with you yet." The clerk at the front desk yelled, "What's your name? Where should I send the bill?" Heart ignored them, raced for the wide, sliding glass doors, for the other side: the outside where the sun was shining, people were hurrying, cars were whizzing by, and dogs were sniffing around for something to chase, something bloody good to eat.

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), or to contact one of the editors.

autopsied men who had died of heart disease. Subsequent research has shown that the American diet contains enough unsaturated fat to cancel out the effect of saturated fat. When a source of fiber is present in the diet, little cholesterol is absorbed from the intestinal tract. Our own research has also shown no correlations between the plasma cholesterol levels and heart disease in 1,200 people who have been tested for heart disease.

THE NEED FOR MORE RESEARCH

The solving of the mystery of what causes atherosclerosis will come from more basic research. The University of Illinois has the staff to solve problems in metabolic diseases, such as heart disease, but that requires more laboratory space and more funds for research than are presently available at the university. At the national level, Congress needs to double the NIH budget and earmark at least \$6 billion for the construction and funding of research centers devoted exclusively to solving the problems caused by metabolic diseases.



Fred Kummerow in his Lab at UI



They're Human Too: Health Care and Athletes

By Neil Parthun



MOST FANS VIEW PROFESSIONAL athletes as superhuman. While these athletes showcase a level of skill that makes most people gasp in amazement, it is important to remember that they are flesh and bone human beings. When the stadium lights shut off and the roar of the crowd subsides; there are significant medical issues, like concussions and mental health challenges, faced by athletes that deserve to be discussed publicly.

In 2006, then Dallas Cowboys wide receiver Terrell Owens (TO) allegedly attempted to overdose on pain pills. Owens had received a prescription days earlier for 40 pills due to finger surgery. The receiver had only taken five pills up to that point, which is why Owens' spokesperson was shocked to find the bottle empty one evening and Owens putting two pills into his mouth. After attempting to use her fingers to retrieve the pills, that were swallowed. Owens' spokesperson called the Dallas Fire and Rescue Team.

According to a 911 report, the Dallas Fire and Rescue team was called out for an attempted suicide of a 32-year old man who "ingested an unknown large quantity of Rx pain medication." The police report further stated that Owens had admitted to taking the remainder of the medication and answered, "yes" when asked if he had done so to harm himself. After the media frenzy began, TO's spokesperson stated that it was a misunderstanding and that Owens had "25 million reasons to be alive" – referring to TO's contract.

On Sept. 7, 2008, young Tennessee Titans quarterback Vince Young threw two interceptions. While these mistakes would shake any player's confidence, Young appeared to refuse to re-enter the game and was injured when he finally did. Later that night, friends and Titans' advisors were worried about Young and notified police after he did not return phone calls. There were also allegations that he had mentioned "suicide" to his manager and stated that he had access to a gun. Like Owens, Young's media relation staff said that this was a misunderstanding.

The stories of Owens and Young take on new importance when discussed with the testimony of two-time Pro Bowler and Philadelphia Eagles player Shawn Andrews.

Andrews has said: "I'm willing to admit that I've been going through a very bad time with depression. I've finally decided to get professional help. It's not something that blossomed up overnight. I'm on medication, trying to get better."

After the Vince Young scare, Andrews suggested that depression was the silent scream of many NFL players.

He said: "A lot of guys, you'd be surprised, are going through what I'm going through and don't admit it. I think guys are sensitive to it. If they haven't been through it, they know somebody who has."

While Andrews was attempting to deal with his medical issues, the Eagles fined him \$15,000 per practice that he missed. When asked about the fines, Andrews made his priorities known: "Football is important, it's a means to an end, but my mental health is a lot more important. That's a helluva lot of money... Money's good, money's a necessity, but it's not everything. I can't put a price tag on my mental state."

Andrews alluded to the fact that many men are sensitive to depression. But there is an open stigma in dealing with mental issues for men since admission is often seen as a sign of weakness. It is within this framework that the Young and Owens "misunderstandings" can best be understood. As Mike Messner, professor of Gender Studies at the University of Southern California wrote: "Therapists will tell you that it's much harder for men than for women to recognize the signs of depression, and then to ask for help. Quintuple that for a famous man. Being an NFL star is like being put on a national stage as the ultimate man: tough, decisive, invulnerable. Superman isn't supposed to get depressed, so depression gets viewed as a source of shame, like failing at manhood... In failing to discuss and deal with the very human reality of men's vulnerabilities, it seems to me the football establishment is once again giving boys and men a very unhealthy image."

The issues of male depression are not only associated with the stresses of their job, but also the physicality. Multiple studies show that repeated concussions are linked to depression. One 2007 study examined 2,500 retired NFL players and found that those who had suffered at least three concussions had triple the risk of clinical depression compared to teammates. Those with one or two concussions were one and a half times more likely to be diagnosed with depression.

There are tragic examples that show this trend:

- Tom McHale: NFL player who was found dead on May 25, 2008. An examination of his brain at Boston University's School of Medicine found that he had chronic traumatic encephalopathy (CTE).
- Terry Long: NFL player whose autopsy showed brain damage from his career that contributed to his depression and suicide
- Andre Waters: NFL player who committed suicide. At his autopsy, the pathologist stated: "the condition

of Waters' brain tissue was what would be expected in an 85-year old man, and there were characteristics of someone being in the early stages of Alzheimer's."

The doctor believes the brain damage had come from or had been quickened by successive concussions.

- Wayne Chebret: New York Jets lineman had at least six concussions during his career from 1995 to 2005. He occasionally returned to games in which he had been knocked unconscious. He recently acknowledged that he has depression and memory problems so that he cannot make a routine drive without a global positioning system.

CTE is a degenerative disease. According to the *New York Times* and the *LA Times*, CTE: "affects the parts of the brain that control emotion, rage, hypersexuality, even breathing, and recent studies find that CTE is a progressive disease that eventually kills brain cells." CTE eventually progresses to dementia with a loss of memory, agitation, the loss of emotional control and delusions/hallucinations.

The new research appears that athletes may face the effects of the disease long after they leave the gridiron. Given the health risks, it is logical to ask why these players would still play. First, the team doctors that treat injured players have an inherent conflict of interest. These doctors have a compulsion to get injured players back on the field since that is in the best interest of the franchise.

Secondly, injured players that get replaced run the risk of losing their starting job to a replacement player. Losing a starting job is risky because there are no guaranteed contracts in the NFL. With no guaranteed contracts, a player could be cut and lose paycheck at any time. But most importantly is the lack of education about the seriousness of concussions. Ted Johnson, a former NFL player who retired due to frequent concussions stated: "It's not like when you get into the NFL and there's a handout that says 'These are the effects of multiple concussions so beware.'"

The NFL is a multi-billion dollar industry. If they wanted to take a stand for mental health care, they could work to educate fans about diseases that millions face. These franchises have a duty to properly treat athletes with appropriate medical care and give them job security so that they do not risk their long-term health to ensure their pay. It is time to treat our athletes as human beings who have medical problems. It is time for corporations to take the responsibility for assisting in their health care.

NPR Check

By Matt Murrey



THREE YEARS AGO I DECIDED to stop yelling at my radio and do something about it. Every day I'd hear NPR's *Morning Edition* and *All Things Considered* tell me that the US

was bringing democracy to Iraq, that Hugo Chavez was a paranoid dictator in Venezuela, and that the Bush administration was working for peace in the Middle East. There are great web sites such as FAIR and Media Matters that keep tabs on the rightward drift of the media in general. There is News Hounds which regularly critiques Fox News under their wry slogan "We Listen So You Don't Have To." So I figured there had to be a web site devoted to keeping an eye on NPR and its slide toward the right. As it turned out there was no such website, so I started one: a blog I named NPR Check.

Okay, I can hear some of you saying, "NPR – slide to the right! Give me a break. They may not be perfect, but they're better than any of the other general news outlets. And if anything don't they tilt a bit liberal?" If you believe that NPR is a substantive news source or that they slant liberal, I challenge you to listen carefully to NPR news for a week and then consider: How often are their guests or sources active or retired Pentagon, State Department, CIA, or military spokespeople? How often are guests affiliated with a government-sponsored or right-wing think tank like the American Enterprise Institute? Then ask yourself how often a guest dissents from supporting overall US military or economic policy, or how often someone is from a progressive think tank. Actually, you can listen to NPR news for years and never hear a peace activist, a critic of predatory globalization, or anti-imperial intellectuals such

as Chalmers Johnson, Naomi Klein, or Noam Chomsky.

To be honest, it's been a difficult three years. I've thought many times of giving up the blog; it's a lot of work. When I dispute NPR reports, I try to create short, engaging and sometimes humorous posts embedded with links that document the inaccuracies of the original stories; it's a time consuming challenge. However, one aspect of blogging has been a lot of fun – creating graphics to accompany many of my posts. Photoshop and images from the Internet have allowed me to offer visual commentary and poke fun at NPR's pretensions. Another joy of the blog has been the interaction with readers. A lively little community of regular readers has developed, and they frequently post comments and insights. Additionally, by checking referrals to my blog, I find that staffers at NPR's Washington DC office

read my blog regularly—oh to be a fly on that office wall.

Where from here? If it were a perfect world, I'd love to see NPR news completely overhauled so that all their news would fulfill the basic function of journalism in a democracy—challenging power and holding it accountable. In the meantime I hope that my blog will encourage more and more people to listen to NPR news with a sharper critical ear, and to contact NPR with complaints. I also encourage people who are members of NPR stations such as our local WILL to request that their donations not be used to fund the NPR News shows—they're a huge drain on local resources. Finally, my hope is that you too will drop by <http://nprcheck.blogspot.com>, see what you think, maybe leave a comment, or email me if you'd rather

LaBoR/eCoNoMiCs

Unemployed Movements of the Thirties

By Jim Barret



THROUGHOUT THE EARLY YEARS of the Depression, with private charity overwhelmed and the government continuing to follow a laissez faire course, the millions of unemployed were forced to rely on their own resources and self-activity. Little government welfare existed before the summer of 1933 and the major public works programs we associate with the New Deal only began to take hold in the mid-thirties. In this situation, workers without work found ways to sustain themselves through collective efforts. Coal miners in the anthracite region, thrown out of work and faced with a cold winter without heat, set up "bootleg mining operations," providing energy for their families and friends and marketing the pilfered coal on a small scale in Philadelphia and other cities. Skilled workers bartered skills, with a carpenter doing repairs in exchange for a haircut, or an electrician turning the power back on in exchange for some garden vegetables. Young people in particular road the rails in their millions in order to take the burden off their families and to find some companionship and adventure on the road.

By far the most impressive efforts were the unemployed movements that burgeoned in the early thirties. The earliest and largest movement was organized by the Communist Party. The Communist International declared March 6, 1930 Unemployed Day, calling for huge demonstrations throughout the world. On that day millions marched in Paris, London, and Berlin, but also in New York, Chicago, and in smaller industrial communities throughout the United States. In the wake of the demonstrations the Party established the Unemployment Councils of the USA to provide a structure and leadership for movements that were popping up spontaneously in the neighborhoods of American cities.

The Unemployed Councils organized major marches on state capitals and on DC to demand unemployment insurance (a major factor in the eventual passage of the 1935 Social Security Act) and greater spending on welfare. They also organized large demonstrations around the country. Their most important achievements, however, were likely much more modest actions in working-class neighborhoods where they protested welfare cuts and evictions, sometimes simply moving the displaced families back into their homes. The neighborhood structure of the councils made it easier for them to mobilize quickly and some of the most effective councils were in the immigrant

and Black neighborhoods of Chicago where the movement was so successful that Mayor Cermak was forced to declare a moratorium on evictions in 1931. While the radicals within the movement did raise broader political issues, the main focus was on the everyday problems facing the unemployed. The councils met regularly and were led by unemployed people within the various neighborhoods.

Despite the importance of the Communist movement, similar organizations derived from a variety of other political organizations, religious communities, and spontaneous groupings of all kinds. Priests, rabbis, and ministers took part, as did small businessmen, housewives, and others who saw the effects of unemployment within their communities. In 1936 many of these groups came together in the Workers' Alliance, a broad front organization led by an alliance of socialists and communists which protested cuts in welfare and public works, lobbied on behalf of the unemployed, and represented employees on WPA and other public works projects. While there is no doubt that

the New Deal programs alleviated much of the sufferings of the unemployed and also provided an environment in which employed workers were able to build powerful unions, the continuing existence of the unemployed movement provided a basis for protest and lobbying as a more conservative Congress cut social spending and rolled back New Deal programs in the late thirties. The election of a relatively more progressive government in late 1932 only increased the need for independent organization on

the part of working people. Without the organized unemployed movement and the powerful industrial unions created in mid-thirties, the meager welfare state measures of the depression might have been quickly dismantled in a conservative reaction. Instead, these movements mobilized their members in the streets and voting booths and New Deal measures were preserved and modestly expanded during and after World War Two, creating a safety net for the unemployed and a modest redistribution of the nation's resources toward its working-class families. There are many lessons for us in the history of the unemployed movement but given our current situation, this notion of a movement that can both press a responsive government for greater attention to the unemployed and also protect legislative and budget change when it finally comes, this might be the most important lesson.



Coming Soon: Central Illinois Social Forum

Saturday, May 2, All Day
at the Independent Media Center
202 S. Broadway, Urbana
~~FREE~~ PRICELESS

As the recession (depression) deepens, the time has come for our community to 'get organized' and develop mutual aid initiatives around local issues such as poverty, jobs/unemployment, food, healthcare, the environment, housing/homelessness, racism, foreclosures and evictions.

Keep an eye out for further details on ucimc.org, or flyers and handbills around town. Even better! Come to the Sunday, April 5 Community Potluck and participate in some of the planning. See box on the bottom of next page for details.

"Pay For Your Own Crisis!"

UK-IMC Newswire, Saturday, March 28

London—Some 40,000 people marched in the "People First" demonstration to protest their government's handling of the global financial and banking crisis. as part of a lead up to April 1 "Financial Fools Day" during the G20 meeting. Throughout Europe there were many solidarity demonstrations as well.

Germany: People took to the streets in Berlin and Frankfurt today. Reports say the the march in Frankfurt was 15,000 strong and the 25,000 people strong march in Berlin was attacked by police in the end, with several protesters hurt and arrested. On the 3rd and 4th of April—right after the G20-meeting—a meeting of the NATO members is taking place for NATO's 60th anniversary in Strasbourg, France, and Baden-Baden, Germany.

Spain: Around 10,000 people took to the streets in Barcelona, and several thousand in Alacant and Valencia. Other demonstrations took place in Madrid, Sevilla, and Salamanca.

Switzerland: Around 250 people marched in Geneva following a banner reading "Capitalism is a mistake".

Austria: In Vienna around 7,000 people marched with banners reading "We won't pay for your crisis" and "Capitalism can't be reformed."

There were also demonstrations throughout France, Italy, and Greece.

Throughout Europe people are raising their voices ahead of the G20 Economic Summit in London...





IMC Fest and Boneyard Arts Festival at the IMC

IMC Fest is a three-day event taking place the same weekend as the Boneyard Arts Festival.

April 18th at 12PM:

"We Who Believe in Freedom Cannot Rest: cross generational voices on building social justice movements." A cross-generational roundtable discussion on building social justice movements and strategies: This panel discussion, moderated by Books to Prisoners, will include youth and adult representation from Tamms Year Ten, The Education Justice Program, CU Citizens for Peace and Justice, The Campaign for Comprehensive Sex Ed, and the Uni High Social Advocacy class. We will focus on subjects such as: successful strategies for mobilization, the driving force for social justice organizations, and the personal experiences of individuals. Along with the roundtable discussion, original works of art donated by inmates from Danville Correctional Center will be available for viewing and purchasing with the proceeds going to Books to Prisoners. Join us for conversation.

April 18th 12-5:30

Documentary film maker Laura Zinger will sell prints by printing press artist Amos Kennedy, as well as copies of her documentary about Amos' life and work, *Proceed and be Bold*.

On Display April 17-19:

1) "The World We do not Live in (Yet): visions from Danville Correction Center" Drawings and Paintings by artist at Danville Prison, work for sale-proceeds go to Books to Prisoners, a UCIMC project that provides books to Illinois inmates at no cost, offering books by mail to all Illinois inmates and operating lending libraries in our two local county jails (www.books2prisoners.org/).

2.) Selected work from the following artists - Roberta Bennet, Lainey Waugh, and Chris Evans.

3.) University Art Club Artist Collective: Jennifer Miller, Cassandra Tu, Kyle Preuss, Miranda Singler, Adam Fabianski, Minerva Dorantes, James O'Brian, Baozhen Li, Emma Loret de Mola, Angela Pfammatter, Jamie Leavitt, Vickie Svazas, and Anna Aguilar

4.) Clara Hoag—From sex to saints and their artifacts, art, women, children, money, and commodities, we place power in that which is unknown, misunderstood, unattainable, or changing. I focus my work on this fetish trend. When I work, I think of martyrs, saints, the power of faith, censorship, abjection, mechanization, and spirituality. I'm intensely influenced by African art, art history and religion, and I consider my pieces to be representations of misunderstanding and miscommunication. The physical and occasionally vio-

lent nature of my work lends itself to a reconsideration of what it means for an object to have power, and how that power can be destructive, subversive.

5.) "Urban(a) Visions" by Danielle Chynoweth

Music

Music: April 17th:

6:00-6:30PM Megan Johns
6:40-7:10 Morgan Orion and the Constellations
7:20-7:50 Kate & James Hathaway
8:05-8:35 Headlights touring band/TBA
8:50-9:35 Headlights
9:50-10:20 Sunset Stallion
10:35-11:05 Common Loon
11:20-11:50 Santa
12:05-12:50 JigG saw
1:00-3:00AM Dance Party w/DJ Belly & Wildcard.

Music April 18th:

6:00-6:30PM Oceans
6:40-7:10 Mordechai
7:25-7:55 Curb Service
8:10-8:40 Agent Mos
8:55-9:25 Organic Flow
9:40-10:10 World's Worst Flying Machine
10:25-10:55 New Ruins
11:10-11:40 We Landed on the Moon
11:55-12:40 Elsinore
12:50-3:00AM Dance Party.

Music April 19th:

4:00-4:30PM The Diamond Stretch
4:45-5:15 We Must Dismantle All This!
5:25-5:55 Clarabelle,
6:05-6:35 Mars
6:50-7:20 Yossarian
7:35-8:05 Post-Historic
8:15-8:45 Casados
8:55-9:25 Michael Kammin
9:40-10:20 Duke of Uke-With Short Film
10:35-11:25PM Kilborn Alley

SUMMER CONSTRUCTION & WORK BASED LEARNING PROGRAM FOR MINORITIES AND FEMALES

The Summer Construction Education and Work-Based Learning Program will take place again this summer. These programs give preference to minorities and females.

There will be one program for high school students 16 years of age or older, and one for adults. Students will be paid as they are introduced to the elements of the various building trades. The program will run from July 6-31. The application deadline is April 20. Interested high school students can contact their High School Guidance Office or call Lorie McDonald at 355-1382. Adults should contact Ms. McDonald.

Billy Mills Lecture



Tuesday, April 7, 7-9PM

Levis Faculty Center, Third Floor
919 W. Illinois

A member of the Oglala Sioux tribe, Billy Mills is the only American ever to win a gold medal in the 10,000-meter race in the Olympics. His win at that distance at the 1964 Tokyo games is widely recognized as one of the greatest upset victories in Olympic history.

Mills began distance running while attending Haskell Institute in Lawrence, Kansas, and continued the sport at the University of Kansas, where he was a 1958 and 1959 All-American in cross country.

A national spokesman for "Running Strong for American Indian Youth," he has been inducted into the U.S. Olympic Hall of Fame, the U.S. Track and Field Hall of Fame and the National High School Hall of Fame.

The 1984 movie *Running Brave* was based on his Olympics victory.

THE PEOPLE'S COMMUNITY POTLUCK

Sunday, April 5, 6-8 PM, Independent Media Center, 202 South Broadway, Urbana

The idea behind the Peoples's Community Potluck, a food-sharing communal gathering to discuss the launching of a Central Illinois Social Forum. This Forum, modeled on the World Social Forum, would be formed to harness the talents and resources of local organizations and individuals to improve the conditions of working people, unemployed people, poverty-stricken people, and those who are physically or mentally unable to care for themselves. Given the sorry state of the economy and government economic policy over the past 8 years, which has been most concerned with the well-being of the very wealthy, and given the dismal state of Illinois' government and economy, organizations and individuals at the grass-roots are going to have to use their social consciences and talents to find local ways of supporting the most vulnerable people in our communities. Additionally, we will have to pressure government at all levels to support an economy "for and by the people," rather than for and by the already extremely well-off. We cannot just rely on the new administration to turn things around. There must be pressure from the bottom up. We envision new local Social Forums as a stimulus for coordinated action and communication for a democratic, egalitarian political-economy. Movement and organizational activists are welcome to come and share their ideas and food with other socially conscious activists.



Statement for World Health Day, April 7, 2009

Dr Margaret Chan, Director-General of the World Health Organization

World Health Day 2009 focuses on the safety of health facilities and the readiness of health workers who treat those affected by emergencies. Health centres and staff are critical lifelines for vulnerable people in disasters - treating injuries, preventing illnesses and caring for people's health needs.

They are cornerstones for primary health care in communities - meeting everyday needs, such as safe childbirth services, immunizations and chronic disease care that must continue in emergencies. Often, already fragile health systems are unable to keep functioning through a disaster, with immediate and future public health consequences.

This year, WHO and international partners are underscoring the importance of investing in health infrastructure that can withstand hazards and serve people in immediate need. They are also urging health facilities to implement systems to respond to internal emergencies, such as fires, and ensure the continuity of care.

WHEN AN EMERGENCY OR DISASTER OCCURS, most lives are lost or saved in the immediate aftermath of the event. People count on hospitals and health facilities to respond, swiftly and efficiently, as the lifeline for survival and the backbone of support.

The tragedy of a major emergency or disaster is compounded when health facilities fail. When a hospital collapses or its functions are disrupted, lives that depend on

emergency care can be lost. Interruptions in routine services can also be deadly.

In large emergencies, such as those caused by earthquakes or floods, some countries have lost as much as 50% of their hospital capacity, right at the time when life-saving services were most acutely needed.

Apart from causing increased suffering and loss of life, the failure of health facilities during an emergency can provoke a public outcry, especially when shoddy construction or violations of building codes are thought to be at fault.

Such public concern is fully justified. As this web site shows, it costs surprisingly little to construct a new hospital that can withstand the shocks of earthquakes, floods, or high winds. It costs even less to retrofit existing facilities to keep their services running at critical times. It costs almost nothing to integrate risk management and emergency preparedness into a hospital's operational plans.

To commemorate World Health Day this year, WHO is advocating a series of best practices that can be implemented, in any resource setting, to make hospitals safe during emergencies. Apart from safe siting and resilient construction, good planning and carrying out emergency exercises in advance can help maintain critical functions. Proven measures range from early warning systems to a simple hospital safety assessment, from protecting equipment and supplies to preparing staff to manage mass casualties and infection control measures.

Different types of emergencies bring typical patterns of injuries, such as crush injuries in earthquakes and hypother-

mia in floods, with corresponding needs for training and supplies. These needs can be anticipated in advance, and surge capacity can be tailored to manage them.

It is smart to think and plan ahead. Worldwide, the number of emergencies and disasters is rising. This trend is certain to continue as urbanization crowds people together on unsafe sites and climate change brings more frequent and more severe extreme weather events. We need to anticipate a growing number of areas that will become disaster-prone.

Abundant experience demonstrates the tremendous pay-off, also at the political level, when hospitals remain standing and functioning as beacons of security and solidity in the midst of disaster and despair. We must never forget: hospitals and health facilities represent a significant investment. Keeping them safe in emergencies protects that investment, while also protecting the health and safety of people - our foremost concern.

Young People Have It Hard

By Local Yocal

URBANA—2007 UNIVERSITY OF ILLINOIS graduate in art education, visual artist Roberta Bennett exhibits recent works on paper at a new art venue in town, the Urbana-Champaign Independent Media Center. The IMC is located over at what used to be the old downtown Urbana Post Office next to Lincoln Square Mall. The prolific 22 year-old Bennett has provided a Boneyard Arts Festival/Artists Against AIDS/Ebert Fest/Everybody's Senior Show Prequel being the first flower to bloom this spring with a constellation of cluttered, heart wrenching "poems" and odd collections in a classic art school space. Folks at the IMC have been sprucing up the large space in recent weeks and the place is beginning to look not-half-bad. Inheriting a 1914 historic building, and the utility bills that go with it, the IMC has managed to flourish when neighboring stalwarts, the Lincoln Hotel (Jumer's) and the granddad-

dy of taverns, The Embassy, are closing shop in these "hard economic times". The IMC may be trafficking in the most important commodity there is left: free expression. It's hard to imagine the first amendment won't be needed in the tough near-future and the IMC is poised to meet a growing need.

Certainly, the IMC's glossy black floor is an appropriate lake for Bennett's dark, late-night-kitchen-table musings to float over. Bennett takes us through an automated, psychedelic trip through a broken-hearted, cynical mind. All the works average about the size of a sheet of notebook paper, and all are done in a haphazard, deceptively childish craftsmanship. Like pages from a drunken sketchbook, Bennett allows us to see what she is thinking, and the subject matter seems to be rooted in getting screwed.

Bennett grew up "Girl" in the post-feminist late-20th century, and her sly wit

can't help but notice that everybody is out to screw her. If it's not the corporations ruining the environment so she can eat a piece of meat, it's an education system that forces clichés on controlled minds. If it's not an industrial culture pumping out millions of images per second making individual artists almost unnecessary, it's a lover abandoning her just when she falls in love. Bennett tries to make sense of it all after the bars close. Using lipstick to draw with, Bennett does not hold back and lets rip her displeasure and pain over the untenable contradictions and mythologies she is forced to wrestle with.

The poverty of finances and thought surrounding her, Bennett quickly throws marks, pastes collages, and scrawls writings onto the first piece of paper she finds. While Bennett is a sensitive colorist and possesses a delightfully lyrical drawing touch, she will throw a tantrum when the

issue calls for it. Many of the works are uncomfortable to look at, since Bennett doesn't mind cussing or using a lover's used condom to express the lonely outrage of the cheated upon. Her craft is often a wanton disregard for any sound rules of engagement, and there is a constant theme of rejection running through the pieces as Bennett breaks one art-making rule after another.

In a culture of waste, she steals images and then defaces them to contextualize her experience. Amid the debris of the rants, Bennett puts forth a strong talent deserving of larger work and durable materials. But you'll have to excuse her for now, there's more bad news coming in over the cellphone.

Titles and prices are available and gallery hours are 10:00 a.m.- 5:00 p.m. Mon- Sat.

Two Award Winning Performers Offer Workshops at UC-IMC

A RARE OPPORTUNITY FOR LOCAL guitarists and songwriters to learn from two award winning performers is offered on Saturday May 9th from 2PM to 4PM at the Urbana Champaign Independent Media Center. The fee for the workshops is \$35. Contact Ed Hawkes at 217-493-4654 to register.

The guitar workshop is offered by Robert Bowlin, one of the most tasteful acoustic guitar players in the music business, he will show you how to take your flatpicking and fingerpicking to the next

level, no matter what kind of music you like to play, jazz, bluegrass, country, folk, Celtic, whatever.... Robert Bowlin was a previous winner of National Fingerpicking and Flatpicking Contests in Winfield KS, and is a 25-year veteran of the Nashville recording industry. He has toured with Maura O'Connell, Kathy Mattea, Tom T. Hall, the Osborne Brothers, Bill Monroe, and many others. A talented instructor, Robert spent time as a faculty member at East Tennessee State University, teaching in

their bluegrass music program. If you are a guitarist this is an opportunity you don't want to miss.

The songwriting workshop is taught by Wil Maring an award-winning singer songwriter. She has won the Merlefest Songwriting Contest, been a Kerrville New Folk Finalist, and performed her original music on the Grand Ole Opry. This workshop is designed to help songwriters of all levels focus on the creative process of songwriting, learning to avoid creative "ruts", create awareness, and

find inspiration in everyday life.

"I think Wil is one of the most talented singer/songwriters around... love her music."

—Carl Jackson, Grammy award-winning singer-songwriter/producer.

Please visit Wil Maring's website at www.wilmaring.com for much more information, including mp3's and contact information.



Protesters March on the Pentagon

By Ben Rothschild



Ben Rothschild is a freshman at U of I and is a double major in history and political science. He is also an active member of the International Socialist Organization.

ON SATURDAY MARCH 21ST, an estimated 5,000 people marched on the Pentagon in Washington D.C. to protest American imperialism in the Middle East. "From Iraq to Afghanistan to Palestine, Occupation is

a Crime" was the slogan of the march, as it took up all three current targets of U.S. direct and supported aggression. The demonstration was smaller than many previous national antiwar rallies, reflecting the work that needs to be done to rebuild the antiwar movement.

The date signified the six year anniversary of the war in Iraq, which was largely ignored by the media due to the misconception that the war is over. The Obama administration has made it clear that there will be a large residual force in Iraq, even after all of the combat troops withdraw. Furthermore, many troops being pulled out of Iraq are being shifted to Afghanistan. For a candidate who won much of his support on an antiwar platform, this is not an antiwar presidency. And finally, the march took up the occupation of Palestine, with the United States still funding 2.5 billion dollars a year in support of Israel's blatant human rights violations and war crimes.

Seventeen students from the University of Illinois traveled to D.C., including members of the Campus Antiwar Network, Iraq Veterans Against the War (IVAW), and the International Socialist Organization, to participate in the first national march against the Obama administration. From the Pentagon to the corporate offices of Boeing, KBR and Lockheed Martin, we marched to exercise our democratic rights and let the establishment know that we refuse to support their imperial wars.

Various chants were significant for different groups. For IVAW, "You got bailed out, we got sold out!" was especially powerful for people who fought in Iraq and became disillusioned with the destruction and violence that took place.

Local activist Pete Rhomberg of the Campus Antiwar Network (CAN) addressed the crowd and described Obama as a "president of first steps," who closed Guantánamo, but kept open the Bagram detention center in Afghanistan, and who is withdrawing some troops from Iraq, but sending them to Afghanistan. Rhomberg argued that "it's up to us" to make sure these are just the first steps and not the last.

The A.N.S.W.E.R. coalition (Act Now to Stop War and End Racism) made fake coffins draped with flags representing civilians and service members who died in these conflicts and placed them in front of the buildings of corporations that have profited off of these wars. With more than a million Iraqis and thousands of American troops dead since the invasion, people cannot forget the human costs of the war.

While many view the war in Afghanistan as the "good war," it is important to grasp the failure of the stated U.S. military goals. The unfortunate pattern is that increased US military activity has led to increased violence overall and to increased numbers of civilian casualties. The Taliban is stronger today than it ever was, and since 9/11 terrorism has increased.

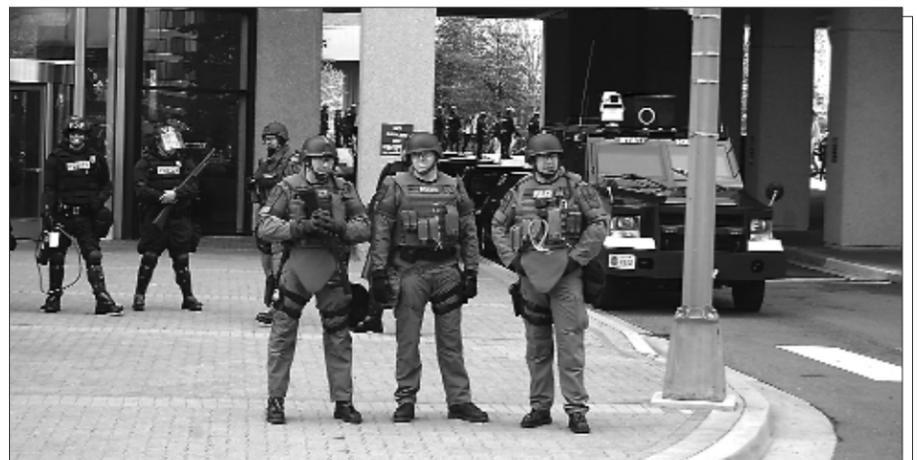
The US strategy of bombing civilian areas where suspected "insurgents" are located, has killed mostly women and children (who comprised 72 percent of the victims in the first eight months of 2008) and is a clear violation of national and international law (Articles 48 and 50 of the Fourth Geneva Convention). Moreover, it ultimately fuels more violence by strengthening support for insurgents among the Afghan population. 2008 was also the deadliest year to date for US and NATO troops, with 294 killed.

Antiwar activism must be reenergized in every city and on every campus before it can take on the enormous national character that movements in the past have taken.

The energy and enthusiasm from the crowd showed the potential for rebuilding a much stronger movement – one that connects all three occupations and demands an end to war, no matter who sits in the White House.



Veterans lead the march



Security forces stand guard at Boeing's D.C. headquarters



The procession moves out



From the head of the march



Laying coffins at the doorsteps of defense contractors