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UNIFORMED EMT'S AND PARAMEDICS OF THE FDNY  
LOCAL 2507, DC37, AFSCME AFL-CIO  
718-371-0310

# UEP Bulletin

## FALL ELECTIONS

By Patrick J. Bahnken

Every member knows that it is our political action capabilities that have enabled us to improve our profession. It is our ability to put members to work in a campaign, to provide financial support and phone bank operations that has earned us the respect and support of elected officials in both the City and State.

It is through our political action that we have been able to accomplish things like a 25-year no age pension, ¾ disability pension, cardiac disability pension and the recently enacted World Trade Center pension and death benefits.

A strong political action operation has enabled us to turn the corner on privatization and protect our jobs and enhance our careers. It has enabled us to accomplish things that just ten years ago seemed beyond our grasp. We have come very far in a short time yet there is still much to be done.

In November, we will once again be participating in campaigns across the State. In addition to races in the City, we will be active in campaigns in Suffolk, Westchester, Putnam and Niagara Counties. We are asking members to spare some time and assist us in these endeavors.

Additionally, we ask you to support the elected officials who support us by sponsoring legislation designed to both protect and enhance our careers.

We ask all members who live in the following districts to vote for these friends of our Union.



Senator Nick Spano, 35th District, Yonkers  
Senator Vincent Leibell, 40th District, Putnam/ Westchester

Senator Cesar Trunzo, 3rd District, Suffolk  
Senator John Flanagan, 2nd District, Suffolk  
Senator Serphin Maltese, 15th District Queens  
Senator Frank Padavan, 11th District, Queens  
Senator Martin Golden, 22nd District, Brooklyn

Senator Kemp Hannon, 6th District, Nassau  
Senator Dean Skelos, 9th District, Nassau

Each of these Senators has been there for us each time we have asked for their support. It is important that we now be there for them. I strongly encourage each of you to volunteer a small amount of your time to assist us in our campaign and Election Day activities. If you are available, please contact the Union office. Even just a few hours can go a long way in helping us help you.

**In Solidarity**

**Patrick J. Bahnken**  
*President*

## NEW YORK STATE PROCLAMATION



2006 JEMS-EMS game winners

## FIVE YEARS AFTER

By Donald Faeth

We recently recognized the five-year anniversary of the September 11th, World Trade Center attack of 2001. Although most anniversaries are considered something you want to remember, most of us involved that day, and the subsequent days thereafter, would prefer to forget the visual aftermath, the unrecognizable smell in the air, and the emotional drain caused by fear and a very deep sadness for all the lives lost that day. I, for one, have no intention of going to see the movie. However, it is very important that society never forgets those who lost their lives that day, and that we as a society learned from that experience to protect future generations. Today, however, we need to remember to take care of each other.

Many people want to put that event behind them, but they can't. Some have physical 'sounds' from exposure on 9/11 that have progressively gotten worse. Some have died. Others, suffered physical injuries that day that they are still not aware of today, but somewhere in the near future, it may become very evident. We thank Governor Pataki and the State legislature for passing laws that give some financial protection to those who fall into these categories. But there is also another concern, the kind that sometimes goes unnoticed until it is too late. One of the after effects of the Oklahoma City bombing didn't occur until many years later to the responders, depression, which led in some cases, to suicide. I mention this because it is something that can go unnoticed if the people around you aren't looking for it. It's something that is not 'just in your head,' it's for real!

The news and attention has started dissipating on the responders of that fateful day. Recently all that you hear about is controversy over the new structure to be built or whose fault it was for not providing adequate protection for emergency providers. Accolades and praise for bravery and sacrifice have faded into the past. Although this event changed everyone's lives forever, some have had a much greater impact than others. Is a co-worker acting more aggressively or dangerous than before. Are they withdrawing or quieter than normal. Ironically, you may know this person better than some of their family members. We sit two feet from each other in the cab of a vehicle for eight hours (sometimes sixteen). Unless you are completely unsocial, you should have a decent idea of your partners likes and dislikes, mood swings, coffee preference, and musical taste. The mood swing familiarity is the thing I would like members to pay special attention to, though a radical departure in the norm of any of the above may be a cause for concern. We, as health care providers, are well aware of the fact that trauma occurs both physically and mentally. We tend to be more adapt at dealing with the physical implications, but we should at least be able to recognize the mental ones. Problems can only be addressed if they are identified first. Peer support, CSU and other resources are available at no cost to members and should be utilized without fear of stigma or retaliation.

Take the time to always remember Ricardo Quinn, Carlos Lillo, Timothy Keller, Felix Hernandez and Debra Reeve, along with all

the other responders and civilians who were victims of that day. A union leader by the name of "Mother Jones" was once quoted as saying, "we should pray for the dead but fight like hell for the living." Today, we remember those who have passed, but we must also move ahead. The union currently has voting seats on the World Trade Center Health Registry and the Mt. Sinai Medical Monitoring Program. We are also very active legislatively with the Public Employees Council, which recently pushed for and acquired recent Bills that provide financial assistance to members who become ill secondary to 9/11 exposure. Most importantly, we need all of you to watch out for each other. Bring concern to your station delegate or contact the union directly. We can provide information on available resources available and acquire assistance for those who need it most. Stay safe and united!

**In Solidarity**

**Donald Faeth**  
*Vice President*



## SOFTBALL GAME BETWEEN NYPD 75 PRECINCT AND EMS STATION 39



## UNION CONNECTION

By Lester Muata Greene, Labor Liaison

**Y**ou decided to go to your first union meeting or you want to be more involved well here is how you take part in your local meeting.

In order to be involved in the democratic process of a union meeting, you need to understand what the structure is and how to participate.

The highest body in the union is the membership and then the Executive Board and Officers who represent you and can make decisions when the membership is not in session. The day to day decisions. The union meeting is when you, the membership makes decisions.

Let's look at the procedures for making democracy work at a union meeting.

- How To Speak — raise your hand to signal to the chair that you want to speak, then wait to be recognized and speak to the subject being discussed.

- How To Make a Motion — a motion is the most important tool you have at a meeting, once you are recognized, you say “I move that... before your motion can be taken up, there must be a second by another member, a second to a motion shows at least two people are interested, unless there is a second the meeting will go on to other business.

- How To End Debate — want to stop a discussion, get recognized by the Chair and say “I move we close debate” then there will have to be a second to your motion, next the chair will ask

people to vote on ending the discussion. The vote must be carried by two-thirds of the meeting members, the majority rules.

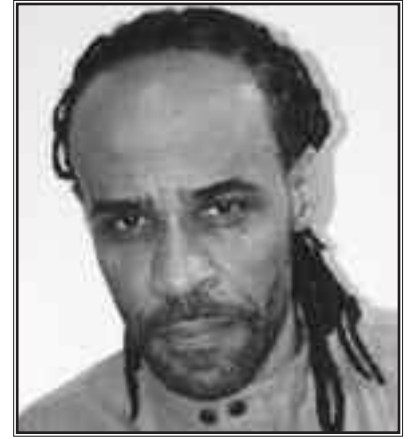
- How To Make An Amendment — If a motion isn't clear you can add or change part by getting recognized by chair, then say “I move we amend the motion to....” The purpose of a Amendment is to make the motion better not change entirely. When it comes to voting the amendment is voted on first, if it passes you vote on the motion, if it doesn't pass then the motion is voted on without the amendment.

- How To Delay a Decision — Sometimes you don't want to decide yes or no, need more time and information or you don't have enough votes. You can get recognized by the chair and say “I move we table the motion” or “I move we refer the motion to the committee” there must also be a second to your request.

Remember you are the membership, you are the union, and its up to you to make the democratic process work, when there is a problem at a meeting and you get confused, don't just sit there, get up ask the chair by saying “I rise for information.”

### References:

- AFSCME Guide to Take Part in Local Meetings
- Roberts Rules of Order



## RHETORICAL QUESTIONS PRACTICAL ANSWERS

By John Schaefer, Pension/Grievance Coordinator

**W**hy do we park on driveways and drive on parkways? Why isn't cat food mouse flavored? Why is Braille on the number pads of drive-through bank machines? These rhetorical questions imply that the answer is obvious—the kind of question that does not need actually to be answered or answered with the proverbial “because” or the more contemporary “whatever.”

Why doesn't this job have a viable severe weather contingency plan? Although not a rhetorical question the Dept. treats it and answers it as such. We all know it will snow in the winter and get very hot in summer. We all know that call volume will rise in these circumstances. Yet all the Dept. does is engage in rhetorical response of abusing the members to the point of exhaustion all the while blaming the working men and women for the system's failure. They confuse the reality of the suffering they inflict with illusion that it accomplishes the goal.

This is the nexus of departmental rhetoric. It is where draconian policy decisions override any ethical standard. It is where their corrupt power defies contractual values. It is where ineffec-

tive leaders practice fiefdom politics and shine brightest to their superiors. There is no debate and deliberation among the concerned parties, simply the continual unilateral imposition of the same ineffective policies.

An arbitrator mandated the KVO program be negotiated with the union (BCB decision#). The unilateral alteration of the KVO is forbidden without mediation (BCB decision #). Yet every time the weather becomes intemperate the bosses violate all the prescribed mandates.

This leaves the course of action to us. This is no time to seek ease and comfort. It is the time to dare the powers that be, endure any havoc they may reek and pursue a course of action that will result in a workable policy that meet the needs of the membership and enhances the delivery of pre-hospital care.

The antagonism, aggravation and exasperation you experience when you are being abused must remain at the forefront of your interactions with the fiefdom masters. It must never be allowed to ebb into the background. This level of passion must be constantly directed at the people who inflame it. The level of passion will empower you and empowerment is the only avenue that will effect radical change.

# AMERICAN RED CROSS IN GREATER NEW YORK DISASTER HEALTH SERVICES

## Mission

Disaster Health Services (DHS) provides essential and preventative health services to ensure the highest quality of care to disaster victims in their time of need. DHS provides assistance to meet disaster-caused emergency health needs such as medications, medical equipment, treatment and health recovery information.

Disaster Health Services is an integral part of Red Cross Disaster Services. It:

- Supplements the existing service delivery system for community health care, and
- Coordinates its efforts with those of local health authorities and the medical and nursing communities

## Services We Offer

Disaster Health Services provides the following services to clients affected by disasters:

- Evaluates health status and healthcare needs at shelters and service centers
- Provides first aid, replacement medication and health supplies
- Refers families to healthcare resources and services
- Offers disaster-specific health information and disease prevention education
- Collaborates with local public health authorities in care of special needs clients, environmental concerns and contagious disease control and reporting
- Follows up with clients after disaster relief operations close

## Who can Volunteer?

Any licensed or certified health professional, or health professional student who lives or works in the five boroughs of New York City — The Bronx, Brooklyn, Manhattan, Queens, Staten Island — or Putnam, Orange, Rockland and Sullivan Counties, can join. A wide range of health professionals — physicians, nurses (RNs, LPNs), nurse practitioners, Emergency Medical Technicians and paramedics — are needed.

Red Cross Health Service volunteers need to be competent in

- Critical thinking — using clinical judgment decision-making skills in assessing clients
- Assessment — assess relevant health and safety issues
- Technical skills — apply appropriate skill level based on Red Cross protocols
- Illness and disease management — take appropriate action with partners
- Information and Healthcare technologies — competent in use of computers
- Ethics — ensure confidentiality and maintain professional behavior

All American Red Cross disaster services classes are complimentary to volunteers and are held throughout the Chapter jurisdiction. Special arrangements can be made for groups.

## Contact

Selene Ferguson, Senior Coordinator, Disaster Health Services  
Ph: 212-875-2018 • email: fergusons@arcgny.org

# KNOW YOUR “WEINGARTEN” RIGHTS

You have the right to union representation during certain meetings with management

- You have the right to refuse to submit to a meeting with management or an employer’s investigatory interview without the presence of a union representative if you **REASONABLY BELIEVE** that the meeting or interview **COULD RESULT IN DISCIPLINARY ACTION**.
- To invoke this right, you **MUST** make the request for union representation.
- This right may be invoked with regard to **ANY** meeting or interview with your employer as long as you reasonably believe that the meeting or interview could result in disciplinary action.
- This is so even if your employer states the meeting or interview is not disciplinary in nature.
- This is so even if your employer is calling you into what is normally a routine meeting.
- This is so even if you are not the target of an investigatory interview, but you believe that you may become one.

- You also have the right to request union representation during the middle of a meeting with your employer, if in the course of a meeting the questioning takes a turn which leads you to **REASONABLY BELIEVE** that your answers to the questions being asked **COULD LEAD TO DISCIPLINARY ACTION** against you.
- Once you make a valid request for union representation, your employer is permitted one of three options: (1) grant your request to have a union representative present, (2) discontinue the interview, or (3) offer you the choice between continuing the interview unaccompanied by a union representative of having no interview at all.
- Under no circumstance may your employer continue the interview without granting you union representation, unless you voluntarily agree to remain unrepresented after having been presented by your employer with choice three (3) mentioned above.
- Once you make a valid request for union representation, you cannot properly be subject to discipline for refusing to submit to the interview.

# RETIREMENT PARTY FOR MEMBER SALVADOR FERRER







# U.E.P. PICNIC — CUNNINGHAM PARK, 9/17/06



Photos by Dwight Scott



## DOC'S CORNER

*Doc's Corner is a bi-monthly news feature of the UEP Bulletin. This edition's article comes from Dr. Susan Tinsay of the New Parkway Hospital. The New Parkway Hospital also provides CME lectures every 3rd Wednesday of the month at 6:30 p.m. All EMS men are invited to attend this lecture series. The lectures are tailored especially for Pre-Hospital care providers. If there's a specific topic you would like covered please advise the union. We are soliciting articles from M.D. around the city. If you know of a M.D. that would like to contribute an article, please contact the union.*

**C**ongestive Heart Failure (CHF), or heart failure, is a condition in which the heart can't pump enough blood to the body's other organs. This can result from:

- Narrowed arteries that supply blood to the heart muscle—coronary artery disease.
- Past heart attack, or myocardial infarction, with scar tissue that interferes with the heart's muscle's normal work.
- High blood pressure.
- Heart valve disease due to past rheumatic fever or other causes.
- Primary disease of the heart muscle itself, called cardiomyopathy.
- Heart defects present at birth—congenital heart defects.
- Infection of the heart valves and/or heart muscle itself—endocarditis and/or myocarditis.

The failing heart keeps working but not as efficiently as it should. People with heart failure can't exert themselves because they become short of breath and tired.

As blood flow out of the heart slows, blood returning to the heart through the veins backs up, causing congestion in the tissues. Tissue edema ensues. Most often there's swelling in the legs and ankles, but it can happen in other parts of the body too. Sometimes fluid collects in the lungs and interferes with breathing, causing shortness of breath, especially when a person is lying down.

Heart failure also affects the kidney's ability to dispose of sodium and water. The retained water increases the edema.

### How do you diagnose and treat congestive heart failure?

The most common signs of congestive heart failure are swollen legs or ankles or difficulty breathing. Another symptom is weight gain when fluid builds up.

CHF usually requires a treatment program of:

- Rest
- proper diet
- modified daily activities
- drugs such as:
  - ACE (angiotensin-converting enzyme) inhibitor
  - beta blockers
  - digitalis
  - diuretics

- vasodilators

Various drugs are used to treat congestive heart failure. They perform different functions. ACE inhibitors and vasodilators expand blood vessels and decrease resistance. This allows blood to flow more easily and makes the heart's work easier or more efficient. Beta blockers can improve how well the heart's left ventricle pumps. Digitalis increases the pumping action of the heart, while diuretics help the body eliminate excess salt and water.

When a specific cause of congestive heart failure is discovered, it should be treated or, if possible, corrected. For example, some cases congestive heart failure can be treated by treating high blood pressure. If the heart failure is caused by an abnormal heart valve, the valve can be surgically replaced.

If the heart becomes so damaged that it can't be repaired, a more drastic approach should be considered. A heart transplant could be an option.

Most people with mild and moderate congestive heart failure can be treated. Proper medical supervision can prevent them from becoming completely homebound, unable to care for themselves.

—Susana P. Tinsay, M.D.  
*The New Parkway Hospital*

**Newsworthy events can be called in or emailed to the following news media:**

### *News Desk*

**Channel 2: 1-800-242-6397**

**Channel 4: 1-212-664-2731**

**Channel 5: 1-212-452-3808**

**Channel 7: 1-212-456-3173**

**Channel 9: [newsdesk@wwortv.com](mailto:newsdesk@wwortv.com)**

**Channel 11: 1-212-210-2411**

**The New York Post**

**1-212-930-8500**

**The New York Daily News**

**1-212-210-NEWS**

**The New York Times**

**[news-tips@nytimes.com](mailto:news-tips@nytimes.com)**

# THANK YOU

By Oren Barzilay

**O**n August 20, 2006, I visited the EMS station of Coney Island. Since I am such a sport I picked up a tour or two on the hardest working unit of the station, The Gator.

While working 75P I hear 43A3 and 33Z3 get a job in the confines of my area, I advised the dispatcher I was responding as well.

Upon my arrival both BLS and ALS units were already on the scene working up an arrest. I jumped in and assisted the units.

It has been a while since I have been on the streets, so to see my peers working together hand by hand brought great pride.

Within a few minutes of the BLS doing compression and the ALS doing their intervention the victim got a pulse back. They packaged the victim and proceeded to transport.

The morale of the story is, yes many of us do heroic things everyday. Many of us make a difference in someone's life.

But for me to be able to experience this event of saving someone's life with people I've never worked with before brought great pride, for a service that each and every one of us provide to the citizens and visitors of NYC everyday.

My hats off to the people of Station 43, I thank you all for the great experience I had at your station on my visit there, the EMT's and PARAMEDICS of that station work hand in hand with each other, I hope you all continue that path.

I am sure it's the same everywhere in the service. Special thanks go out to the crews of 43A3 EMT Sara Lupin, EMT Alan Gross, 33Z3 EMTP Marvin Zuniga, EMTP Donna Lynn Tiberi. I also want to thank the supervisors of station 43, from my short time at the station I have seen them work very well with their subordinates.



## MEET THE PEOPLE

Photo by Oren Barzilay



### MEET THE PEOPLE FROM STATION 43 (CONEY ISLAND):

1st row: Kyle Mckenna, Kristen Fitzpatric, Chris Russo, Justine Abruzzo, Sara Lupin, Chad Ritorto

2nd row: Jeff Ringel, Alan Guss, Jimmy Scordus(visiting) Chris Daley, Bill Marchese.

## THE SHAPE OF THINGS TO COME

By **Renae O'Carroll**, *Executive Board Member*

**A**s a prehospital care provider being in shape can be pivotal to our health and can contribute to saving someone's life. The physical demands at times can be challenging, from the walk-ups to the carry-downs. Being in shape isn't always about what the scale says it also has to do with cardiovascular development, which increases our endurance. I don't claim to be a fitness expert but I know how important being in shape is. We can do little things on the job like walking up the two or three flights of stairs or even pushing it to five in lieu of the elevator on calls (depending on the circumstances because safety is first) so that over a period of time our endurance would be build up. Cutting back on carbonated sweet drinks, looking for the healthier meals on the menu could culminate in decreased pounds and inches over a period of time.

In an effort to get into shape we often times run out and pay costly fees to gyms, but in the long run the gyms are the winners because

how many times does one attend after making that financial commitment? I personally believe that each battalion should have some sort of fitness equipment where one can work out before or after their respective tours this will alleviate the gym fees, (remember we are required to stay in shape). In a few months you are going to start hearing people say its time to make a resolution to get into shape for the summer of 2007. Everyone says after the holidays but I believe that is too much pressure knowing that you have a few months left after January 1st. And who really keeps those resolutions anyway?

Beginning now we should make being in shape a lifestyle as opposed to a summer goal. Hit that gym once or twice a week. Take a 30 minute walk on our pass days. Order that salad instead of that bk stacker. And for God's sake leave those doughnuts alone!! What are we cops? All kidding aside. Take a look at some of the patients we have and realize how many of their ailments are directly related to being out of shape. With that thought and what I mentioned above this will be the recipe for the shape of things to come.

## WHY ME! WHY ME!

By **Anthony Miranda**, *Executive Board Member*

First let me say, that I hope you all had a good summer. For me it was a good one. I was able to find an apartment and I am on the road to rebuild my life. Last February, my apartment caught fire and I lost everything. I want to thank all the people that were there for me, a lot of help came from my extended family of my EMS brothers and sisters. Because of that I was able to focus on other things so I could make a play to help myself on the road to recovery. I could have started with Why Me! I have the strength and started to put my life in order.

Each day we help total strangers on our wish. We also help each other at our stations all the time. I hope we continue to help one

another. If for some reason you or someone with a problem or one that is not acting right and you didn't say anything, please stop what you are doing and talk to that person if you can.

I know we are busy people. Take the time and ask your co-worker how are you. Maybe say, I notice you haven't been yourself lately, let's talk. They may say Go away, etc., but you know what, ask again... and again ... and again. We the helpers don't want to get help! You become a better person when you help others. I hope this makes some people think. Well until next time, be well and prosper.



**President Bahnken at  
the AFSCME  
Convention,  
August 2006**

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