I've always made things. I've never been drawn to a single medium- anything I could get my hands on has always been fair game. I am somewhat reserved, and have a cartoonish running commentary going on in my head at all times. Perhaps it's a coping mechanism. The spoken word almost feels like my second language - vaguely foreign, and slightly uncomfortable. Image comes easier, and transcends boundaries of language, age, and more. My IP project is an image-based form of storytelling that uses stop motion animation and voiceover.

If I am to tell a tale of the human creature, I hope to understand emotive gesture, as he demonstrated in films like *20 Million Miles To Earth* and *Mighty Joe Young*. As a child, more influences came from Rankin Bass Studios, in particular, *Mad Monster Party* and *Rudolph the Red Nosed Reindeer*. In recent years, Tim Burton, The Chiodo Brothers, and the many talented minds behind Cartoon Network's *Robot Chicken* program have raised the bar for stop motion even higher.

I've been heavily influenced by the work of Ray Harryhausen, particularly in the way he was able to create real pathos in his puppetry. This is even evident in still frames. He once remarked in an interview, "I don't make monsters. I make creatures!" The implied difference being thought an emotion communicated through gesture, movement, and facial expression.

I decided to become a paramedic in 1997, after losing faith that I could make a living doing art. I'd spent eight years in the Halloween industry, designing and prototyping masks and props. I loved the genre and loved the work. But the industry fell apart in the late 1990's, as US manufacturers were increasingly unable to keep up with cheap merchandise being produced in other parts of the world. I had hoped to do "something that mattered," if not art. My artwork was and is fused with my sense of identity, healthy or not – and stepping away from that required a new identity that I could live with. It was a job that paid regularly, and made me employable anywhere. I had such grand plans.

After fifteen years, I've seen horrors and miracles. I've tried to intervene when I saw abuse, when I could. I'm leaving the EMS world a different person, a jaded, angry person who feels betrayed by the ideals I did my best to uphold. I saw numerous failures in the system and have been outraged to find that when I'd contact the agencies charged with protecting against such failures, they refused to act, shifted the responsibility, did not respond, or in a few cases, threatened legal action if the complaint was pursued further. What is the value of a human life and who decides? I'm not willing to sigh and "let it slide".

When did we stop being healers? And what have we become, instead? In times past, the healer was an integral part of the community - a neighbor, a relative, a friend, and an archetype – The Healer. These people were not some exalted personality to be paid grand sums for their interventions. Healing was a lifelong quest, sometimes a matter of inheritance, sometimes a matter of a child chosen for early aptitudes shown. This archetype has worn many faces, from medicine man in tribal society to the "granny women of the American South.

These individuals all had in common a very real dedication to their art, a formidable knowledge base of local herbs and treatments, genuine skill practiced with care, and often carried out hand in hand with religious practice. Healing was a working of the

soul, a means to better the community. At some point in the more recent past, medicine became a more organized and regulated affair, which wasn't necessarily a bad thing, but it did set the stage for the departure from an informal healing to what would later evolve into "treatment".

It is a strange sort of detachment that allows the nurse, doctor, paramedic, or EMT to bypass paralyzing emotional responses and provide immediate intervention when there is no time to be lost. These people who take on emergency medicine are the guardians of the populace, often working 12 to 36 hour shifts with only scattered breaks and downtimes. The healthcare crisis has seeped into this most vital section of medicine as well, visiting terrible damage on provider as well as recipient. The worst part is that is such dramas go on behind closed doors, and are well hidden within confusing medical jargon in reams of paperwork and digital files.

But the imagery of the healer archetype in its various incarnations is alive and well in marketing tactics worldwide. The imagery of the sort of one-on-one care that really isn't available anymore is projected on billboards and television ads daily, and is so ubiquitous that it goes unnoticed. The face of the healer is now but a mask, behind which usually lurks corporate interests of one sort or another. Medicine is big money, whether or not the patient survives the treatment.

Patients have changed too. Most emergency room and doctor's office visits aren't a simple treat-and-release affair, like a sore throat or broken limb, but more often involve chronic complaints such as respiratory issues, mental disorders, and various body pain secondary to other disease processes. Many of these "frequent fliers" do not follow the medication and treatment guidelines suggested by the doctors that see them, nor do they follow up with their own doctor after a visit to the emergency room. When the complaint resurfaces, they return to the emergency room again rather than make an appointment with their own doctor. It becomes a continuous cycle.

And there are several reasons that may weigh into the decision to return to the emergency room rather than see their primary care doctor. Often, the primary care doctor cannot schedule an appointment right away. This is a deal breaker for the patient who has run out of pain medication. They are most likely to not bother to schedule an appointment at all the next time they run out. It's easier to sit in the emergency room's waiting area for a few hours than a few weeks. Also, patients are not required to shell out a co-pay to be seen at an emergency room, unlike the doctor's office - and that might be a greater incentive to forgo that appointment altogether.

In recent years, emergency room traffic nationwide has seen record numbers, and most facilities have become overcrowded with extended wait times, hospitals are now becoming run by corporations, cutting staff and amenities to counter losses – putting patients with genuinely critical conditions at increased risk, sometimes with

grievous outcomes. But is the medical industry really addressing this? Is it in their financial interest to do so?

No, it isn't. Patients that get well and go back to their normal routines do not return and spend thousands more on diagnostic testing and treatment, prescription medications, surgeries, or outpatient procedures. When corporations run hospitals and clinics based on financial planners, the bottom line is billing. That kind of business-world mentality is not new to medical care – it is the same sort of machinery that has taken over many, if not all extended care facilities and nursing homes.

Prices are increased, staffing is cut, supplies and equipment are minimally stocked and replaced, and even food services are delegated to the lowest bidder, without regard to quality. Years ago, regulatory agencies were created to enforce minimum standards for care at such facilities, as well as hospitals and clinics. Many of these still exist, but given the opportunity to observe the same lapses repeatedly, one begins to wonder to what degree they are interested in enforcing legal standards. Especially when complaints are dismissed without investigation. I can tell you of several such complaints, which is the core of my film, *Tales From the Bambalance*.

There are no easy answers, of course. The problem is far from single-sourced. The industry boasts of its groundbreaking innovations, cutting edge technologies, its potential to change lives for the better. But the system in which its roots lie is a corrupted, tangled mess of loopholes, abuses, and oversights. Within this landscape EMS, Fire Departments, and Police form a unique subculture that blends the Healer archetype with its close cousin, the Hero. Having known so many in the field, I consider myself very fortunate to be able to tell a few of their stories. These characters may represent archetypes, but this is no fairy tale.

The timeframe to produce *Tales From the Bambalance* requires problem solving "on the fly". There is no time to ponder possibilities. I had originally planned to create each puppet from scratch, but the process is far too time consuming to continue. Instead, I have chosen to follow *Robot Chicken's* example by using a combination of my own puppets with action figures and found objects.

Many of the "specialty props," such as wheelchairs and stretchers, will need to be scratch built from cardboard, hot glue, and carved Styrofoam, but I expect this to be a much quicker process than the creation of the characters themselves. Clothing is readily available on EBay.com and Amazon.com for 12-inch action figures, and unless what I'm looking for is absolutely unavailable there, will forgo any attempts to sew costumes. As the saying goes, "Time flies when you're having fun…"

Tales From the Bambalance will be the first of many commentaries I plan to make regarding healthcare in the United States. Future plans include a graphic novel; several photographic collections involving special effects makeup techniques intended to draw parallels between the fantastic and outrageous and the oft-overlooked reality in the field. I am also planning documentary style photo collections depicting EMS personnel on the job. And of course, there will be at least one sequel to *Tales From the Bambalance*.