# Street Medic Handbook

for Occupy Chicago
and the mobilization
against the 2012 NATO summit

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# Foreward

This is the first draft of a new approach to the street medic handbook. It is very much an experiment, adapting a variety of streetmedic and non-streetmedic material for use in the new wave of protest and rebellion sweeping the United States. Some of this material was originally intended to be used in Oaxaca, Tunisia, or Egypt, and needs further adaptation to the easily available foods, herbs, and medical realities of the urban United States.

Future drafts will source all material that wasn't written by the author, but this draft is being compiled and edited in a hurry, so that got left out. Please email any suggestions or comments on this manual to steppingstones@rushpost.com




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**The information we provide within our street medic guide is intended to be used as reference material for educational purposes only.**

**This resource in no way substitutes or qualifies an individual to act as a street medic without first obtaining proper training led by a qualified instructor.**

**We recommend finding a trusted local health collective for both initial and continued training.**

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# 1 What are street medics and action medical?

## 1.1 Action medical

Action medical refers to the provision of care in the diverse and challenging environments offered by uprisings, urban protests, occupations, long marches, civil disobedience, and direct actions. Action medical has traditionally been provided by trained street medics in the United States and many parts of Europe and Australia, but some recent action medical responses have been staffed by lay first-aiders, firefighters, emergency medical technicians, and nurses who are not street medics.

## 1.2 Street medics

Street medics are a community of people who, for the last half-century, have provided medical support at protests, direct actions, uprisings, and natural disasters complicated by police or military targeting of the survivors. Becoming a member of the street medic community involves completing a 20-28 hour training (or a bridge training for medical professionals), working at an action as the buddy of an experienced street medic, and maintaining relationships in the street medic community.

Street medics have varying levels of additional training ranging from "some first aid" through physicians – though most have the skills of first responders with some supplemental knowledge of herbalism. Street medics are expected to keep their skills current by pursuing continuing education and maintaining an involvement in action medical responses. Contemporary street medics often identify as anarchists, even more as "radicals," though being an anarchist or a radical is not required to become a member of the community.

## 1.3 A brief history of street medics and action medical

Street medics trace our lineage to the Civil Rights Movement. In 1963, the Medical Committee for Civil Rights formed as an integrated affinity group of medical professionals and joined the March On Washington to demand civil rights for black Americans. As the March wound down, MCCR members transitioned from being protesters into a standing group planning to play a medical observer role for Civil Rights workers in the coming Mississippi Freedom Summer of 1964. Their name changed to the Medical Committee for Human Rights to reflect the ideological shift they were undergoing. Early in the summer of 1964, medical observers immediately found themselves in situations where they had a duty to act, and the need for first aid led to a nurse with a Red Cross family background to also train other civil rights workers to administer first aid at protests.

There was, predictably, a struggle over the new Medical Presence Project and the training of the first street medics. But the struggle withered away in time, with street medics developing a specific set of skills and ethics and a

clear training that grew, developed, and stood the test of time. By the late 1960s licensed professionals routinely attended street medic trainings in order to be cross-trained to work in the great variety of protest environments that emerged over the course of the decade. The trainings were often offered by medics with no medical licenses or certifications. The fields of prehospital care and peacetime paramedicine were born with the founding of two programs, one based out of a hospital in Baltimore, and the other an independent black-run inner-city community self-defense organization in Pittsburgh.

Street medics considered medical knowledge a form of self-defense, and were deeply involved in health education and medical support during the Civil Rights Movement, the work to end the war in Vietnam, the New Left, and movements for the equity and independence of women, queers, veterans, Native Americans, prisoners, and mental patients. Street medics shifted from a focus on prehospital care to a focus on community health and mental health. In the 1970s, street medics worked in Black Panther community programs and People's Clinics, the American Indian Movement battle at Wounded Knee, and other revolutionary projects.

In partnership with national liberation organizations like the Black Panthers, street medics pioneered in the field of public health. They helped develop rat abatement programs, lead testing programs, children's free breakfast programs, and community drug prevention and treatment programs. They helped force more equitable inner-city garbage collection, fire safety and firefighting, and they supported the long struggles to reform the VA hospital, recognize Agent Orange sufferers, define and acknowledge Post-Traumatic Stress Syndrome, close the asylum system, and end the diagnosis of homosexuality as a mental disorder. Street medic collectives maintained their focus on non-protest long-term community support work, long marches, and extended backwoods campaigns through the 1980s and early 1990s. For example, the Peoples' Medics did urban healthcare and protest healthcare in the Bay Area in the 1980s, and the American Indian Movement Streetmedics worked together with other medical professionals to train Mayan survivors of the civil war in Guatemala to provide their own community health care over the course of a decade, eventually training trainers among the Mayan community health workers and returning to the U.S.

The values and lessons of thirty-five years of learning and service reached a new generation in the months before and after the 1999 World Trade Organization (WTO) protests in Seattle, Washington. Many communities of health workers converged in the medical response to Seattle, with backgrounds in Earth First!, Act Up, fairy farms and Pagan Cluster communities, and radical feminist health collectives. The street medic model broadened through battle testing and new forms of horizontal organizing. Almost every month for several years mass mobilizations converged throughout the world and engaged in direct action that paralyzed trade summits and key meetings of institutions that coordinated the growth of the globalized system driving rapidly increasing global wealth disparity. The movement forced reforms of several of the institutions driving the disparity and cancellations of some of the worst planned trade deals.

Anti-globalization and global justice convergences faced a growing militarization of police equipped with tear gas, pepper spray and pepperballs, flash-bang grenades, helicopters, plastic bullets, beanbag rounds full of 00 buckshot and dowels fired from shotguns, tasers, police dogs and horses, and a growing national security apparatus.

A new role developed, as medics trained tens of thousands of protesters in short courses focused on health and safety, eyeflushes, critical incident stress management, herbal aftercare, and day-long Affinity Group Medic trainings. Street medics functioned as a second tier of care to an informed public, and thousands were trained in the United States and Europe. Dozens of medical professionals attended bridge trainings and joined the street medic community, and several became accomplished trainers after seeing action and co-training with experienced trainers. Dozens of medics pursued advanced medical training after finding a life purpose in medical work. Some entered war zones during mass deportations in Europe and during the Second Intifada in Palestine, where they provided support and care with voluntary ambulance services and on foot.

As the movement wound down, street medics entered new fields. A team of Native American medics responded to the impact of the 2004 Asian tsunami on indigenous fishing villages in coastal Thailand, where they provided mental health and medical aid and helped bury bodies. Street medics developed the first medical clinic in New Orleans to provide care after Hurricane Katrina and transitioned control of the clinic to the local community. The clinic was the highest-volume free clinic in the U.S. for much of its first year and won awards for the quality of care and health education provided. Street medics rendered medical care and medical education to relief workers, undocumented immigrants, and poor blacks and Vietnamese people in urban and rural parts of Louisiana. They provided medical support and training to poor Appalachian families and their supporters over half a decade in the ongoing pitched battle against mountaintop removal coal mining. Street medics formed affinity groups and responded during the early aftermath of the 2010 Haiti earthquake, and developed a temporary natural health clinic at the request of tribal leaders in South Louisiana after the 2010 Gulf oil spill.

The revitalization of mass political work against economic injustice and political corruption in the the 2008 Oaxaca uprising, the 2009 Greek uprising, the Arab Spring, the occupation of the Wisconsin capitol, the occupations of universities in the UK and Chile to protest tuition hikes and program cutbacks, and the Spanish Indignante movement rapidly revitalized popular social movements around the world. We have been happily busy as support staff for the courageous rebels and revolutionaries in the new round of struggles. Occupy Wall Street and the Occupy uprising in the United States and Europe are only the most recent struggle with which we find ourselves bound up together, burning with fierce hope. We find ourselves almost fifty years in, being re-formed again through dialogue with a new generation of protesters and health workers and new challenges. We are ready to meet the challenges of the next fifty years together.

## 1.4 Annie Hirschman and Doc Rosen on the origins of street medics:

Action medical was started by a bunch of doctors from the Medical Community for Human Rights who were already professionals by the mid-sixties and were involved in the civil rights movement.

When the peace movement [against the Vietnam War] hit the streets, it became clear that there were nowhere near enough medical professionals willing, able, and available to do medic kinds of work, to take care of things like head injuries from nightsticks and particularly tear gas. And the physicians themselves really didn't know how to do this unless they had been in the streets and had figured it out. What we needed in the streets was how to take care of the big stuff first – we should go over what to do for big bleeding, or big life threatening not breathing. And then bandaids were easy.

Look at medical history [in America]: it wasnt until the late '60s or early '70s that people started thinking in terms of paramedics or in terms of emergency medical technicians – people who knew CPR and first aid and could be first responders. The best you could do in a place like Chicago in the 1960s were firefighters, who were terribly enmeshed in the police department and were basically told, "Don't go there."

It was our goal to have everyone have some rudimentary knowledge of first aid so that if something happened and there wasn't a medic in arms' reach, they could start taking care of things until the medics got there. – Annie Hirschman

I don't remember us specifically talking about it but we made a decision to start teaching lay people. And we became the first trainers because we basically created the training. The whole thing was just fabric from our vivid imaginations at that point. There was no precedent that we could come up with.

And actually there were people within the Medical Community for Human Rights that were against teaching anyone who was not a professional. At that time if you went to a demonstration you would see all these people in white coats with stethoscopes around their necks. – Doc Rosen

Early on the professionals felt fairly strongly that it would be wrong message to look militant. They felt that as medical professionals that their title and their white coat would protect them [from police]. Unfortunately that did not turn out to be true. The big one where it became so clear was Chicago in '68.

Mayor Daley literally got on TV and said they must be planning violence, they brought their own medics, get the medics. – Annie Hirschman

# 2 Scope of practice

## 2.1 The base level of action medical care is:

- Primary prevention, education, and empowerment above all else
- Situational awareness, secondary prevention, de-escalation, re-humanizing brutal situations, spreading calm
- Making the scene safer with public health and safety interventions
- Triage and careful patient assessment
- Recognizing red flags, taking first responder lifesaving measures, referring to comprehensive care, legal documentation of injuries, and accompanying the patient as an advocate when necessary
- When red flags are not present, practicing comfort and reassurance and doing empowering patient education and basic first aid
- Encouraging and providing aftercare for emotional and physical recovery.

Beyond the base level of care, action medical responders and clinicians add skills and interventions according to their training and legal protection, within the bounds of what is ethical. Action medical response often includes herbalism, acupuncture, massage therapy, talk therapy, and skilled nursing care. In certain actions, medical also includes in-state licensed medical providers (MDs, NPs, DOs) who offer their added social privilege, expertise in their specialty areas, their prescribing powers, and documentation of injuries in medical records that stand up in court.

## 2.2 Action medical responders and clinicians operate within certain self-imposed limitations

Action medical workers:

- Do not dispense nonprescription or prescription medications
- Do not charge for services
- Do not coerce anyone into receiving services or changing protest tactics
- Do not touch anyone without verbal consent every time
- Do not break patient confidentiality
  - Do not keep patient records – any records created for legal purposes stay in the protesters possession
- Do not spread rumors or let themselves become an information source for non-health and safety information

- Do not abandon patients, but stay with patients until:
  - care is completed and the patient knows it is done or
  - care is transferred to someone with a higher skill level, more medical knowledge or experience or
  - the patient refuses care or
  - the scene becomes a threat to the responder or clinician's life or safety
- Maintain neutrality:
  - when on duty (i.e. wearing medic markings), support actions by being present but refrain from engaging in the tactics of the march (like chanting or carrying banners)
  - when on duty, street medics attempt to render aid to any injured person including those they disagree with (counterprotesters, tea-partiers, police); they may withdraw if aid is refused or if the person or scene poses a threat to the safety of the medic or her buddy
  - at all times, maintain an attitude of goodwill, solidarity, trust, respect, and comradery; refrain from hostile or derogatory comments towards or about any active protesters while in the field, on email lists, and in other public communications
- Abide by additional limitations outlined in consensus ethics documents they develop together in the course of specific actions.

## 2.3 Legal protection for Action Medical

Action medical response is legally protected in the United States by a variety of laws, including Good Samaritan Laws and state licensure laws. Providers are also protected by their insurance policies and their privileged position in society.

### Good Samaritan Laws

This set of U.S. laws offers limited legal protection from liability to non-professionals giving first aid. Good Samaritan Laws may cover action medical workers who are not professional healthcare workers and

- Care provided is free and voluntary care
- The worker acts within the scope of his training.

The specifics of the laws vary from state to state.

The Good Samaritan Laws do not cover workers who

- Give someone an over-the-counter drug (like aspirin or Advil), dispense a prescription drug, or administer another person's prescription medicine
- Commit gross negligence, willful harm, or abandonment.

## 2.4 Legal notes for licensed medical professionals

- Any records you generate must stay with patients – HIPAA still applies and fines start at $10,000
- You lose your license by forgetting to pay to renew it, not by fulfilling your oath outside of your institution

# 3 Organizational structure

Street medics organize and operate according to non-hierarchical principles of solidarity. We focus on how to creatively, effectively, and safely meet the needs of the communities we serve above all else. Egos and agendas, political, religious, medical, or otherwise must never interfere.

Medical certifications and licenses, skill level, and experience are respected with regards to patient care, but do not translate into hierarchies of duty or administrative decision-making power. We are learning organizations, and must adapt very quickly to difficult environments. We cannot afford to neglect hidden talents within our ranks.

## 3.1 The buddy pair

The foundation of our organizational structure in street operations is the buddy pair. All other structures function as support structures for on-duty buddy pairs. A medic without a buddy is off duty. Buddies provide a second pair of eyes, a second perspective on any situation, and an extra pair of hands. Buddies do scene assessment and crowd control, keep photographers away from patients, help with lifts and carries, call for backup, keep in touch with dispatch, and provide someone to debrief with at the end of each day. Buddies remind you to drink water, eat, and take a break. Buddies also prevent critical incident stress, because a medic on duty never goes through anything alone.

## 3.2 The affinity group

The next level of street medic organizational structure in the field is the affinity group. An affinity group is about 4-16 people who choose to attend an action together. They usually know one another and share general goals. Affinity groups provide their members with:

- Support during and afterwards
- Rumor control and spreading calm (because you work with people you know and trust)
- A diversity of skills, so buddy pairs in the group can take on different roles (triage, advanced care, legal, scouts, mental health, supply runners, lookouts)
- Arrest/jail support (you know important info about one another like health issues, contacts in case of . . . )
- Advocacy for/having the back of targeted members of your group (genderqueer, people of color, disabled)
- Reduced infiltration and rumor mongering

Affinity groups that stay together over months or years often become collectives, and end up with cool names:

- City of Angels Street Medics
- Mutual Aid Street Medics (MASM)
- Colorado StreetMedics (CSM. . . as in circulaton, sensation, motion!)
- Rosehip Medic Collective (in Portland OR, the "City of Roses")
- Boston Area Liberation Medics Squad (BALM Squad)

. . . and so on (don't you want a cool name for your group?)

In medic mobilizations involving larger numbers of medics, affinity groups and collectives often coordinate by forming a cluster. When action medical mobilization is logistically complex (ie. it includes clinical care, wellness care, decontamination, sexual assault response, or trainings as well as field medics), clusters sometimes section off into working groups. It sounds complicated, but it's not in practice. Your buddy pair (if you'll be in the field) or working group (if you'll be in the clinic) is who you work with, and your affinity group is who you come back home to and debrief with every night.

- If you are a field medic, then you might be a part of "Team Knucklehead" (a buddy pair), Mutual Aid Street Medics (a collective), and the street medic working group
- If you are not working as a field medic, then you might be a part of the wellness team (a working group) and the medics who came down from Cincinnati (an unnamed affinity group)

Decisions are made by the people they will affect. So field medics will get together the night before an action, gear up, and figure out who plans to work where during the action, which buddy pairs want to risk arrest and which don't, who is down to call off early so they can pull overnight jail support shifts. If they need to make any decisions as a group, they do it by consensus.

1. They brainstorm about the situation until an idea comes up and formulate it as a proposal
2. Then they ask if anybody needs the proposal clarified or explained better
3. Then they ask if anybody wants to express concerns with the proposal
4. Then they consense or don't:
    - The facilitator of the decision asks if anyone in the group doesn't particularly care and wants to stand aside from the decision
    - Then asks if anyone thinks the proposal violates basic ethics of the group, or their group purpose, and wants to block it (kill the proposal and send everybody back to brainstorming)

- Then the facilitator asks all in favor, hands go up, and everybody claps, because it feels better to agree than to vote

In a group of good humored people with their own built-in support structures who share basic ethics and a clear common purpose, consensus happens quick except when the group is redefining itself. At those times, consensus takes a while, but facilitates the group's growth and prevents the formation of schisms and factions.

Our structure is scaleable and flexible. If 200 people ever need to make a decison in order to coordinate something (God help us), we do consensus through modified consulta or spokescouncil processes, and often break out a group to workshop a proposal and bring it back to the whole group. This process works like a charm in chaotic short-term mobilizations.

In group work lasting more than a month or two, some intention has to be put into structure, to make sure it upholds the same values, allows the same transparency, and demands the same accountability as the short-term process. But a long-term structure also has to lighten the meeting load on each medic, create clear workflows that are stable despite rotating point people, and keep good documentation of proposals that passed in an easily accessible place. Well thought-ought spokescouncils of responsible working groups can stand the test of time pretty well. Point people (always buddy pairs) ultimately responsible for anything in particular must rotate periodically in long-term mobilizations.

## 3.3 Stress or trauma debrief

Buddy pairs debrief before each time they go to sleep. Sometimes whole medic teams debrief every day or after particularly stressful actions. Debrefing prevents long-term traumatic stress. Some reasons to debrief:

- Build a stronger team
- Let go of stress or trauma before it gets chronic
- Discover hidden stress or trauma
- Get other perspectives on the day
- Be better able to self-support
- Be better able to support each other

The most basic debrief is for medics to share the low point and high point of their day with each other. Make this routine. Some suggestions:

- Do it every time you leave the action to sleep, no matter how chill the day was
- It's a de-brief! – Keep it brief! If you don't, you probably won't keep doing it

- One at a time – no discussion, questions, or responses while debriefing
- End it by thanking your buddy. If debriefing the whole team, the facilitator ends it by thanking the team

## 3.4 Education, primary prevention, empowerment first

We know we've done a perfect job when we organize, make ourselves accessible, hold our meetings, teach health and safety trainings every day and teach a few affinity group medic trainings, set up the clinic, go out in the field, and have no patients. If protesters are well prepared, they take care of themselves and each other. On perfect days we can just pass the time in great company, and then check in on each others' well being after we part ways. Some medics call this principle the lazy medic's code. Were all trying to work ourselves out of a job. It rarely works out so well, but we have our good days and learn from the difficult days.

Even in the midst of a crisis, we are teachers first. When we're well-organized, we give aftercare sheets to every patient we treat. When we didn't have time to make the photocopies, we at least use patient encounters as opportunities to teach prevention and self-care. We constantly teach each other and upgrade our skills before, during, and after patient encounters.

Our care functions to keep the communities we serve shaking things up in society and creating social change. We strive to give individuals the support necessary to learn and grow from their mistakes, and to not grow disheartened, bitter, or disabled by their experiences, so that over the course of their lives, their achievements can be greater than could be expected from the success of any isolated action or any single movement.

## 3.5 Utility of this model in disasters and civil disturbances

This organizational model didn't come out of nowhere, or out of idealistic political philosophy. It came out of trial and error in extraordinarily difficult and often unsafe environments, where we had to work with very low resources and were often temporarily deprived of the backup expected in first-world urban environments. The model has developed through battle testing in large and small-scale civil disturbances, disasters, community-level epidemics, infiltration by provocateurs, mass casualty situations, and interpersonal drama.

When hierarchical systems collapse like the United Nations did in Haiti, the government in Guatemala, or the clinical medicine system in Hurricane Katrina, we thrive. Our effectiveness has been praised by powerful members of hierarchical structures, including the chief of EMS in Pittsburgh, the chiefs of paramedic and fire/rescue squads in Denver and southern Vermont, OSHA and CDC officials, local officials and hospital directors in Louisiana, tribal government officials in South Dakota, and the Major in charge of a National Guard taskforce that responded to Hurricane Katrina.

Street medic field structures intentionally function as learning organizations. When we fail, we re-evaluate within our affinity groups, working groups, collectives, and clusters. We think things through with medics who have been around longer than us and medics who were just trained and are coming in with new ideas. We adapt, grow, and change very quickly to meet the challenges that face us. Everything is open to change when necessary, except the basic values and principles that make us who we are. If our principles ever fail, it will be time for the street medic community to disband.

# 4 Things to discuss with your medic buddy before an action

## 4.1 Self

- **General mood going into the day**
- **Risks** – which zone, front or back of the demo – willingness to risk arrest – legal issues (citizenship, parole, prior arrests, etc.) – willingness to risk physical harm
- **Limits** – physical, emotional, mental, other
- **Bad experiences** – triggers, hot buttons, things to be aware of, things to avoid
- **Self care** – prior physical conditions (for example: asthma, severe allergies, diabetes, hypoglycemia, pregnancy) – include menstruation and other physical needs
- **Hopes/goals/intentions**

## 4.2 Experience

- **Skills and experience** – areas of strength and weaknesses in terms of street medic role – previous experience with street medicing – formal training, street medic and otherwise

## 4.3 Plan

- **Roles** – primary treater – decision maker in times of crisis – radio or celly person – crowd control – team's eyes – etc.
- **Communications** – who carries radio or cell phone – bond about rad team name
- **Philosophy** – treat cops, fascists, etc? – level of participation in political action (chanting, etc)
- **Debriefing and feedback** – when, where, how to make sure it happens

# 5 Rehumanizing and restoring dignity

There are many ways – violent and subtle – that the powers of oppression attack the humanity and dignity of rebels and protesters. Rehumanizing and restoring dignity are a basic role of streetmedics whatever the situation.

Enduring at least indifference and maybe hostility from police and jail workers, being arrested, dealing with institutional environments – this process was crafted to crush the spirit. Police weapons are meant to inspire fear and force compliance, and jailing a person is intended to isolate him. Everyone experiences protest differently. For example, and five arrestees in a cell together could emerge from jail each with very different struggles, due to:

- Terror tactics by the police, including physical and/or sexual assault and psychological assault (threats and abuse)
- Experiencing prolonged and intense fear
- Separation from colleagues or comrades, especially injured people he may be worried about
- Sexual harrassment (by other protesters, by police, by other people)
- Witnessing violence
- Feelings of being attacked
- Memories of past abuse or trauma
- Forceful displacement: when one's home – however temporary – is roughly dismantled and disappeared

Critical incident stress is a name for immediate reactions to traumatic and dehumanizing events. Critical incident stress can settle deep into a person and become post-traumatic stress if he and his community do not work to prevent it. Once post-traumatic stress becomes evident in the patterns of a person's life, he must learn to reckon with his new disability. The experience of some communities is that a person disabled by post-traumatic stress must find wisdom through acceptance of his new strengths and limitations. The experience of other communities is that post-traumatic stress can be completely overcome through a difficult collective transformative process.

The way to prevent post-traumatic stress is to take your collective wellness seriously. Care for yourself and care for each other as soon as possible after shitty things happen. Eat together, dance, pray, explore, cry – *love* each other as whole people! Keep up the care as time passes, and integrate the experiences into your life in a way of your choosing so you can recover your safety and dignity.

## 5.1 Consent, paying attention, many kinds of communication

Assault is non-consensual action. It includes touching a person without his explicit consent, forcing a person to do something without his explicit consent, forcing healthcare or limiting a person's access to healthcare options of his choice, or speaking or relating to or about a person in ways that violate his consent. Establishing and actively maintaining consent is absolutely foundational to wellness work. To act otherwise would be to further attack the person's dignity.

The way you carry yourself before beginning care signals to people whether they can trust you. Ask before initiating political, emotional, and counseling-type discussions. If you are in a public place, pay attention to the people outside your discussion, and consider the effect that overhearing your conversation might have on them. Be aware that every activist has a past. Your sudden loud noises, your conversation about torture in El Salvador, your candid thoughts about the sex offender registry could bring that past rushing back. As a wellness worker, you want to support the process of healing, safely facing painful experiences, and recovering – you never want to create a patient.

At a first-aid station, make yourself visible and available. Get to know peoples' names and follow up with them. Take down structural barriers that isolate you from the people: visual barriers, "clumping" in groups of your friends in a way that communicates to anyone that seeks your care that they are interrupting. Save all that for your breaks. You will have more healing contacts the more approachable you make yourselves. If no one is coming to you do not assume that is because no one wants to come to you.

If a person seeks your care, or you want to care for someone, be sensitive to the way he responds (or does not respond) to you. Be aware of your own manner – spread calm, move slowly, be kind, reassuring, and honest. If you are at jail support, or seeing released arrestees when they return to their first night in housing outside the jail, pay attention to each released person. Let your heart beat together in empathy with each person you seek to support.

Pay attention to your gut feeling about whether a person may be feeling vulnerable, shaken, isolated, or traumatized, but don't make assumptions. Whether someone is having a trauma response is not yours to decide. Part of rehumanizing care is supporting each person's process of naming his own experiences with his own words. Don't impose your language or your prefabricated solutions; give him time to find his way and follow his lead.

Even the most seasoned rebel is not exempt from being dehumanized, robbed of dignity, or traumatized – sometimes accumulated experiences even amplify new ones. Don't assume that only inexperienced or new activists or passerby can suffer emotional trauma. Your best sense is going to be your interaction with the person. Be aware that long-time activists (or anyone) may already live with post-traumatic stress which can cause flashbacks or set off other coping mechanisms.

## 5.2 Initial care for trauma

Little things you do can help restore a person's sense of dignity and humanity:

- The way you provide physical care (ie. for hypothermia or a healing wound) is in itself a kind of emotional care.
- Eye contact and supportive words are important – but sometimes people really don't want eye contact, and that is okay
- Hospitality and attention to basic needs (when a person approaches you for vitamin C or Tylenol, create space for him to be comfortable and have some privacy, and use his request as a conversation opener. Find out what is behind the request, offer him water, and take the time to do health education and really hear him)
- Helping a person problem-solve is often the most important thing you can do. Learn about empowering brief peer counseling methods like Motivational Interviewing
- Advocacy if he wants it – calling housing options, hospitals, legal, etc.
- Listen to him if he wants to talk. Encourage him to keep details vague in public spaces or with people he doesn't know well

It is important to provide reassurance. A person's reactions and coping mechanisms are signs of health; signs that he is alive and human. Of course he is shaking, of course he is pacing, of course he feels numb: these reactions demonstrate that he has not given in and acquiesced to the brutality. He is fighting what happened even within his own body. This is a demonstration of his strength and resilience, not a sign of losing his grip or of weakness. Whatever is said in the charged environment of the uprising, it is certainly not a negative reflection on his character to have emotions and needs. He is not lazy or "not doing anything" or a cop.

A streetmedic's first responsibility is to her own well-being. Her second responsibility is to those who are not sick or injured. Only then is her responsibility to the patient. Why is this? Because by supporting the well, they are able to more effectively support each other, and less people become sick or injured.

If you can, talk to a person's friends. At jail support, talk to anyone who is waiting for him. Emphasize support, food, rest, talking, and not trying to rescue him from his own healing process.

- Encourage his friends to ground and help restore function. Skillshare grounding exercises, speaking from a grounded place, spreading calm
- Offer his friends rescue remedy or other very simple grounding supports. Let them experience how it can help them calm and center as they support their friends' recovery

## 5.3 Spreading calm

Doc Rosen remarking on the DNC in Chicago 1968:

"It seemed like eighty percent of the action happened at night. It's really just a collage for me. It was the first time I had been in anything quite that intense, and so I was scared. I was adrenalined up. I was overwhelmed. I just remember bloody head after bloody head after bloody head after bloody head."

Often, the medic's job at the protest is to be an oasis of calm. Many patients, as well as people who are not injured/ill, will be upset when they interact with you because of their situation. The people around you will be expecting you to remain calm and supportive throughout the events of the day. Use body language and especially facial expression to convey calm and reassurance – this is important to helping patients deal with their own burdens. We have something called "Medic Face": not showing panic/fear on your face. Not emotionless; just not overwhelmed by emotion – the "I'm taking this in stride and I am not out of control" face.

Give away cought drops and check in with people – remind them of their own humanity with your demeanor. Don't pass rumors. Don't escalate situations. When the crowd gets riled up, ground yourself and your buddy. Drink water. If the crowd starts running, **walk** in the same direction with your arm linked with your buddy's. Begin a chant: "Walk, walk, walk." Or begin a freedom song.

# 6 First aid

## 6.1 Calling 911

It is appropriate to call 911 anytime a person may need emergency care, even if she does not want ambulance service. Inform her you have called 911, then listen to her concerns and help her make her own decisions. She is allowed to refuse care when the ambulance arrives; you can act as an advocate for her. She may also apply for financial assistance for health care costs; another place where you can be an advocate and support.

- Do you need medical, fire, or police?
- **What is your location?** Prepare to be specific with cross streets or GPS coordinates: "I am on the southern side of Liberty Street about 30 feet west of the intersection with Broadway"
- **Is the scene safe?** Are dangers to responders present? At a mass action, are you in a crowd in front of police lines (EMS will be unable to respond until police have "secured the scene") or behind police lines?
- **Is the person breathing?** Is she spurting blood (arterial bleed)? These situations are triaged up (faster response, because death is more imminent). Never lie about the severity of a situation in order to rob resources from other people

**Take a deep breath and let it out before calling 911.** Pause to think about what you are asking for. If trained, do a brief initial assessment; it will help the 911 dispatcher triage (assign priority and mobilize the appropriate resources to) your call.

- If a credentialed health worker, you may want to give your name and license, cert, or shield number to build positive rapport with the dispatcher and have more control over the situation. Or you may choose to remain anonymous
- Don't report your assessment to the dispatcher; he wants different information than responders. Let him guide you through the information he needs to do his job. Many dispatchers can instruct you in performing interventions including CPR until transport arrives
- **911 dispatch often sends police back-up on EMS calls.** In some regions police back-up is manditory, in other regions it is the dispatcher's call. He will likely call police if the scene seems unsafe, if the person may be a danger to responders or herself, or if he hears something in the caller's voice that sends up red flags. Plan for police presence if you call 911

**Assess your scene for resources; delegate; advocate**

- In an emergency, it is helpful to **ask the people around the situation to help out.** Ask bystanders to create a privacy screen by forming a circle and facing outwards. Ask if anyone knows CPR. Find out which local restaurants have AED (defibrillator) machines. Call "Medic!" but don't create panic while reaching out; spread calm to the person and any bystanders
- A person may choose to take a cab to the Emergency Department instead of an ambulance in order to save money. Consider riding along with her to support her through intake and be an advocate if necessary

**Financial assistance and free care**

Financial services applications are available at most hospitals during business hours. The person usually must verify income with any documents she has (income tax form, pay stubs, bank statement) to access free/subsidized care. A letter of circumstance can help ("unemployed, living with friend"). Find an address or a program where the person can get mail. The person will usually be notified of the hospital's decision by mail in 60-90 days; hospitals offer several programs with different copays.

Inquire about hospitals' financial assistance programs by calling the emergency department or by encouraging the person to request a social worker while she is inpatient. Financial assistance can usually cover emergency care, urgent care, or clinic-based care; call clinics before making referrals to verify their financial assistance programs.

## 6.2 Head injury

If your neck or spine is injured, sit or lay still and ask someone to cradle your head in his hands so you cannot move it. Tell him to be careful not to jostle you. **Call an ambulance.**

- If you have a head injury, see a doctor
- For even a minor head injury, go home to rest

**Aftercare, minor head injury**

- Try not to injure head again; multiple head injuries can cause death
- If you do suffer second head injury, call an ambulance
- If the doctor says you are OK, go home. Return to action only after a full week of no symptoms

**Aftercare, serious head injury:**

**Go to the hospital.** When you go home, a responsible person should stay with you to watch for serious symptoms. First 24 hours after injury are critical

- **Rest in bed** the first 24 hours
- Person watching you should wake you every 2 hours for first 24 hours. See checklist below for signs he should look for when he wakes you
- Person watching you should wake you every 4 hours the second day and every 8 hours the third day
- Do not take any non-prescribed medicine, including aspirin, for at least the first 24 hours

Follow up with your regular healthcare worker.

**Checklist – See doctor if:**

- Cannot be awakened
- Vomiting
- Unable to move arms and legs equally well on both sides
- Blood or fluid dripping from ears or nose
- Temperature above 100°F (37.8C)
- Cannot breathe well or breathe in a funny pattern
- Stiff neck
- Pupils of unequal size or shape
- Convulsions
- Noticeable restlessness, confusion, or disorientation
- Persistent headache

## 6.3 Cuts and wounds

**Call ambulance if**

- Person was shot with a gun
- Penetrating chest injury
- Person cannot breathe
- You cannot stop bleeding
- Person is no longer alert

**First aid**

- Protect yourself. Do not get cut or shot while trying to help, and cover your hands with gloves or plastic bags before touching blood
- **Stop all bleeding.** Apply pressure to wound for at least 10 minutes and elevate injured area
  - If you can not get to a doctor: For very bad bleeding, put Cayenne pepper powder (*Capsicum* spp.) in the wound before applying pressure. It hurts, but helps blood vessels to close, helps prevent shock, helps postpone infection
- Do not remove an impaled object; stabilize impaled object in place and seek medical care
- For nosebleed, do not tilt head backwards, pinch nose until bleeding stops
- For eye injury, cover eye and seek further care

**Aftercare**

- **Keep wound clean.** Wash area gently with soap and water without scrubbing as the wound heals
- When not washing, keep wound area dry. You can put honey on wound to encourage healing. Cover with dry sterile gauze pad or clean cloth
- Change dressing at least daily or whenever dressing becomes wet or dirty
- Do not pick at protective scab
- Tetanus booster shot is recommended if you have not had one in 10 years

**See doctor if:**

- Bitten by animal (or person)
- Cut on chest, back, abdomen, face, or hands, unless wound is very small
- Wound cannot be fully cleaned of debris
- Any deep puncture wounds
- Any numbness, weakness, tingling sensation or cannot move beyond the wound
- Any wound requiring stitches:
  - Cannot be closed
  - Deep wound (see white fatty layer)

  - Jagged or bruised edges; flaps of skin
  - Wound is in area (like on a joint) where edges may be pulled apart

- Signs of infection develop (these signs do not occur until at least a day after the injury):
  - Increased redness, pain, swelling or warmth
  - Red streaking of surrounding skin
  - Pus draining from area
  - Tender lumps or swelling in armpit, groin, or neck
  - Foul odor from area
  - Generalized chills or fever over 99.6°F (37.5C)
  - Not healing well within 1 to 2 weeks.

- If you are immunocompromised, have a chronic illness such as diabetes, or have prosthetic heart valves or orthopedic prostheses, ask your doctor about antibiotics to prevent infection.

## 6.4 Breaks, sprains, and strains

Breaks, sprains, and strains can be caused by rubber bullets, wooden dowels, batons, horses, motorcycles, cars, barricades, people running, etc. Older people are at higher risk for any injury, and their injuries are generally more serious. Prevent these injuries by encouraging everybody to wear good shoes with ankle support. Consider the risks and benefits of improvised body armor.

### Definitions

On the street we do not distinguish among these injuries: all are splinted and the person is encouraged to get more care.

- Fracture – broken bones
- Sprain – tear of tendons or ligaments, may be of all the fibers of a tendon or ligament, or only of some fibers
- Strain – stretch of tendons, ligaments or muscles

### Red flags

- Possible facial fractures (may cause airway problems)
- Possible skull fractures (may cause loss of consciousness, brain injury, subsequent airway problems)
- Possible rib fractures (may cause breathing problems)

- Possible fractures of the upper leg, the hip or the pelvis (need more help fast because of risk of internal bleeding)
- Any major bone break, or situation in which someone cannot move broken part without pain, should get more care

Disability is a big issue for any leg injuries. Also, these injuries can distract from other injuries. Don't forget to do a full initial assessment and whole body exam if you have consent. For any major fracture, keep your eyes peeled for signs of shock.

**Assessment and first aid**

- Signs and symptoms - pain, deformity, bleeding internal or external, inability to bear weight, inability to go through normal range of motion
- First aid: splint and get to further care
  - If the person can bear weight, or go through normal range of movement without significant pain, she can probably go without a splint. If you don't splint, the injury may get more painful over time, so be sure the person knows to get more help if this happens
- To evaluate you must be able to see. Expose the area.
  - EXCEPT if clothing is stuck to burned skin
  - EXCEPT if cutting clothing will cause an environmental risk (weather)
  - EXCEPT if the clothing/shoes are helping decrease swelling (high boots specifically)
- Look for open fractures – cut skin over the area of the bone break (you may or may not be able to see bone)
- For bone injury, palpate joints above and below area of pain
- For joint injury, palpate bones above and below area of pain

**Splint**

- Soft splint: ace bandage, coban or vet wrap (all are supportive elastic bandages, coban and vet wrap adheres to itself) and/or hard splint (to immobilize joints or bones)
  - Decrease pain
  - Minimize risk for further damage
  - Allow for mobility and access to further care

  For open fractures

- Place sterile gauze over the cut/bone ends, moistened with sterile saline if available
- Do not put any pressure over break with a splint or anything else

**Aftercare**

Rest, Ice, Compress, and Elevate the injured area. This is called RICE therapy.

**Rest**

- Protect the injured joint from further injury by allowing the joint to rest 1 or 2 days with the aid of a sling or crutches. After a few days, you may use the joint as pain allows.
- After a few days, begin exercising the joint gently, without putting any weight on it. Use ice when finished with the exercises to minimize inflammation.
- Before resuming regular activities, be sure that you have full range of motion, strength and balance in the joint with no pain or swelling with activity. Do not ignore persistent joint pain; a body part that hurts should not be used.

**Ice**

Apply ice to the injured joint during the first day – separated from the skin by a thin towel. Do not apply ice directly on the skin as this may cause frostbite. Keep the ice pack on the joint up to 2 hours at a time. Continue the ice treatment at 2 hour intervals.

On the second or third day, you may continue ice treatment or switch to heat. Heat, like ice, can deaden pain and promote healing, but it can also promote inflammation. When your greatest discomfort is associated with stiffness, heat may help.

To use heat, soak the joint in hot water, or apply heat for 15 minutes every 2 hours. But beware: if any swelling develops, stay away from heat.

**Compression**

- An elastic (Ace) bandage should be used only if it makes the injured part feel better
- Use until completely healed – usually 6 weeks – and always remove during sleep. The bandage should be firm, but not too tight
- The limb should not swell, hurt, be cooler, or be discolored beyond the bandage
- When wrapping the bandage start at the most distant region and work toward the trunk of the body, making each loop a little closer than the one before. Don't stretch and wrap – just roll it on

**Elevation**

Whenever possible, elevate the joint (especially while sleeping), so fluid can drain and diminish swelling.

**Other aftercare recommendations**

- Anti-inflammatory medicine may also be helpful. These include Aspirin, Ibuprofen, Homeopathic Arnica, and Arnica or Hypericum oil. Talk with your healthcare provider before using a medicine you have not used before.
- Seek further care if you are not improving each day after the first 48 hours
- Follow up with your regular healthcare provider.

**Seek immediate further medical attention if:**

- Injured part gets cold or turns blue or numb.
- Swelling or bruising increases, despite treatment.
- Pain becomes intolerable.
- You see redness or red streaks spreading out from the injury
- After 24 hours pain prevents any weight bearing on an injured ankle, or after 72 hours pain makes weight bearing difficult

Be more cautious with knee injuries – by 24 hours knee should look and feel relatively normal, though it may take weeks to heal.

**To help prevent a recurrence:**

- Strengthen weak muscles with rehabilitative exercises
- Maintain good level of physical fitness and a healthy weight
- Wrap weak joints with support bandages before activity
- Do stretching exercises daily, especially before and after exercise
- Wear shoes that fit properly and don't have unevenly worn tread
- Avoid exercising when tired or in pain
- When running, stick to even surfaces

## 6.5 Blunt force injury

For legal purposes, document injuries with photographs or video, as soon as possible.

**First-aid:**

- If wound is open, wash with water and gentle soap.
- Cover with clean, dry dressing (like a gauze pad).
- Apply ice to reduce swelling. Wrap ice in cloth or use ice pack. Do not apply ice directly to skin.

**Call ambulance for:**

- Injuries to head, neck, or spine.
- Prolonged vomiting.
- Blood in urine if hit in back.
- Swelling, tenderness, discoloration, hard areas, or signs of shock following abdominal injury

**Aftercare:**

- Pain and swelling may increase, and area of redness and bruising may expand for up to 3 days
- Apply ice as long as swollen
- Rest with injured arm or leg elevated
- Arnica montana flower oil and cream are good external herbal remedies for bruising and swelling
- You can buy Homeopathic Arnica pills for internal use. Dissolve under tongue as instructed on package. Potency: 30c

**See doctor for:**

- Injuries to face (get checked for fractures)
- Injuries that affect movement of a joint.
- Signs of infection (these signs do not occur until at least a day after the injury):
  - Red streaking of surrounding skin.
  - Pus draining from area.
  - Tender lumps or swelling in armpit, groin, or neck
  - Foul odor from area
  - Generalized chills or fever over 99.6°F (37.5C)

## 6.6 Burn Wound

**Be careful!**

Most burns can be prevented.

- Keep drunk people a safe distance from open fires and kerosene or propane heaters.
- Don't pick up hot tear gas containers unless you have heat-resistant equipment. You can burn your hands badly.
- The jelly inside petrol bombs (molotovs) will stick to skin and burn. Avoid petrol bomb fires.

**If you are burned**

- Remove the source of the burn:
  - Stop, drop, and roll, or smother fire with a wool blanket.
  - If your clothes catch fire, remove them. Keep yourself calm and try not to breathe smoke.
  - Flush with water ... *but* be careful not to get soaking wet. Even in warm weather you can get dangerously cold, because of damage to your skin which regulates body heat.
- Then, decide how serious the burn is and if you need help right away
  - If you inhaled smoke, were burned around your nose, mouth, or neck, or have trouble breathing, you need immediate help.
  - If you were burned badly to the hands, feet, face, or genitals, you need immediate help.
  - If the burn is large or goes all the way around a body part, you need immediate help.
  - If you have any broken bones, you need immediate help.

**Treatment**

In addition to the following recommendations, you may want to use helpful traditional treatments such as medicinal teas.

**Minor burns that do not form blisters (1st degree)**

To help ease the pain and lessen the damage caused by a minor burn, run cold water over the burn at once. No other treatment is needed.

**Burns that cause blisters (2nd degree)**

- Do not break blisters
- Gently wash with soap and clean water

- You may apply nothing, honey, or aloe to the burn. Cover with a sterile non-stick (Telfa) gauze
- Clean the wound and put on a new dressing every time it gets dirty or every day until the burn has healed
  - If the dressing is stuck, you can soak it off with warm salt water (1 tablespoon salt to 1 liter water). If possible, add 2 tablespoons of bleach to the salt water. These soaks also clean the burn and prevent infection
- If the blisters are broken, treat the wound in the same way, only be even more careful to keep it clean and covered
- *Never* smear on grease or butter

**It is very important to keep the burn wound as clean as possible. Cover it with loose gauze.**

**If signs of infection appear – pus, bad smell, fever, or swollen lymph nodes**

Get the person to a hospital or clinic. After discharge:

- Put warm salt-water compresses over wound for 20 minutes 4 times a day. Or hold infected hand or foot in bucket of hot salty water.
- You can apply nothing, or spread on honey or a little antibiotic ointment such as Neosporin after each soak. Cover with sterile non-stick (Telfa) gauze.
- Wash wound with 10 ml of bleach added to 1 L clean water each time you change the bandage (at least once a day). Wear protective gloves and scrub it with a clean gauze pad.
- Keep infected part at rest and elevated (raised above level of heart).
- If infection is severe or you are not vaccinated against tetanus, go to hospital.

***Aloe vera*** *can be used to treat minor burns. The thick, slimy juice inside the plant calms pain and itching, and aids healing. Cut off a piece of the plant, peel back the outer layer, and apply the fleshy leaf or juice directly to the burn. Gently wash the burn and put on new Aloe at least twice a day.*

**Deep burns (3rd degree)**

- Deep burns that destroy the skin and expose raw or charred flesh are always serious, as are any burns that cover large areas of the body. **Take the person to a hospital at once.** In the meantime loosely wrap the burned part with sterile gauze.

- If you do not have non-stick (Telfa) dressings, you can leave the burn in the open air, covering it only with a loose wrap of sterile gauze. Change it each time it gets dirty with liquid or blood from the burn.

*Covering the burn with **honey** helps prevent and control infection and speed healing. Gently wash off the old honey and put on new at least twice a day.*

**Special precautions for very serious burns**

Any person who has been badly burned can easily go into shock because of combined pain, fear, and the loss of body fluids from the burn.

- Comfort and reassure the burned person. Bathing open wounds in slightly salty water also helps calm pain. Put 1 tablespoon of salt for each liter of cool, boiled water
- Studies have shown that persons with very serious burns are more likely to survive if they have social support and friendship while they recover
- Give the burned person plenty of liquid. If the burned area is large (more than twice the size of his hand), make up some rehydration drink (to a liter of water add a teaspoon of salt, 8 teaspoons of of sugar or honey, and some orange or lemon juice if possible). The burned person should drink this as often as possible, especially until he urinates frequently. He should try to drink 4 liters a day for a large burn, and 12 liters a day for a very large burn
- It is important for persons who are badly burned to eat foods rich in protein, such as beans, milk, eggs, fish, and meat. No type of food needs to be avoided

**When you must go to the hospital**

You do not need to wait until you have any of these problems to go to the hospital. However, if you have been waiting and you have any of the following problems, you must do anything in your power to go to the hospital.

Blistering burns to significant areas with any of the following:

- Red line from the burn area toward the center of the body
- Burns of the face
- Burns involving eye structures
- Burns over more than 15% of the adult body (the size of the skin of one arm)
- Burns around the neck
- Evidence of dehydration with inability to take in oral fluids – remember that the smaller in size the person the easier it is to lose fluid and the harder it is to replace it

- Change in mental status such as delerium, hallucinations, delusions etc.
- Any deep (third degree) burns especially of head and neck area, hand, finger, or around a limb

What may be at stake is losing life for what could have been a minor injury.

**Burn wound aftercare**

- **Keep the burn area clean.** You may apply nothing, honey, aloe, or prescribed silvadine to the burn. Cover with a sterile non-stick (Telfa) gauze. If you are dressing fingers or toes, wrap them so they are separated. Change dressing daily.
- Before daily dressing change, **soak area in warm salt water** (1 tablespoon salt to 1 liter water) to loosen stuck bandages and soak off crusting areas. You can either rest the burned area in a tub, or soak a washcloth and apply it to the burned area. You may add 2 tablespoons of bleach to the water to protect against infection.
- **Do not break blisters.** Fluid-filled blisters protect against infection. If blisters break, wash the area with mild soap and water, then apply honey or an antibiotic ointment.
- Prop burned area higher than the rest of the body, if possible.
- A tetanus booster shot is recommended for anyone who has not had one in the last 8-10 years. See your healthcare worker.

Burns may heal with pigment changes, meaning the healed area may be a different color than the surrounding skin. Avoid re-injuring or tanning if the burns are less than a year old – doing so may cause more extensive pigmentation changes.

Anesthetic creams or sprays are not recommended as they can provoke allergic reactions and may delay healing. Never put grease, lotions, or herbs other than aloe on a burn.

Follow up with your regular healthcare worker.

**Seek medical attention if any signs of infection develop:**

- Increased redness, pain, swelling or warmth
- Red streaking of the surrounding skin
- Pus draining from area (It's not pus if it has been less than a day)
- Tender lumps or swelling in your armpit, groin, or neck
- Foul odor from the area
- Generalized chills or fever over 99.6°F (37.5C)
- No healing in 6 days

## 6.7 Chem weapons contamination

The police uses chemical weapons when they feel out of control. They want to control how and when we move. They do not want us to be a large crowd. Tear gas (CS) and pepper spray (OC) are crowd-control chemical weapons. Both cause pain to the eyes, nose, and lungs. Short-term effects of tear gas and pepper spray are not very difficult to control, but some people may have health problems long-term.

**First aid**

- Stay calm. Panic makes it worse. Breathe slowly. **Calmly walk to fresh air.** Remember the pain will pass
- **Remove contact lenses** or get someone to remove them for you, with clean fingers. Destroy contact lenses, you can not clean them
- Wash eyes with liquid antacid (Maalox or Mylanta) mixed with water, or flush eyes with plain water (see below)
- Blow nose. Clean mouth with water or liquid antacid mixed with water. Cough and spit
- Do not rub eyes
- Stand in fresh air, facing wind
- Help other people to stay calm, walk to fresh air, and remove contact lenses

**See doctor if:**

- Asthma attack
- Rash, eye problems, other problems that do not go away. Effects of tear gas and pepper spray are supposed to go away in 30 minutes
- See doctor if health problems return, worsen, change

**Decontamination (Removing tear gas and pepper spray)**

- Walk around around in fresh air or wind with arms lifted
- Remove clothing that has chemicals on it. Place clothing in sealed bag until you wash it or throw it away
- Take cool shower. Shower in coldest water you can stand (to keep your pores closed). Scrub with soap. Be careful not to get chemicals from hair into eyes
- Do not touch eyes, face, people, beds, sofas, carpets

**Protect yourself**

- Avoid oils and lotions. They trap chemicals against skin, which injures skin
- If you have asthma or other breathing problems, chemical weapons may cause severe attack. Carry asthma inhaler or avoid tear gas
- Do not wear contact lenses. They trap chemicals against eyes, which injures eyes
- Remember, police try to surprise us. It is not always possible to stay away from tear gas and pepper spray

If you get a warning (see police putting gas masks on), put on your protective gear. Move away and upwind

- Cover skin with plastic, like cheap plastic rain jackets with hoods. Cloth holds the chemicals, which injures you
- Wear goggles with shatter-proof lenses. A N-95 respirator or a wet mask over the nose and mouth helps protect you (a mask wet with lemon juice or vinegar protects from tear gas better than a mask wet with water). Some of the best masks are t-shirts. Put your head in a shirt and use the neck hole for your eyes. Tie the sleeves around the back of your head. Remember to wear a hat to protect your eyes

**Who should avoid?**

Most healthy people do not have problems from tear gas or pepper spray more than 30 minutes, but some people have long-lasting or life-threatening problems. People with the health problems listed: be watchful, do not escalate; try to avoid tear gas and pepper spray.

- Respiratory diseases such as asthma, emphysema
- Chronic health conditions or taking medications that weaken the immune system
- Skin and eye conditions
- Women who are pregnant or trying to get pregnant
- Nursing mothers risk passing chemicals on to their infant
- Anyone in a closed room, paddy wagon, or bus

Beware of physical barriers to breathing – people died from pepper spray who were tied and placed face-down.

## 6.8 Handcuff injuries

Handcuff injuries are extremely common, with as many as one in eight people cuffed experiencing some form of wrist injury. These injuries are more common when flex-cuffs are used to mass-arrest people. When cuffs are applied tightly, they can cut off circulation to the hand and/or press on the superficial radial nerve and damage it. Swelling of tissues surrounding a nerve (from blood trapped in the hand) can also compress the nerve. Circulatory problems will end within several minutes of cuff removal. Nerve injuries will usually heal themselves, but much, much slower.

The person with a superficial radial nerve injury typically experiences pain around the thumb while tight handcuffs are in place. The pain decreases when the handcuffs are removed, but there is residual altered or decreased sensation over the edge of the hand between the base of the thumb and the wrist. It can also extend to the back of the hand below the first two fingers (forefinger and middle finger), and/or the back of the thumb and the backs of those fingers.

The superficial radial nerve is a sensory nerve, and controls no muscles. If no other nerves are affected, there should be no loss of function, total numbness, or altered sensation above the cuffed area.

### Assessment

Assessment is focused on discovering or ruling out anything that will not heal unassisted, so that you can decide whether basic first aid and herbal support will be sufficient, or whether the person needs to seek further diagnostic and clinical care.

1. **Ask the person to squeeze your fingers.** Does he experience weakness? Or hold a piece of paper and ask him to take it from you. You are checking for muscle weakness in the hand, thumb, or forefinger. Differentreactions from the two hands/wrists could indicate need for further care. If this is detected, medical splints and/or physical therapy may be recommended – the person should get it checked out further

2. **Apply light touch to the surfaces of the hand and fingers.** You are checking for total numbness in any part of the hand. This may indacate that a nerve has been cut (will not regrow). Offer support, suggest further care – surgery may help

3. **Apply light touch to the pad of the thumb and the upper 2/3 of the forearm.** You are checking for numbness of the pad of the thumb or the forearm. This could indicate damage to the neck, spine, or arm. You should inquire about how they were handled during their arrest and holding, and about possible injury prior to having handcuffs on – you are looking for something that may have caused damage to the spine

4. **Check for body tenderness.** Ask what the person feels. Recommend an X-ray if this is the case

### First aid and basic herbal care

Carefully **explain what you know about healing from handcuff injuries** to the p-erson. help him anticipate the course of his recovery. Most nerve damage will heal on its own at the rate of one inch per month – that is, if you have a two-inch area of altered sensation due to this injury, expect to feel pain, partial numbness, or tingling for two months as the sheath protecting the nerve regenerates over the part that has been stripped bare.

Hot/cold packs, splinting, bandaging, etc. will be of little to no use and may cause damage. Dieh Dah (physical trauma) acupuncture by a trained Asian medicine provider many help a great deal.

Provide **comfort and reassurance.** It can be very scary and disabling to lose sensation in the hands. It can also be a constant reminder of any trauma suffered in the streets or the cell.

Use **arnica** and **hypericum** preparations as suggested in the chapter on common streetmedic remedies. Send the person home with enough of a hypericum or hypericum/arnica preparation to apply 3 times a day until the nerve heals (calculate 1 inch per month).

## 6.9 Aftercare: tear gas, pepper spray, and other action stressors

Most people recover from tear gas or pepper spray in 30 minutes. Some people suffer health problems long-term (more than 3 months).

### Some long-term problems

- Chronic bronchitis (bad cough); recurring lung infections, walking pneumonia
- More asthma attacks
- Skin problems, rashes
- More sensitive to chemicals (chemical sensitivity)
- Lowered immunity (get sick easy)
- Irregular menstruation; extremely heavy or absent menstruation
- Exhaustion (tired all the time)

### Protect your body and recover more quickly

- Start to give yourself extra care 2 weeks before you go into tear gas or pepper spray. Continue to give yourself extra care until 2 weeks after
- Rest whenever possible
- Drink clean water

- Eat simple, healthy, home-made food. Avoid alcohol, cigarettes, drugs, fried food, processed foods

### Remove bad chemicals from body

The liver is the body's most important protection against tear gas in your body. Help the liver remove bad chemicals.

- Drink extra water
- Bitter foods (like bitter greens) help remove bad chemicals from body. The taste of bitter foods and herbs causes body to make and release bile (substance that removes bad chemicals from body). Do not hide the taste
- Sour foods (foods like tamarind, lemon) cause body to release fluids (like pressing water from a sponge). Fluids wash out bad chemicals
- Foods like lentils, fava beans, parsley, garlic, and onions help remove bad chemicals from body

### Support adrenal glands and nerves

Rush of adrenalin and strong emotions shocks nerves and adrenal glands (adrenal glands make adrenalin). The shock causes people to get sick easy or tired all the time.

- Avoid caffeine (it is in coffee, black tea, soda). It shocks the adrenal glands
- Eat foods high in minerals (foods like dark green leafy vegetables and herbs, seeds, Tehina, seaweed)
- Drink coconut milk, cook with coconut oil

### Support lungs

Tear gas causes lung infections or chronic (long-term) lung problems in some people. If you have chronic lung problems or asthma, avoid chemical weapons or protect yourself from breathing the chemicals. Tear gas and pepper spray killed some people with breathing problems.

- Eat lots of onions, garlic with fenugreek, cayenne, and ginger to keep lungs healthy
- If you have a sore throat, drink hot water with lemon, mint, and honey
- Foods that are slimy (foods like Molokheyyah, cinnamon, okra) help repair mucosa (throat, lungs, gut) damaged by chemicals
- Stop smoking everything!!

### Support immune system

During the uprising many people do not sleep enough, eat bad food or too little food, drink too much coffee, experience emotional stress, and breathe smoke from fires and tear gas. Prevent sickness even as you work for dignity. The immune system needs support so that it can protect you from sickness.

- Eat garlic, onions, and ginger
- Drink hibiscus tea – hibiscus is high in vitamin C and other antioxidants
- Find a place where you feel safe where there is clean air. Go there every day and exercise. Or be quiet, raise your arms above your head, and take deep breaths

### Stress, anxiety, emotional trauma

- Listen to each other, help each other, love each other
- Tell your stories – to each other or to the world
- Fix your living space so that it is pleasant. Have as much light and fresh air as possible. Have some beauty around you. Put some flowers in the room, play music, or go where there is a nice view
- Practice traditions that build inner strength: Sing, pray, meditate

### Note

If you have any long-term or strange reactions to chemical weapons, see a doctor.

# 7 Coping with cold weather

Staying warm and dry in a happy home is easy enough, but in this era of cut-off heat, foreclosures, evictions, park living, and midnight direct actions and marches, things get more difficult. Thankfully, there are simple free or really inexpensive things that anyone can do to improve their ability to stay warm and dry during prolonged exposure to the elements.

Streetmedics help people prepare for cold. They help people learn to recognize hypothermia, frostnip, and early manifestations of trench foot and help people learn how to respond before cold weather conditions become dangerous. Should cold weather injury become dangerous, stretmedics rehumanize, restore dignity, and use their referral networks to get quality care for people.

## 7.1 Common sense in the cold

**Cover up!** – Dress in layers

- Cotton kills (when it gets wet it rapidly cools the body) so wear silk, wool, or synthetics next to the skin (polypropylene, nylon, spandex, fleece, etc.)
- Bulky fabrics are good for middle layers (wool, fleece, acrylic, etc.)
- Wind resistant fabrics are good for the outer layer. Also carry a poncho or something in case you have to deal with wet weather
- Have a plan for getting into dry clothes quickly if yours get wet
- A hat or a hood keeps heat from escaping from the head. At 40F you can lose 50% of your body heat through an uncovered head. The percentage increases as the temperature decreases

**Be good to your feet!** – Keep them warm and dry

- Layer your socks like your clothes, with synthetic tights or undersocks next to your skin, wool or fleece for all-weather insulation next, and shoes on the outside to keep the wind and water away from your toes
- Carry dry socks with you in a ziploc bag. A change of socks can damn near change your life
- Consider putting talcum powder on your feet and in your shoes to keep the feet dry
- Sleep with your shoes and daytime socks off. If your feet get really cold at night, wear a different pair of socks in bed than you wear in the daytime. Dry cotton socks are fine to sleep in
- Wash your feet every day and let them dry completely

**Hydrate!** – Drink plenty of water and warm, nutritious fluids

- Dehydration is a major factor in hypothermia and other cold injuries
- Drink 4 liters of water a day before going into the field to build a fluid cushion while you are protesting. Maintain at 4 liters a day while protesting
- Cold weather increases your need for fluid intake but does not increase thirst. Be aware of fluid intake, chapped lips, and urination to keep yourself hydrated. You should drink until your lips are not chapped and your pee is clear and copious
- Your body wastes a lot of heat keeping your pee warm. If you have to pee, go pee. You will feel warmer

**Add fuel to the furnace**

- Snack on nuts or energy bars throughout the day
- Take warm nutritious fluids. Deliver fluids in the form of hot chocolate, hot cider, instant miso soup, Jell-o mix (with sugar) dissolved in warm water, and ginger tea with honey. Bring a thermos and scout opportunities for hot water. Caffeine and alcohol contribute to dehydration, while nutritious beverages give your body quick energy to use to stay warm
- Don't neglect regular meals with plenty of fats and proteins as well as carbs. You can sneak fats into your nutritious fluids by putting butter in your hot chocolate or bringing homemade bone broth in your thermos

**Run with a buddy, recognize warning signs, and warm up when needed**

- Hypothermia disables a person by causing altered mental status. It is difficult for a person with even mild hypothermia to recognize how cold he is or to care for himself
- If your buddy sees you exhibiting "umble" signs (mumbling, stumbling, fumbling, tumbling, etc.), shivering, or losing muscle coordination (for instance, unable to operate a zipper), she should assist you
- Some suggestions for your buddy: get you into a warm space, bring you warm nutritious fluids, get you into dry clothes and dry socks, or actively rewarm you (for instance, with handwarmers on your hands, feet, or armpits)

When sleeping, pad and insulate your sleeping area

- Cardboard, an inflatable mat, or foam between you and the ground is essential: you lose half of your body heat through prolonged contact with the ground

- Use plastic, shiny mylar emergency blankets, newspaper, or fabric (like wool batting) to insulate your tent or other sleeping area
- A hot water bottle, dog, or other safe heat source in your bedroll with you can make a huge difference. Take the hot water bottle out of your bedroll when it cools so it doesn't rob your heat
- Wear a hat or hood while sleeping

Avoid nicotine, caffeine, alcohol, and dehydration

## 7.2 Cool tips and tricks for the cold

- In cold weather (especially if you are dehydrated), peripheral capillaries in your hands, arms, legs, and feet constrict to pool warm blood in your core. A pinch of **cayenne powder** or **hot pepper flakes** in the toes of your shoes prevents cold toes and frostnip by stimulating blood flow through the capillaries of your toes and preventing them from constricting
- **Ginger candy** provides calories to help speed your metabolism and **hot ginger tea** (with honey!) combats dehydration and actively warms your core. Ginger also directly combats hypothermia and stimulates circulation
- DIY **reusable handwarmers**! Sew dry brown rice up in little cotton socks or in 100% cotton or 100% wool flannel cloth bags. Find a nearby friendly microwave and heat ricebags on medium high for under 2 minutes. Throw them in an insulated styrofoam cooler to keep 'em warm til you pass 'em out. Make it easy for folks to return 'em once they have cooled. They should stay warm for up to 30 minutes. You can also stitch lavender or other dried herbs into the bags along with the rice. Here's a poem:

  > This little pillow filled with rice, Is such a comforting device. Microwave for 2 minutes on high And kiss those aches and pains goodbye. Apply it to the troubled spot, The heat will ease the pain a lot. Or warm those little toes so cold, You'll find this nice to have and hold. Or freeze it for a little while, And fix that booboo up in style.

## 7.3 First aid for cold-weather injuries

Cold-weather care is serious stuff. In military medicine, cold-weather injuries routinely account for more casualties and lost man-hours than all other injuries combined. In street medicine and wilderness medicine, similar trends have been observed. When taken seriously, cold-weather casualty and lost time can be almost eliminated.

### Recognize cold-weather injuries and assess their severity

**Hypothermia** – Hypothermia occurs when the body is unable to maintain an adequate temperature because of excessive heat loss. This can happen when it is not freezing cold outside; hypothermia most often happens in wet conditions or when people have burns.

- **Mild Hypothermia:** If shivering can be stopped voluntarily, it is mild hypothermia. The person can't do complex motor functions with her hands but can still walk and talk. Skin is cool due to vasoconstriction. Hands are numb. Moderate confusion – if she cannot count backwards from 100, she may be hypothermic
- **Moderate Hypothermia:** Shivering not under voluntary control. Loss of fine motor control – particularly in hands. The person can't zip up her coat due to restricted peripheral blood flow. Poor coordination. May have: Dazed consciousness. Slurred speech. Violent shivering. Irrational behavior – may even undress. The person is unaware that she is cold. "I don't care" attitude. Flat emotions

**Cold-weather peripheral tissue damage**

**Frostnip** is like a superficial burn. Frostbite (more severe) is rare in urban protest. Signs and symptoms of frostnip include:

- Reddened or lightened skin, whitening or ashy skin
- Itching, tingling, numbness

**Trench foot** is like diabetic foot injury but appears nearly identical to gradual-onset frostbite. Repeated or prolonged exposure to non-freezing wet cold causes vasoconstriction and sludgy blood, denial of oxygen to downstream tissue, cell death, and the growth of opportunistic organisms like bacteria and fungus that feed on dead tissue. The early manifestations of trench foot present as:

- Pain or partial loss of sensation; blanching of skin
- Progressing to swelling, discoloration, and blisters; "walking on blocks of wood"
- Signs of opportunistic fungal or bacterial infection

### Hydrate, dry, and rewarm

**Help the person get out of cold, wet, or windy weather** – go into a restaurant or the lobby of a building. At least find shelter from wind

**Prevent further heat loss and tissue trauma**

- Help the person remove wet clothes, dry off, and get into dry clothes as soon as possible

- Especially help the person get out of wet socks, dry her feet, put some talcum powder in her shoes (if available), and get into dry socks

**Actively rewarm the core** with warm fluids like hot chocolate or hot ginger tea if the person is alert and oriented

- If there is no cold-weather peripheral tissue damage, help the person get to a warm shower, use hot-air hand dryers in public bathrooms, or warm up with chemical handwarmers on the neck, chest and groin (where major blood vessels pass)

**Get the person something to eat** – start with simple carbohydrates like ginger candy and nutritious fluids like broth, hot cider, or hot chocolate and work up to more complex foods

### Provide specific first aid; consider transport and referral

**Mild hypothermia**

The person should be transported to a hospital or urgent care clinic if signs of moderate hypothermia are present:

- Dazed consciousness, slurred speech
- Violent shivering
- Irrational behavior, "I don't care" attitude, flat emotions

Call 911 if signs of severe hypothermia are present:

- Shivering occurs in waves until shivering finally ceases
- Can't walk, curls up into fetal position to conserve heat
- Muscle rigidity with ashy or pale skin, dilated pupils, decreased pulse rate
- Decreased breathing rate decreases, appears dead

While you wait for transport, you can gently slip cardboard or other insulation between the person's body and the ground and cover her with a blanket or mylar emergency blanket and a hat. If the person has lowered level of consciousness and great difficulty responding to you, do not give anything by mouth, do not jostle, and do not attempt to actively rewarm her – sudden movement may damage her heart.

**Frostnip**

Intermittently rewarm with gentle heat – encourage her to put her hands in her armpits, breathe onto the frostnipped area, or warm the part in someone else's hands or armpits

- Do not massage or rub the affected area. Do not re-expose to cold
- Be nice and provide comfort, calm, and reassurance. Rewarming frostnip hurts a lot

The person should be transported to a hospital or urgent care clinic if signs of frostbite are present (do not rewarm before transport)

- White/waxy skin, blotchy skin, grayish/yellow skin, blue skin
- Swelling/blistering
- Firm or frozen to the touch

**Early manifestations of trench foot**
Follow frostnip care guidelines for gentle intermittent rewarming
Dry feet and change socks

After rewarming, substantial pain and swelling may manifest, and cleaning remains necessary. Follow guidelines for infected wound soaks to clean feet and draw out the fluid causing swelling. Dry feet gently and completely before socks are put back on

- Add yarrow (*Achillea millefolium*) leaf or flower or encourage the person to get Burow's solution/Domeboro from the pharmacy and add it to foot soak water for for stronger astringent action and mild antifungal action
- Add cayenne, ginger, or yarrow leaf/flower to foot soak water for vascular stabilization and vascular stimulant action

The person should be transported to a hospital or urgent care clinic if signs of advanced trench foot are present, such as total loss of sensation (feet feel like "blocks of wood"), or any signs for infection are present

## 7.4 Educate and protect against re-injury

Anyone with a cold-weather injury should avoid re-traumatizing herself while she is recovering by re-exposure to the conditions that caused the injury.

- Encourage the person to NOT consume any alcohol or stimulants (cigarettes, coffee, etc.) for the rest of the day if possible
- The person should not return to the cold until her energy and fluid reserves have been replenished, all function has returned, and she feels back to normal
- A person recovering from **frostbite** should not massage or rub the affected area, and should not re-expose it to cold
- A person recovering from the **early manifestations of trench foot** should avoid walking or re-exposing the feet to wet and cold conditions for several days, and should wash her feet, care for blisters, and change socks at least daily

## 7.5 Particularly vulnerable people

Streetmedics learn the special needs of protesters and rebels with whom they ally themselves. People who are particularly vulnerable to cold injury deserve extra attention from streetmedics. In cold weather, you should particularly look out for:

- Children and elderly
- Newcomers to protest, macho protesters
- People with health conditions that affect the circulation (diabetes or vascular disease)
- People with endocrine conditions, especially hypothyroidism (the endocrine system helps with the body's temperature regulation)
- People with hypoglycemia
- Poor nutrition (have less natural insulation, less resilient in harsh conditions)
- People with skin problems (can cause increased circulation to the skin which increases heat loss)
- Head trauma (impairs the body's temperature regulation)
- People taking vasoconstricting medications or some psychiatric medications
- Previous cold injury (especially recent)
- People who smoke tobacco or other substances, drink alcohol, or get high

Streetmedics with additional training in health education for specific risk factors may add information to that included in this booklet, and focus their interventions more (ie., reminding people with diabetes to do more frequent foot-checks in cold weather).

Often people with medical risk factors are already educated in how to do self-care even in harsh conditions. You can position yourself as a learner first, then check in with the person and support his ability to do the self-care he already knows he has to do. If the person asks you a question and you're not sure of the answer, admit you don't know. Then find out what he knows and offer to do some research for him. Use your referral list – medical dispatch, hospitals with nurses on call, and research librarians are all good places to start. Here are some examples of conversation-starters:

- "You said your toes get cold really easily, even in socks. Do you have a circulatory condition or diabetes or anything else that could be behind that?"

- "Do you take any medications or insulin for your diabetes? ... What kind of self-care do you do for your diabetes?"
- "Have you ever been in conditions like this, where you were on your feet out in the cold this much? Did you have to do anything extra to take care of yourself in those conditions? ... I want to support all the people in our movement to stay healthy so we can stick together and all participate in fixing this fucked-up world. How can I support your ability to take care of yourself in this cold-ass weather?"

## 7.6 Situations that increase public risk

- Fatigue
- Harsh or changable weather, rapidly arising wind or rain, temperatures above freezing with rain or damp
- Heavy action; sudden movement from prolonged heavy action to inaction
- Lack of appropriate housing (with heat, running water, privacy, soap, and clean towels)
- Lack of access to clean, dry clothing (especially socks and shoes)
- Lack of adequate water and food
- Lack of training/awareness of prevention and self-care in cold weather

# 8 Public health

Streetmedics need to think about public health during mass mobilizations and Occupy uprisings.

- When large numbers of people share close quarters, things spread
- Lots of protesters at mass mobilizations are from out of town, and lots of Occupy rebels don't have access to resources some people still take for granted (shower and change of clothes, somewhere "safe" to sleep, hot water, etc.)
- "The Lazy Medic's code" – if we do prevention right, we won't have to treat anything (For example: If we remind everyone to drink water and make it easy for everyone to drink water and pee, we have to deal with less dehydration, hypothermia, altered mental status, results of poor decision-making, respiratory infections, and urinary tract infections)
- Actions can be really stressful. Not enough sleep, weird food, hours sitting in a car or a Greyhound, not knowing where one is going to sleep: these factors can put a person's nervous system into sympathetic overdrive that is really taxing on his body. Dehydration means all those catecholamines aren't going anywhere. Mild hypothermia just amplifies this cascade. Taken together, these factors make people more susceptible to illness, infection, and poor decision-making

## 8.1 What can we do?

Streetmedics have a special relationship of trust with protester communities. This trust allows us to do prevention work, to recognize public health problems before they get out of hand, and to work to change things and educate people. The best public health systems in the world couldn't reach protesters like we can, but our work all depends on actively maintaining our bond of trust.

Some of how we keep our bond of trust is by being available, approachable, nice, nonjudgmental, and radical. We give out freebies like candied ginger, hand warmers, ponchos, herbal tea, condoms, and cough drops. Freebies give people a reason to interact with us and build trust. We meet people where they're at, with respect and understanding.

#### Streetmedic public health interventions

**Harm reduction** – Someone might not want to go to the hospital for the infection on her face. What can we do to make sure she is able to clean it and have it looked at every day?

**Building relationships** – If we know who has chronic health conditions, we can help those people manage their conditions and avoid crises. We don't know if our care was effective without follow-up (seeing a person multiple times over the course of an action).

Encouraging people to take better **care of themselves** – Streetmedics address subclinical issues, help improve conditions and personal priorities so that protesters get enough sleep, stay hydrated, take breaks as needed, change their socks daily, etc.

Finding **trends** early – One morning, six people ask if we have anything for their diarrhea. What can we do?

Identifying **vectors** – Streetmedics can trace health problems back to their common root. Where has everyone with this strange rash on their skin been sleeping?

Asking good **questions** – We can find out what is really going on. Every patient contact is a potential opportunity to have a conversation about the patient's lifestyle, sleeping arrangement, family history, stress, etc. We can empower people to make informed decisions about their own health.

## 8.2 What public health issues do streetmedics see?

### Hygiene issues

People are going to be dirty. They don't have a place to shower. That might be their only pair of pants. When does this become a problem?

- When a patient wants a way to be cleaner
- When her health is suffering (urinary tract infection, yeast infection, fungal stuff, scabies, etc.)
- When she is putting others at risk (open wounds, flu, scabies again, etc.)

We are often working in less than ideal circumstances. Our response is creative problem solving and harm-reduction.

- What can the patient do for himself? Talk to him and help him think through his options to get clean
- What can we offer? For example: How much does it cost for a day pass to the gym that can be passed between a group of friends who take turns showering?

### Chronic illness

The stress and instability of actions can exacerbate the symptoms of chronic health conditions. People lose their meds or forget to take them. Of course, if we know a crisis is happening, we can stabilize acute needs (for instance, we can give sugar to a person with diabetes who is crashing, a back massage and tea to someone who forgot his antipsychotic meds and is going through withdrawals, or herbs and aggressive acupressure to a person who is having an asthma attack and left his albuterol inhaler at home).

A medic living by the Lazy Medics' code would not wait for crisis. She would compile a good referral list ahead of time, and check in with all the community

resources on her list to get a sense of what they each offered. She would go looking for people with chronic illness, by putting up posters, sharing self-care facts during announcements at action meetings, doing trainings, and taking a basic history on all patients. She would help them think through their risks and how to manage those risks and avoid crisis.

Either way, streetmedics advocate for our patients. Even better, we empower them to do self-advocacy and have their backs. We give them the support we can and help them make the healthiest choices possible. If a patient does not want further care, we find out why and keep helping him consider his choices fully and make a plan that works for him.

### Alcohol and other drugs

Alcohol and other drugs make our spaces less safe. Lots of people have had traumatic experiences around these substances. Lots of folks are recovering from alcoholism or other addiction and can't be around them for that reason. Many of them are illegal and can give the cops excuses to harrass people. Intoxicated people are more likely to get dehydrated or hypothermic, to have accidents and falls, to sexually assault someone or be sexually assaulted, to have airway or breathing emergencies, and to excercise poor judgment.

With this said, we are often unable to define the boundaries of the spaces we occupy. We work with people who are using, detoxing, going through withdrawal, or may overdose. Failure to define the boundaries of the spaces we occupy makes things way less safe for everyone involved.

A few things to keep in mind:

- Figure out what your own boundaries and triggers are. Discuss with your buddy
- Intoxicated people may be unresponsive, withdrawn, belligerent, confused, out of it, needy, agressive, or manipulative
- Think about your skillset, and what your buddy and team, and other medics have to offer. What can we offer people with substance abuse-related needs? What should we probably not offer them?
- What harm reduction and treatment options are available?
  - Is there a local needle exchange?
  - Is there a safer or different place someone can go to fix?
  - Is anyone on your team trained to administer Narcan for overdoses?
  - Is there a 24-hour detox?
  - Are there residential treatment programs?
  - What is the local recovery fellowship (AA, NA) hotlines, and where/when are the nearest meetings?
- Involuntary treatment does not work. Meet people where they are at

Remember to separate the behavior from the person. People who are abusing substances are often systematically looked down on and dehumanized. You are meeting someone at a certain point in his life; the substance abuse is not his whole life nor is it his whole personality.

### Sexual assault prevention

Conversatons around sexual assault usually focus on crisis, but Lazy Medics like to prevent people from getting hurt. Here are some questions to consider when working with protest organizers to improve community sexual health and safety:

- Does the event explicitly discuss sexual consent in materials, meetings, posters, etc? Do spaces have rules around consent? Are unrepentant perpetrators of sexual assault or harrassment still in the space?
- Are there alcohol and other drug free hang-out areas and sleeping areas?
- Is the language people are using misogynistic?
- Are there any barriers to getting help? Are we accessible? Do people know that they can talk to us? Can we make our spaces safer for survivors of sexual violence? Will LGBTQ survivors feel welcome? Might anyone else feel like they cannot come to us for support and care?
- Does every medic have the national domestic violence hotline number in their phone? Is it posted in bathrooms? Do people know that it is a great number to call for any kind of sexual violence, and that they won't take away your power or choice when you call?

### Jail support

Medics do support for people released from jail. We often work with a jail support team including people from the legal collective and people from the action collective. Sometime's it's just you and your buddy. The setting can be anywhere: a makeshift first aid station set up on a park bench, in a parking lot, a field, a hallway inside the courthouse, etc.

Catch people as they are released. match their energy and adapt. Some people are fine, some people can be withdrawn. Some people will be very emotional – they have been holding it together for the last few days in jail, and when suddenly released just fall apart for a minute. Help people put their experience into the context of their everyday life. Meet immediate needs (cigarette, food, hug from a friend, housing plans for the night, phone call, etc.).

Sometimes you sit around for hours waiting for people to get out. If you are patient, you will get lots and lots of patient contact time at jail support. You will see all kinds of injuries sustained during arrest or protest, infected wounds, taser burns, coughs, colds, and flus, exacerbated chronic illness, sore shoulders from handcuffs, and handcuff injuries.

# 9 Common streetmedic remedies

Streetmedics care for whole people, who come to us with all kinds of problems. It is nice to have some quick-fixes to use together with our assessment and first aid skills. Giving a remedy to someone is a great way to start talking about his health, and can help him remember to take better care of himself. These remedies can help people get back into action quickly.

Nobody carries all of these remedies. Play around, do your research, and decide which ones give you the best bang for your buck. No matter what you carry, you will still need to be creative and adaptable. Use what you have and find ways of getting what you need. Remember how deeply your quality of care is intertwined with the way in which you provide care (it ain't called "care" for nothing!) – without any of these tools, you can carry the same intention, and can still help people feel better and restore dignity.

Remember that everyone is different. Ask about allergies, medications, and past medical history before giving remedies. Hang out with the patient for a while after giving a remedy to monitor for any weird reactions. Check in later to find out if he is still feeling better. You will learn more about these remedies from your patients than from any teacher.

## 9.1 Principles of remedies

Streetmedics look for different things than many other health workers in our choice of remedies for common problems. We choose remedies that are:

- Not regulated as pharmaceuticals
- Inexpensive per dose
- Versatile (each remedy has many uses)
- Small and lightweight or easily obtainable

Each medic should only carry what she is comfortable using.

## 9.2 Some remedies to consider

- **Peppermint spirits** (tincture plus essential oil). Administered in water it settles the stomach and arrests most nausea. It is topically anti-infective into at least the upper gastrointestinal tract. It is excreted through the lungs, skin, kidneys, and sinuses, and is anti-infective on the way out too. It is diaphoretic (breaks a sweat in fevers and acute infectuous disease). Use it undiluted (squirted right into the mouth) as an oral disinfectant (for disinfecting piercings, etc.).
- **Ginger**. Tea can be made from the fresh or dried root, it can be used in cooking, or crystalized (candied) ginger can be carried in the streets and handed out (like candy!). It settles the stomach (great for motion sickness in most people), disperses cold, and warms the body from the inside.

- **White flower oil** (patent Chinese medicine obtained in Asian markets: includes lavender, wintergreen,etc.). This is Grace's #1 most used remedy for actions. It is an older, more effective liquid formulation of Tiger Balm. Ask if the patient has an aversion to lavender. If no, put it on your (or his) hands and have him inhale deeply – it is very grounding and anti-panic. Invite him to massage a little on his temples or the back of his skull for rapid headache relief (also invite him to drink a lot of water or rehydration drink). It is a topical analgesic (for pain). A dab under the nose will usually help clear congested sinuses. Massaged into his chest (like Vick's salve) it can break up chest congestion. It can also be used on specific acupressure points for nausea, menstrual cramps, and other problems.

- A good **nervine, nutritive, anti-infective tea** on an ongoing basis (always available and already prepared at the first aid station, housing, or kitchen sites).

  - Mo's favorite nervine is also antiviral: **lemon balm**
  - **Wild oats** is nutritive and nervine
  - **Nettles** is nutritive
  - Grace's favorite blend is **Sleepmix detox tea**. Ordering information available on the medic wiki (medic.wikia.com). 5 parts chamomile and 1 part each of skullcap, peppermint, yarrow, and hops. The blend is a nervine that also helps with drug detox, various overt psych issues, respiratory infections, and fevers.

- **Ching wan hung** (another patent Chinese medicine). Use it or **honey** packets in place of burn cream or Neosporin on burn wounds, blisters, cuts, and old infected wounds. It is drawing, anti-infective, and wound healing.

- Gallons of **water** or preferably **rehydration drink** for stress, anxiety, asthma, mild hypothermia, drug detox, fever, vomiting, diarrhea, headache, pain, etc. Rehydration drink is 8 teaspoons of sugar (or honey, maple syrup, instant mashed potatoes, etc.) and 1 teaspoon of salt per liter of water. It is even better with a potassium source like a banana or a splash of 100% fruit juice. Water is usually mostly absorbed in the intestines; rehydration drink moves the absorbtion site up to the stomach, meaning much quicker hydration. For vomiting, you can add a pinch of black pepper to quiet the nerves of the stomach and contribute an anti-infective action.

- **Clove bud oil (eugenol)**. Topical remedy for dental pain and infection (like a rotten tooth). It is an old dentistry standard that kills both birds with one stone. It works rapidly, but irritates the cheek and gums, so apply it precisely with a cotton applicator (have the patient clench it against the painful tooth for 20 minutes and give him something to spit

his suddenly copious saliva into). Refer to a dentist for follow-up – you probably haven't seen the end of that infection.

- **Slippery elm bark**. Coats the throat and mucosa all the way down into the lower gastrointestinal tract with protective mucilage (mucopolysaccharide slime).
- **Fire cider**. Garlic, horseradish root, ginger root, cayenne, and other ingredients to your preference steeped in apple cider vinegar for 2-4 weeks then strained. It is immune-boosting, intensely warming, and decongestant.
- **Tincture of benzoin**. This is "long march medicine." Use it as "second skin" for hot spots that have not yet formed into blisters (let it dry until no longer tacky before putting socks back on or it will glue socks to feet). You can also use it to glue paper tape or moleskin down around foot blisters so your padding stays in place (let it dry just until it becomes tacky and apply paper tape or moleskin).
- **Cayenne**. Put cayenne powder in shoes (outside socks) to stimulate peripheral capillaries, keep toes warm, and prevent frostbite. Consider putting some talcum powder in there too for dryness. For obstinate bleeds that will not stop, put cayenne powder directly in the wound, and apply pressure and elevation to keep it there. Blood vessels will spasm shut.
- For handcuff injuries or other bruising or nerve injuries, use Arnica and Hypericum, and send the patient home with enough to apply 3 times a day for the next month or two.
  - **Arnica** oil, salve, tincture, cream, or homeopathic pillules are for the first 24 hours after an injury. It mobilizes macrophage cleanup of bruising and subcutaneous tissue damage. Don't apply arnica preparations to broken skin unless they are in homeopathic dosages.
  - **Hypericum** (St. John's Wort) oil, salve, tincture, cream, or homeopathic pillules help heal nerves, myelin sheaths, and old tissue damage.
  - **Traumeel** (homeopathic hypericum, arnica, etc. cream) is a nice handcuff injury preperation, but kind of expensive.
- **Zheng Gu Shui** (patent Chinese medicine) is a topical preparation that helps heal damaged or torn ligaments or tendons, and helps heal broken bones. Use it in the long-term in addition to standard care like a knee brace or a cast.

# 10 Shit! We're Gonna Get Arrested!

## 10.1 Do this now

- If you have legal support, have the phone number written in indelible ink somewhere on your skin. Have any other numbers you might possibly need written on you, as long as you don't mind the police seeing them.
- Your bag may get taken long before you are searched, so put anything you want to have with you somewhere on your person, particularly ID, medications and money (no need for ID if you're doing jail solidarity). Other things to keep: cell phone (beware of any sensitive numbers in memory), food, extra clothes (protects against cold floors, good pillow), pen, paper. You'll probably get your stuff back, but no guarantees. If you can, consider giving your bag and keys to someone who won't get arrested.
- If you want to get anything past a search, this is the time to hide it. Pens, phones, and meds can fit nicely in the front of your underwear or bra.

## 10.2 If you are put in plastic handcuffs:

- Plastic cuffs have caused some people long-term nerve damage. If you have pain, numbness, or tingling in your hands at any time immediately request that looser cuffs be put on. If one officer refuses, ask another and don't stop asking until they change the cuffs.
- Try not to move around too much, as this can tighten the cuffs. However, if one or both cuffs are already too tight, massage the hand whose cuff is too tight in order to promote bloodflow and limit damage.
- Consider requesting that you be cuffed in front. Ask if anyone in your group can demonstrate how to contort yourself so you can get the cuffs in front.
- If after the cuffs are removed you experience pain, numbness or other unpleasant feelings have these symptoms documented ASAP by a medical professional and get in touch with your local street medic organization.

## 10.3 If you have a medical problem before or during detention:

- If you have a medical condition that could cause problems while you are being held consider telling the police ahead of time. This may encourage them to respond more quickly if you start to have problems.
- If you or anyone in your group starts having a medical problem tell the police ASAP (with the person's consent), and request immediate professional medical attention. Do this early, as it may take a long, long, long

time for the police to do anything. If you don't get a response initially keep asking until help arrives. Consider using chanting or other group tactics to get the police to respond.

## 10.4 While you are detained:

- Stay as calm as you can. The police may try to unnerve, dehumanize and stress you out. Try yoga, singing, meditation, sharing stories, etc.
- Remember, police lie. Your fear is their weapon against you. They will tell you things that aren't true (that your friends have blamed you and are getting out, that you'll get out in an hour, etc.).
- Think about what good can come of your arrest. Can you do a skill-share with you cell mates? Learn new songs? Tell jokes?
- If police are abusive in any way (emotional, physical, violating your rights) note the officer's name and badge number. Try to remember as many specific details as you can. If you have a pen, write it all down!

## 10.5 When you get out:

- Release can be paradoxically stressfulsuddenly you have to deal with the outside world again.
- Try and talk about your experiences before you go to sleep, ideally with the people you were with. If possible, recount what happened and how you felt about it. If you don't feel comfortable talking, listening to others talk about what happened can help. Research shows that if people sleep before talking about traumatic experiences they have a higher incidence of long-term emotional problems related to the trauma.
- Try and be gentle with yourself. Sleep (after talking), eat healthy food, relax, get friends to give you massages, indulge, BUT avoid alcohol, tobacco and other drugs as much as possible.
- Don't go through this alone! If your regular friends aren't sympathetic, find fellow activists or groups that can help. Some medics are trained in counseling, or you can call the a good warmline or hotline
- Be creative with stress management – try herbal therapy, counseling (many people have found Eye Movement Desensitization and Retraining or Somatic Experiencing especially helpful), massage, Reiki, etc.
- Even if you don't feel terribly stressed you may have nightmares, a short temper or other reactions to your experience. This is normal, and may be a sign that you could use more formal processing of the experience.

## 10.6 For more information:

`http://medic.wikia.com` – general street medic site with good info and links on plastic handcuffs, emotional trauma and other health issues

# 11 Stress, feelings, emotions, and coping

Stress and feelings, and emotions are not experienced in the same way by different people, and no two people cope in the same way. Since different things work for different people, and are bound by the context of their relationships, this chapter begins with the story of fictional characters who opened a squat in Chicago on May 1st. The story starts two weeks later.

## 11.1 Sammy and Camo Steve

Sammy and Camo Steve stayed on in their squat in Chicago after the NATO summit was over. They planned to help with Occupy Chicago and open more squats as anti-forclosure and anti-poverty actions. So did about a dozen other people in that small space. Sammy was totally fucking fed up with the squat after they got out of jail. The alcohol-free room was working out but Sammy felt like everything else was falling apart. Dirty kids were hanging out with their dogs on the street, it was cold, everybody was sick, and people were starting to shoot dope in the house and there was no political will to fight the situation. Sammy was afraid the neighbors were going to lose their shit. The place was supposed to be low key!

Camo Steve had come to deeply respect Sammy. Camo Steve knew Sammy had come through a lot: they had been on the streets since they was 12 or 13 because of some rank child abuse, had cleaned up from drinking a few years ago, had a friend die on them, and really wanted to live a less fucked-up life. But Sammy was losing their shit. Sammy started yelling at people, giving them copies of this booklet and telling them to start their own damn squat. Then when everybody got sick, Sammy just withdrew and started cutting again. The weekly meals stopped happening and the squat got squalid. The water never got turned on.

Sammy couldn't sleep. They just stayed up all night scratching because of real or imagined scabies. Steve was worried, but Sammy wouldn't talk.

## 11.2 Supportive Relationships

It helps to have someone to talk to, whether one-on-one or in a support group. Meeting with others can give you support, help you recognize feelings, understand the underlying causes of your problems, and find solutions to problems. There is no substitute to talking to somebody.

### Being supportive

Being supportive to someone is very different from trying to rescue them. Rescuing is a very draining activity. Rescuing means:

- Doing something for others that they can reasonably do for themselves
- Assuming you know what the other person wants or needs

- Not doing something because of its assumed effect, such as not saying something because you assume the other person cannot handle it
- Doing something for someone that you really don't want to do

How to be supportive without rescuing

1. Ask the person what he wants and doesn't want
2. Be clear about what you want to do and what you don't want to do
3. Be clear about what you are capable of doing and what you are not capable of doing
4. Negotiate with the other person about what you will and what you will not do
5. Acknowledge that you may have an investment in rescuing others – and find out why

**When someone shares something that scares you**

When you are giving support and someone shares something you don't know how to deal with, ask yourself the following questions:

- "Is this situation challenging my boundaries? Can I handle this?"
- "Can I put aside my fears and listen non-judgmentally?"
- "Do I need additional assistance in order to be supportive to this person?"
- "What can I do? What can't I do? What are my limits?"

If you feel you need additional assistance be honest with your friend, get his permission, and contact someone you know who is versed in the subject. Hopefully you can find someone supportive who shares your friend's values. Someone with lived experience, compassion, and understanding can often help in times when a clinician would do more harm.

If you feel you can continue in a support role, here are some tips:

- Actively listen, with as little interruption as possible, to the person's entire story
- Take care not to place personal judgment between you and the person's experience. He is the expert and he is informing you
- Ask for permission throughout: for clarification, for further understanding, to offer suggestions, etc.
- Seek a mutual place of calm. This will allow you to support the person as he determines his next actions

Remember to check in with yourself and practice self-care, as well. Offering support in a traumatic situation can be traumatizing for yourself. Do not consider yourself a failure to your friend if he seeks additional support; you can't do everything alone.

#### When someone shares that he wants to kill himself

Don't assume that someone you know intends to kill himself just because he is being reckless, cutting himself, or in an altered state. However, as the 10th leading cause of death in the US, suicide is an issue many Americans will encounter in their lives. Suicide survivors have attributed their suicidal state to factors including trauma, depression, hopelessness, isolation, sleeplessness, and stress. A significant and growing cause of suicide is adverse reactions to antidepressants.

Personal support is essential when someone is experiencing a suicidal state; if someone you know is having thoughts of suicide, you can help just by caring and listening without judgment. Do not belittle what the person says or tell him that things aren't as bad as he thinks they are; this may often only make him feel that he is "crazy" for making a big deal out of nothing and alienate him from future support.

Express respect, confidence, and trust in the person. Only touch at his initiation. Help him brainstorm ideas for a safety plan on his time – don't take over and plan for him. Focus on safety and the short-term, and do what you realisticly can do to help the person achieve his safety plan. This might include helping him get food and eat, helping him get to a place where he feels safe and can get some sleep, helping him get safely to a hospital or a detox facility, helping him drink a lot of water, or listening for a long time.

If it is realistic, make a plan to check in: "I'm concerned about you, Sammy. Would it be ok if I give you a call tomorrow to see how you're doing?" Be clear about your limits – can you promise to call tomorrow or can you promise to take him out to lunch tomorrow, and only offer what you are willing and able to give. Broken promises alienate people.

If you disapprove of choices he continues to make, think about how to express concern – to withold judgment without witholding your care and concern. If you need additional assistance, remember to be honest. Get his permission before you contact anyone for further support for him. You can always get further support for yourself, with or without his permission, as long as you maintain his anonymity and confidentiality.

## 11.3 HALT and grounding

Groups of survivors of psychiatric abuse (like the Freedom Center) have discovered that most psychosis is caused by prolonged lack of sleep. 12 Step recovery groups have discovered that most relapses are the result of being too hungry, angry, lonely, or tired (HALT). Check in during hard times with your own body or with your friend. What can you do to make sleep more possible? Can you get a bunch of water and some food that helps you or your friend feel better?

Would it be cool to just hang out in the room for a while with him? Do you just want to talk about what you're pissed about and get it off your chest? Free yourself.

Grounding is a way to detatch from emotional pain. You can also think of it as centering, a safe place, or looking outward. The point is to get free from feeling too much (overwhelming emotions or memories) or too little (numbing and dissociation). In grounding, you attain balance between the two – conscious of your body and the world around you and able to tolerate it. Here's some ways some people ground:

- Use humor: Think of something funny to jolt yourself out of your mood
- Repeat a favorite saying to yourself over and over again (like the Serenity Prayer)
- Run cool or warm water over your hands
- Carry a grounding object in your pocket: a small object (a small rock, clay, ring, piece of cloth or yarn) that you can touch when you feel fucked up
- Stretch: extend your fingers, arms or legs as far as you can; roll your head around
- Focus on your breathing, noticing each inhale and exhale
- Picture people you care about; look at photographs of them if you have any
- Remember a safe place or a place you find very soothing: focus on everything about that place – the sounds, colors, shapes, objects, textures
- Think of things you are looking forward to in the next week

## 11.4 Asking for support

Everyone needs supportive community. Streetmedics often give deeply to others and yet find themselves without as many supportive relationships as they would like. Learning to ask for support can feel very awkward – especially at first, and especially for caregivers. But learning how to ask for support makes you stronger and better able to support other people in the long term. Often people put off reaching out for support until things are really bad, and then reach out impulsively. At that point they may just want bad feelings to stop immediately, but the people they reach out to may not be prepared to respond appropriately.

You can ask for support at any time – before, during, or after a hard time. Here are some suggestions to help with asking for support:

- In learning to ask for support, start small: practice on safe people, with simple requests

- Prepare how you will handle it if the person or community resource refuses your request for support
- In asking for support, you don't have to "spill" everything
- When asking for support, be gentle – no demands, threats, or insults
- Carry on your person (for instance, in your wallet) a list of phone numbers you can call – even if you have a cell phone

## 11.5 Resources

- NYC Peer Support Warmline: 1-877-HELP 800 (1-877-435-7800) m-f 8a-8p; Georgia Peer Support Warmline (24/7): 1-888 945-1414; Cincinnati Peer Support Warmline (24/7): 513 931-WARM (513 931-9276)
- 1-877 WAR-VETS (1-877-927-8387) – Veterans and military families confidential peer-support warmline (24/7)
- 1-888 843-4564 or ¡¡glnh@GLBTNationalHelpCenter.org¿¿ – National GLBT Hotline for questions or problems (M-F 4p-12a, Sat 12p-5p)
- 1-800 799-7233 – National Domestic Violence Hotline (24/7)
- (312) 346-1475 – Chicago Area of Alcoholics Anonymous – www.chicagoaa.org
- (708) 848-4884 – Chicagoland Region of Narcotics Anonymous – chicagona.org

## 11.6 Planning for support

When things are going well, plan how to maintain personal wellness and what you will do when hard times come. Personal wellness planning is an organized way to prepare to take care of essentials every day, recognize early warning signs when they occur, and have a plan. You can share your plan with people you trust. Ask them if they can be available to offer the kind of support you want when you need it most. That way they will be prepared to take what you got coming, and you will know what exactly they are willing to offer in support.

A useful resource you can use to do personal wellness planning: The SAMHSA guide called Action Planning for Prevention and Recovery, available at no cost by calling 1-800-789-2647 or online at `http://www.samhsa.gov`

Other methods of wellness planning are also very good – you can alter a method that already exists, or even make up your own. Whatever method you choose, personal wellness planning is essential to personal mental/emotional recovery and support work in prolonged, high-stress, resource-poor environments.

## 11.7 Supporting Sammy

Sammy didn't want to talk, but they let Camo Steve hang out with them. Steve kept people away from Sammy and kept the room quiet. When Sammy woke up, Steve had a big glass of coconut water and a bowl of oxtail soup he asked Dragon to go get from the corner deli. After Sammy ate, they just started venting. Steve was clear that he could listen to anything Sammy wanted to say about how they was feeling, but please no stories about their childhood. If Sammy needed to talk about old shit, Steve had some warmline numbers and a phone for that.

Sammy was so mad. They felt like the squat was like their mom's house, and they didn't feel safe there. Sammy had so much shit to say, and Steve just hung out with them while they said it. He kept other people out of the room, and got Sammy a glass of water when the coconut water was gone. After Sammy was talked out, Steve asked what Sammy wanted to do about the situation. Sammy said they didn't know. Later that day Sammy said to Steve, "We really can't make these d-bags leave, huh?"

Steve said that it looked like it was too late for that.

"Okay, lets move then."

What an idea! They sat up for a while scheming about the other properties they had checked out before moving into their squat, how they would make their exit, and who they would bring with them. The next day at the public library they did a little internet research on the other properties and went to the title chain website. They got a group of four squatmates and prepared to move.

In their planning for the new squat, they decided to learn from their mistakes. All squatmates from the old place would have to be doing the permethrin cream for the scabies, no bedding was to come in the house until it was washed and run through a drier, and they would be quieter about the location. They checked out some buildings, made up their mind, and made their move.

When he found out they were leaving, this guy Hoolie who was staying in the old squat demanded to know where the new place was. When nobody would tell him, he punched a wall, yelled at them and said he would come find them. They stayed pretty chill. Then Hoolie got between them and the door and pulled out his knife. "If you go, I'm coming with you," he said.

## 11.8 Tips and tactics for dealing with violence

It is a good idea to lay down the law and make sure everybody agrees when you write the house rules, and to make sure that everybody who enters the squat is introduced to them when they first come in and is willing to help uphold them. When shit goes down, set boundaries. If someone is upset, ask them to go be pissed off outside of the immediate space.

If the other person has a crew who will help her escalate the situation, somebody should talk to her crew and ask them to stand aside and honor the house rules. Somebody should be the anti-violence negotiator who leads the violence intervention work and sticks with the person until the situation is

resolved. Several people should be standing by but not intervening unless the anti-violence negotiator asks them to step up and make something happen.

Notice the difference between people who are incoherent/on drugs (need to be held in love) and people who want to do violence (need de-escalation). Use immediate risk assessment and weigh out the situation. Is someone intoxicated? Does she have weapons? We're told that we need to use violence more than we do. Risk assessment helps to check that.

**What are moments of escalation?**

Have a clear sense in your mind: I'm not going to escalate (do X) until Y happens. Have clear tiers. There is a very long spectrum. Think about what brings you back when you're crazy and upset: love. Come from that place. Be honest: don't use threats, use consequences. Say stuff like: "If you stay, you're not going to have a good time, and people will be pissed at you. Your friends will think you're a big pud." Meet her where she's at, and then bring the energy down.

1. Ask the person to talk (a third party should do this stuff. Seriously, have your friends' backs when shit goes down. If there is no third party, just get away to somewhere safe and plan an intervention if necessary). Pull the person aside, out of ear shot so she doesn't feel like she is performing. Tell her she needs to... (sit down and chill for a while with you, go down by the river for a minute, etc.)

2. If she resists leaving the situation try saying things like, "Listen, don't make a scene, it's not the end of the world, you just really can't be here right now. Lets go for a walk and figure this shit out," or "You aren't using the greatest judgment right now and are looking sort of silly. If you come with me we can find a better way to do this"

3. If she is still making a fuss try saying things a little more seriously, like this: "Look. If you don't take this seriously right now, people are going to think you are an irresponsible asshole," or "You aren't going to have a good time if you stay here right now," or "Don't embarrass your friends and date, ok? If you chill out and just come with me to talk, people will respect you a lot more than if you make a big scene about it"

4. If she starts to walk away (like back into the house), remember this isn't a violent action. Follow her without touching her and try again – "Hey, I'm telling you, you really need to stop walking that way. Just pause and listen to me"

5. If she expresses that she won't talk to you or leave, signify to your crew that you need some back-up (either have at least one other person with you already, a hand signal, a walkie talkie or something)

- You might just want to show that you have a crew and then have them step back again to put you in a stronger negotiating situation but not give them an audience. In some situations, you might want some or all of your crew to stick with you from here on out
- Try having someone else from your crew talk to her (it sucks, but people usually respond *much* better to hearing hard stuff if it's coming from someone who shares an identity with them, so think about race, age, gender, sexuality, class, style. These things *really* matter)
- If she is trying to actively harm somebody or violate somebody's boundaries, get people to construct a body blockade between her and everyone else. Be careful to ensure your movements are not interpreted as aggressive. Keep saying, "We don't want to fight you. It doesn't have to be like this. You are making this way worse. Just *stop*"

6. If she keeps trying to walk away (like back into the house), position your body so she can't. Keep getting in her way

7. If she gets in your face or expresses physical intimidation, put your hands up, palms facing her, and say something like, "Hey, this doesn't have to be like that. We don't want to fight with you," or "Fighting is bullshit, we aren't trying to fight – we just want you to cool it and come talk to us," or "Look, fighting is totally boring. I'm not going to fight you – that's some macho bullshit. Just come and talk over here for a minute"

8. If she pushes you around or initiates violence in any way, someone trained in nonviolent immobilization should immobilize her (bear hug from behind, knee swipe to get her on the ground, etc.) If you can't get her immobilized and you feel scared, ask for *more back-up*. At a certain point you should be able to get her to stop inflicting blows or violence

9. If the person has a gun, is making really serious threats, or something comes up you feel like you can't deal with, let her know you're going to call the cops. If you have to, actually call them

**Weapons**

- If the person has any weapons, your risk of getting hurt bad goes way up. If you see a way to talk her into giving you the weapon, go for it. You had better have back-up in case you get hurt, but you might want them to step back to cool the situation down. "Look, somebody called the cops. I don't want you to go to jail behind this bullshit. I sure as hell don't want you getting a weapons charge. Let me hold that until the situation calms down, and if they do take you to jail, let me hold it until you get out"

- If she has a weapon and she's threatening to hurt you with it or trying to hurt you with it, consider your risk and whether it's just time to get

everybody else the fuck out of there including yourself, or whether you think it's worth it and cool with you to get hurt (or killed) as bad as they can hurt you. "You want to stab me? I'm not going to fight you, no matter what you do. I want you to let me hold the knife until this situation is over. At this point I'm just trying to save you a weapons charge and an assault with a weapon charge. Hand me the knife, let's cool it, and let's talk." Don't be a hero, use your brain and your gut feeling, and listen to your crew if they tell you it's over

## 11.9 Recognizing disorganizers and bullies

To Occupy in my town,

For everyone who was inspired by the OWS movement to take action in their lives and communities, thank you for stepping up. We need each other. If this is the first time you've done activist work, there is something I want to share with you from my experience over the past 14 years that I've been politically engaged. This is what a disorganizer looks like: dominant, charismatic, violent, unnecessarily starting fights, encouraging others to arrestable actions without risking anything themselves, always doing favors, gathering a circle of submissive followers; someone who gathers power through intimidation, manipulation, violence, and lying. This is different from someone struggling with mental illness, and different from someone who is just an asshole. This is someone who deliberately uses hate speech to create division. Think about the barriers to us working together for common goals, and think about the people who are consistently starting drama that prevents those goals from being achieved. Think about the people who are driving others away. You have the opportunity to learn this now, and carry your understanding of this dynamic into all the political work you do with the rest of your life.

For everyone who was too scared to stand up for me the other day: it's ok to be scared. Without being scared, you have no opportunity to be brave. But what you do with that fear determines what kind of person you are, and what kind of activist you are. If you let anyone get away with attacking someone else just because they can, and using hate speech and explicit threats to force that person out, you end up with an encampment of people who have forced out many supporters, or who were too cowardly to stand up for others. In order for this movement to make any real changes, we need to protect each other, and we need to be brave enough and tough enough to stand up for each other no matter how scared we are, and we need to do everything we can to make our work inclusive of all kinds of people: otherwise we fail. No matter how scared you might be, when you stand up for someone who needs it, you create an ally, and a bigger movement. People don't forget what it feels like to know that someone had their back, even when it wasn't easy or safe or popular. For the people who did stand up for me, I won't forget you, and I hope we can keep building this struggle together.

In struggle,

Sammy

## 11.10 Building relationships on healthy foundations

Crisis doesn't come out of nowhere. It grows out of neglect and abuse in our relationships with ourselves and each other. Some of this is unintentional; while some of it is the combination of active disorganizers and passive bystanders. Most of this chapter has focused on responding to crisis, because it usually isn't until you've weathered a few crises and gotten totally sick of them that you really get serious about building truly intentional healthy relationships before, during, and after actions.

All people have similar needs – enough good food to eat, a restful place to sleep, places and times when they know that they are safe from violence and disrespect, supportive community, meaningful work, dignity, and personal growth. Protests and squats can provide partial freedom from landlords, banks, bosses, welfare bureaucracies, drug economies, and dysfunctional families that prevented its residents from getting their needs met. But in a society structured on these inequalities, people must work actively to build healthy, respectful, and mutual relationships or they will lapse into the familiar oppressive patterns they fled.

Work together to ensure basic needs are met and that your housing sites and home feel safe and secure. Address disrespectful and violent behavior and cultivate a willingness to be accountable to each other. Have a life outside the action: everyone feels better when they do something fun, physical, or social every day, and it helps so much to have trustworthy relationships outside your group as well as in it. Make meaningful work easy. It is important to see successes and to feel a sense of collective accomplishment. Make space for people to have quiet time and time alone. If your housing site or squat is overcrowded for a long time, find additional housing or open more squats.

Everyone needs a good balance of activity and rest. Work can mean getting out of the house to work, working on the house, and being a part of meaningful projects. Rest can mean grounding, sleep support, and hanging out without an agenda. Group meals, kitchen parties, and hanging out without an agenda help to build community. It is easier to cook for a big group of people than it is to cook for just a few people. When everybody always has to prepare their own food, battles often erupt over somebody eating somebody else's food, and eventually many people default to eating bagels and peanut butter.

When a member of your group endangers himself or other group members, help him to face the feelings and problems that drive his behavior so that he can heal. When a person in your group is in danger, help him to find a safe refuge so that he can heal and trust again. Remember that emotional and social crises arise from unmet needs or crossed boundaries: hunger/bad food, loneliness/isolation, anger/crossed boundaries, tiredness/lack of rest, traumatic stressors, and the effects of medications, alcohol, and other drugs.

Amazing crews of friends form in actions, Occupy camps, and squatter communities. People fall in love. Long, deep, questioning conversations happen, and lead to awesome collaborations. Fun and absurd events and actions make protesters, rebels, and squatmates laugh together, and working together builds

your knowledge and skills.

Still many of us are deeply lonely. Many of us drink too much or smoke too much. Many of us know very little about our new friends beyond our shared experiences. Many of our relationships are unhealthy. Many bullies are never confronted. Many of us are afraid – of police, our pasts, or other protesters – and don't know who to trust.

Good health is not about the integrity of the individual body – good health is founded on the integrity and supportiveness of a person's relationships. These relationships are how people meet our needs, improve our environment, weather tough times, and celebrate successes and good times.

Streetmedics work to recognize individuals trapped in bad situations and offer support, escape, and some defense. But we also work to recognize when many of our community's relationships are based on shared stress and trauma. You can help change the foundations of the community's relationships by organizing opportunities for people to get to know each other and themselves as whole people, to have fun, to reflect on their lives before the NATO summit or Occupy Wall Street, and to share their most fervent hopes and dreams and their most frightening fears with each other. You can begin by taking the time to get to know the protesters yourself.

# 12 Shooting The Wounded

How to document your injuries for lawsuits and the livestream.

## 12.1 Why document injuries?

Cops beat people up all the time. They get away with it for a lot of reasons. For one thing, the system allows the police a lot of legal leeway to attack people, and the people they attack are usually the people most oppressed by this society – people of color, poor people, people with chronic health conditions or disability that can prevent people from immediately complying with police demands (diabetic emergency, Deafness, etc.), genderqueer people, etc. So when the police do overstep their boundaries, most victims don't have the resources to seek "justice" in the legal system. If they do, it can be a hard fight to win: most people who end up on juries believe what the police say, and the police are good liars.

Though having pictures or even video of your injuries won't guarantee that you'll win your case against the Chicago PD, it drastically improves your chances. It's harder for a cop to prove he used the "minimum force necessary to subdue the perpetrator" if the "perpetrator" has clear livestream video of the unprovoked police attack, photos of giant bruises on her abdomen and neck, and cut marks on her wrists from where her handcuffs were on too tight. Also, reports from a doctor at a free clinic can create a record of the injuries that don't show up on film: torn muscles, concussions, etc.

## 12.2 How to photograph injuries

Even the marks of severe injuries can disappear quickly. Without good photos, you might lose those injuries as evidence of police brutality. The better your camera and film is, the better your pictures will turn out. A regular 35mm camera is better than a disposable one, but if that is all you have, don't wait to get a 35mm before you start taking pictures.

Digital pictures are easier to manipulate, so might not stand up as well in court. If you take digital pictures, immediately email them to yourself and/or friends, and/or post them online. The upload time stamp and log files may improve the legitimacy of your pictures.

The first picture should be of your whole body. After that, the person taking your pictures should zoom in on the injury, taking pictures as he or she is getting closer to it. This proves that you are the injured person in the pictures, and you don't just have close-up pictures of someone else's bruised arms.

Take pictures as close as possible to the injury to show the most detail. Be aware of the limitations of your camera – it'll get fuzzy the closer you get, especially if it's a disposable camera.

If it's a small injury, it's even more important to get a good photograph of it. Try taking pictures of it from different angles, with different light (direct sunlight, flash, etc.).

If it's a big injury, put a ruler next to it in one of the pictures to show how big it is (but make sure you take pictures without the ruler, to show you aren't hiding anything. If you don't have a ruler, use something with a standard size, like a dollar bill.

Don't rely on any one picture to show your injury. You should take at least six pictures of any one injury.

Right after the incident, take a full roll of pictures of all your injuries.

Keep taking pictures every day or every other day to show how they change. keep taking at least six pictures of each injury.

Keep a diary of who took the pictures and when you took them, so you know that photo #22 is from the sixth day after you were attacked and your mom took the picture.

You should have a blank wall behind you in the pictures. There shouldn't be any clutter or personal items in the background.

Don't smile or frown in your pictures. Try to have a neutral expression. Also, don't flex your muscles or pose more than you have to to show your injury.

Do the same for every injury you have.

## 12.3 Talking to doctors to document injuries

The good news is that doctors' testimony is given a lot of weight by the courts and by the press, and having a doctor's report on your injuries – especially ones you can't see – can really help your case.

Go to a doctor you can trust as soon as possible. If you can't afford to pay for a doctor, local organizers can often point you to clinics where you can get good treatment for free.

A lot of injuries disappear quickly and are hard to see – like the marks handcuffs leave when they're put on too tight. When you go to a hospital (and if you feel safe) tell *every* nurse, technician, and doctor who looks at you about each of your injuries (including less severe ones) and how you got them.

It's important, especially in a free clinic, not to let doctors or medics rush you so that you can't tell them about each of your injuries and how you got them. Ask them to write down your injuries in detail, especially injuries you can't take pictures of, like sprains, strains, and things like broken noses or ribs.

If the doctor recommends follow-up treatment or appointments, it's important to go. This will give you more credibility and let the doctors keep documenting your injuries.

Hold on to any forms you get.

## 12.4 Warning

It can be risky going to a hospital right after you're injured by the police. Especially during mass protests, emergency room workers often call the police if activist-looking people come in for help. More than one activist has ended up in jail after going to the hospital to have an injury looked at. This happens to poor people all the time.

However, there are steps you can take to keep yourself safe: go to a doctor you have a relationship with, go to a hospital or free clinic across town (or in a different town) from the protest, and be dressed up "nice". Of course, if it's a potentially life-threatening injury, consider taking the risk of going to the closest hospital. If you've already gone to jail and been released, you don't risk as much by going to a hospital and telling them exactly what happened to you.

## 12.5 Other evidence

Keep a diary of all of your injuries. Lots of the effects of injuries don't show up for days or weeks after, so keep a detailed log. Write down how your injuries feel, any new aches or pains, and any new problems you are having since the attack, and how you are feeling. Also include if you have missed any days of work because of these injuries.

Keep evidence! For example, if you have bloody clothes, put them in a garbage bag and hold onto them. Same goes for rubber bullets or tear gas canisters.

Also hold onto all paperwork you get from the cops or the court (e.g. arrest report, property receipts, booking photos, etc.).

## 12.6 Photographing the scene of the incident

A lot of the same rules for photographing noted above apply when taking pictures of the scene of the incident with the police. Start by taking a panoramic photo of the surrounding area, then zoom in with photos getting closer and closer to where the incident happened. Make sure street signs, building numbers, and/or landmarks make it into the picture to establish where it is, if possible.

If there's crucial evidence, like bloodstains on a wall, take photos of it from different angles, with different light, and from different distances. This will help your chances of having at least one that shows what it actually looks like.

Finally, try to sketch a bird's-eye view of what the scene looks like; this will help other people understand what happened, and help you keep your own story straight.

Talk to the legal team before recording any police. Recordig police may carry a criminal charge in Chicago.

# 13 Organizing Medical Support At Protests

To: Organizers of protests; All action medics

Date: April 26, 2002

Medical coverage at large and/or direct actions needs to be taken more seriously. Regardless of the expected level of risk, health care is always a concern, whether due to police violence, weather, sudden illness, or previously existing conditions.

For decades, action medics have provided free first aid at demonstrations, marches, rallies, and direct actions. We are volunteers with varying levels of medical training from basic first aid, to EMT, herbalist, RN, and MD. While street medics and clinicians might share a particular political philosophy, as a group we agree to use our skills to help any person in need (including protesters, counter-protesters, and anyone else who might need our assistance).

Street medics and clinicians are essential because we treat people in situations that paramedics and EMS will not enter. Street medics also serve as intermediaries, working with other activists and sometimes police to create a safe space for paramedics and EMS to enter in order to provide further care.

Usually, a few days before the action, a handful of medics arrive to connect with organizers, work out last minute details, and scope out the city. In the past, basic street medic trainings have been given during the days leading up to a demo. We are moving away from this approach due to the many other commitments and activities during that period. The majority of medics arrive the day before the action is planned. In a medic spokescouncil, teams are formed and coverage of actions is decided. Clinicians take on the job of organizing and running the first aid station. The day of the action, medics start early and come home late, tired, and hungry. They stay until the morning after, except for a few medics who may stick around to tie up loose ends, provide jail support and aftercare, etc.

Because street medics are volunteers, coverage of actions is not guaranteed!!! Organizers need to contact us before the action, include us in their budget, help us secure supplies and spaces, and remain in contact throughout the action. We need to be informed, as much as possible of who, when, where, and why we need to cover an action before we put our bodies on the line. Ideally, local activists and medics on the ground in the city where the action is being planned would work together to coordinate medical coverage.

It is in the interest of better organizing the medical presence at actions that we are including a detailed checklist of what we need, in order to develop a sustainable presence. While it may seem like a lot, we are *always* open to alternative solutions (Food Not Bombs, carpooling, sleeping on floors); we just need to have plans in place. We encourage groups to work in coalition toward meeting these needs.

In Solidarity,

A & B

## 13.1 CHECKLIST: Organizing Medical Coverage at Protests

1. Housing
    - **Secure** means locked doors, someone there 24 hrs, accessible 24 hrs
    - Central location to actions, near public transit
    - Showers
    - Kitchen facilities
    - Same place for the entire action
    - Space for 20 to 100 (number of medics varies)
2. Trainings
    - Must have confirmed location, time, and attendance!!!
    - We offer:
        - Health and safety trainings for activists (3-4 hours)
        - Group-specific trainings for affinity groups, squats, city EMS services, etc. (usually 6-10 hours)
        - Basic street medic trainings (3 days, 20-28 hours)
        - Licensed medical professional to street medic bridge trainings (1-2 days, 8-12 hours)
        - Other trainings based on skills and needs
    - Ideal location will have large indoor room with waterproof floor, access to outside (for scenarios), removed from general convergance space but within reasonable distance
3. Coordination with other organizers
    - Medic liason with each organization/group that wants coverage at the action, to secure funding/supplies/space, to update medical teams on what to anticipate, and for general coordination
    - Meetings with communications, legal, jail support, housing, and other support teams
4. First aid station / Wellness center
    - First aid stations and wellness centers are run by the clinicians
    - Ideally, it is a secure space in a centrally located building with room for treatment, aftercare, resupply, and rest/downtime
    - First aid stations have also been set up in tents, vehicles, and shopping carts. In crises, we have improvised emergency first aid stations in alternate spaces (for example, in Quebec's CMAQ building after the main first aid station/wellness center was confined behind police lines)

5. Money
    - Transportation – planes, buses, gas money to get to actions; taxis and public transit fares or farecards within the city
    - Rent for housing, first aid station/wellness center (building, tent, or rental vehicle), etc.
    - Supplies
    - General reimbursements to individual medics
    - Food
    - Childcare and animal care (at home)
6. Other needs
    - Appropriate communications equipment (a few extra cellphones and a borrowed laptop for dispatch, or a radio system with GMRS radios or Nextels for every team)
    - Access to photocopy machine
    - Maps of the city and of planned actions (as appropriate)
    - List of local clinics and emergency rooms, with phone numbers and driving directions
    - Friendly spaces around the city for refilling water, nchill-out, using phone, etc. during the action
    - Translators (as needed)
    - Childcare and animal care (at the action)
7. Supplies and gear
    - Packs (hip packs or anything with lots of pockets and/or compartments); fishing/photographers' vests with lots of pockets
    - Rain gear, polypro underlayers (especially long-sleeved)
    - Paramedics' pants, BDUs, or cargo pants with many pockets
    - Extra clothes and socks (for patients)
    - Quart-sized ziploc bags
    - See the gear list later in this handbook for more supply needs

## 13.2 What to include in your jail support form

If your medic group has a dispatch system for the action, the dispatcher should have your jail support forms and the main legal number for the action. If you don't have a dispatch system, a totally non-bustable member of your group should hold the forms and call in your arrests, make sure jail support happens for you, etc.

Here's what to include in your jail support form:

- Legal name
- Preferred name
- Date of birth
- Preferred pronoun
- Emergency contact name and info
- Special considerations and needs (medical conditions, trans/cis status, pets, children, job that needs to be called, etc)

# 14 Roles for providers

Medical providers who have not cross-trained as street medics are welcomed as an integral part of street medic mobilizations. It feels good to get out of the hospital or the clinic and work in the field, free for a moment of the encumbrances of paperwork, "cover your ass" medicine, and frustrating administrators. However, many other things are also different on the street. You don't have staff, advanced diagnostics, easy referrals, charts to give you baseline on patients, or a controlled working environment.

By working outside of medical institutions, each action medical worker becomes personally responsible for establishing and maintaining appropriate clinical boundaries in the street. How you carry your social authority may cause some people to cling to you and others to be afraid of you and refuse care. Working as part of an action medical mobilization requires an open mind, real humility, and a willingness to learn from anybody, admit what you don't know, be creative, and constantly improvise. And it can change your life.

A few roles have a particularly good "fit" with providers who have not cross-trained as street medics.

## 14.1 Buddy

You can plunge right into the fire and work in the field at actions, housing, or jail support as the buddy of a street medic. Don't cheat yourself by buddying up with another medical provider; find a street medic who is not a medical provider. Your exchange with her in the street will be worth it. When choosing your buddy, get to know her and ask her questions before making a commitment. Ask when and where she was trained as a street medic, and if it was a 20 hour training. If she can't tell you, or didn't attend a 20+ hour training, she's not a street medic. Find another buddy.

It is appropriate to ask a street medic for names and contact info of people she has worked with at past actions who can "vouch" for her as a medic. Feel free to ask, and to check in with those people and find out what they have to say about her. Ask her what actions she has worked at and what she thought of them. Ask what kind of risks she prefers to take at actions. Ask about her political philosophy. Ask if she holds any certifications or licenses in the medical field. Ask if she is an herbalist. You're looking for someone you can trust in the field, and someone you would like to work with.

If you find someone you'd like to buddy with, encourage her to take point and to provide the majority of the care. You start practicing empowerment with your buddy. If she seems really inexperienced it's probably because she is. From your position as the "scene assessment" buddy, you can learn what your buddy knows and maintain enough detachment to help her learn better assessment and treatment skills. Any bad judgment calls she makes are learning opportunities for her and chances for you to kindly and respectfully help her learn. You and your buddy can decide to switch roles in the course of care if it would be helpful for you to jump in and get hands-on with the patient. Take

the time to debrief after every patient, and take the time to listen as well as to teach.

## 14.2 Clinician

Action first aid spaces and wellness centers are very different animals from Federally Qualified Health Centers. They exist as an additional tier in the care provided by action medical at an action, and do not replace existing community health services when those are needed. Patients who do not immediately need the emergent care services offered by technical medicine use the action wellness/first aid space to rest, get a higher level of patient care than can be provided in the street, get injuries documented, receive wellness services or nursing care, or consult with an herbalist or other clinician.

A common sight in action wellness/first aid spaces is "the drunk guy who face-planted." His friends flagged down a street medic and reported he stood up on a park bench and fell on his face. He's drunk so you cant really evaluate altered mental status. No vomiting, no observed transient loss of consciousness, pupils equal, round and sluggish in response to light. The medics try to get the guy's friends to take him home and follow the guidelines on the head injury aftercare sheet, but they came all the way from Montreal and really wanted to be out there in the streets that day. So the friends take him to the action wellness/first aid space, where he gets evaluated. He's meek and apologetic. Medics make him comfortable and let him sleep, herbalists brew up some tea, and a medic wakes him up every hour to check his pupils and look for late developing signs like raccoon eyes or Battle's sign. He's feeling better by the time his friends come back, and the medics send his friends home with clear instructions for using the head injury aftercare sheet.

Action wellness/first aid spaces don't see themselves as definitive care. In a pinch, they can stretch their resources and pull off amazing feats with patients who absolutely refuse transfer to definitive care. But for everybody else, the clinic triages them into those who leave quick with or without a simple intervention, those who stick around for a while for assessment over time or rest, and those who leave quick in an ambulance or a car for the hospital. The action wellness/first aid space needs a good list of local low-cost and free health and social services to give patients who require definitive follow-up or services the action wellness/first aid space cannot provide.

There isn't a staff at the action wellness/first aid space to keep things running smoothly, just as many volunteers as are scheduled during your shift, with whatever skills they've got. And they serve the patient, not the doctor. A street medic with experience in action wellness centers or action first aid spaces (and their buddy) should always be onsite to do clinic coordination or everything could fall apart. Jobs that need to be done include scheduling, constantly organizing and labeling supplies (and throwing out or hiding some that got donated and shouldn't have been), cleaning up, and staffing the front desk. Some spaces include intake workers; in others, you do your own intake. People come in waves that depend on the action and mood in the street. Sometimes it's dead for three

hours, then the space is suddenly swamped, right after the provider left from boredom.

Nurses and herbalists prove some of the best at intuitively understanding what is needed in action wellness/first aid spaces. The basics are two pillows and a blanket somewhere that is quiet, clean, accessible and feels friendly and safe enough for patients to relax; a box of correctly-sized exam gloves; and a caring, competent, sympathetic clinician. Everything else is extra.

## 14.3 Generating legal medical records for lawsuits and criminal defense

Patients sometimes want police-inflicted injuries documented for legal purposes. Common injuries include almost visibly imperceptible wrist abrasions or bruising combined with compression neuropathy of the superficial radial nerve caused by long custody in overtight handcuffs, or large (ie. 30 cm wide) contusions in the lumbar region caused by blunt force trauma. Sites where requests for injury documentation are most common include at jail support (when support teams including medics, legal, and comfort maintain vigil outside holding facilities to receive released arrestees), in the action wellness/first aid space, and at housing sites. Street medics take photographic and written evidence of injuries and give these records to the patient. Reports written by anybody other than a medical provider are considered hearsay by judges, but are usually a legal team can use them to build a case.

Medical providers have the authority to create official medical records which can be used as legal documents in court. The authority to create legal documentation of injuries can be a great asset to patients. In the United States, medical doctors and doctors of osteopathy are granted this right in all states. The ability of Nurse Practitioners to produce official medical records with the authority of legal documents in court is governed differently by each state's advanced practice nursing or advanced nursing practice laws. When producing medical records for patients, be sure to provide your business card or other contact information along with the record, so that they can easily contact you and call you as a witness in court. Be aware that if they do initiate a lawsuit, it may be several years before you are called.

### Medical records for hungerstrikers

Official medical records are also highly useful in support of hungerstrikes. Hungerstrikers use their own declining health as a bargaining chip, often when more moderate tactics have failed, and all they have left to bargain with is their own lives. Accurate, regular medical records collected every week (or more frequently during precipitous declines in health) can be given to the patient who may then share them with their support team in order to publicize their cause and their determination. Records may be used in court and you may be called as an expert witness if the courts intervene on the behalf of the hungerstrikers.

The role of a support medic during hungerstrikes is never to support the strikers' health – health support begins when strikers voluntarily beak their fast and need info about a safe food reintroduction schedule, aftercare, and recovery support. Hungerstrikers' intent is to get as dangerously unhealthy as possible as quickly as possible and be as well-publicized in their campaign as possible so they can win as soon as possible. Lab reports on significant bloodwork interpreted by a sympathetic doctor on an evening news program, can spark widespread concern and sway public opinion very quickly.

When hungerstrikers are incarcerated people (as they often are), you may use your social privilege to gain access to them and release the records to the support person(s) of their designation. In these situations, your special access allows you to be a valued advocate if they are being abused (ie. by forcefeeding orally or intravenously, which is rarely legal, by clandestine harassment or torture, or by a life-threateningly inappropriate food reintroduction schedule after a voluntary end to the fast).

## 14.4 Share your shock and outrage at dangers to public health created by law enforcement

One of the greatest assets that medical providers can bring to action medical mobilizations is wise and strategic use of your privilege and social position. At one of the mass actions at Occupy Wall Street in New York City, a street medic buddy team had to evacuate a patient with a head injury and altered mental status using a chair carry, in order to get him clear of the crowd and outside police lines where they could transfer care to EMS. They grabbed two medical doctors in white coats who were protesting with a group of doctors and asked the doctors to help them negotiate through several otherwise impassable situations. Doctors who look like what people expect a doctor to look like can flag a cab in situations when it will not stop for anyone else. A kneeling street medic/paramedic was once at an action in Philadelphia immobilizing the head of a downed patient with mechanism of injury for a c-spine fracture and cervical spine crepitus during a mass anti-globalization protest. The medic famously used his paramedic medical rank (higher than the first-responder and EMT-B trained police officers) to order an advancing line of heavily-armed riot police to turn down a side street and reform behind him – and the police complied.

Similarly, an outraged medical doctor who looks like an outraged medical doctor can work magic in a civil disturbance at times when an outraged street medic who looks like an outraged protester will just become an additional casualty. One very old story comes from the Miami Republican national Convention in 1972, when a street medic/NP who looked like a protester was in a crowd after the police raided the truck the street medics were using as a mobile staging unit. The police had dumped all the supplies on the ground and were tossing lit matches on the pile. In the pile were two full O2 cylinders. The medic found her way to a nearby hotel lobby, grabbed a bystander who had that look of medical authority about him, dragged him outside and showed him the situation. He went from fighting her off to full-blown outrage at the very dangerous situation

the officers were actively creating in that dense crowd. He took his outrage directly to the most in-charge-looking officer and stopped their behavior very quickly.

Spend enough time in the streets, and you will get your own story of a daring rescue using nothing but your posture of authority and negotiating skills, your courtroom testimony that changed the whole tone of a trial, or your neatly placed phone call or email that defused a situation before it ever happened. It is magical to be able to put your authority on to challenge illegitimate authority, and take it off to work in a horizontal organizing structure or provide care to a person who is extremely skittish after being brutalized by another authority figure. Using your authority strategically is a way of providing care.

# 15 Working on your shit

## 15.1 OCCUPYWALLSTREET street medic team code of ethics

1. **We do no harm.** We make every reasonable effort to give treatment that will not negatively affect the health or well-being of our patients. If no such treatment is available, *no treatment whatsoever is given.*

2. **We work only within our own individual scope of practice,** while trusting and respecting the abilities of the other medics in their work – we do not impose ourselves upon the care being offered by other medics. We explicitly inform patients of our own qualifications and limitations.

3. **We obtain clear and explicit consent from our patients** and anyone affected for every action we take as medics, including any physical contact or performing any procedure. If a patient in an emergency situation is unable to offer consent for treatment, as through a lack of consciousness, we strive to take whatever action we believe is most essential to their well-being. We respect all patients' right to refuse any treatment or transport to any medical facility.

4. **We maintain our work areas as Safer Spaces,** and actively challenge the perpetuation of any form of social domination or oppression. This includes, but is not at all limited to sexism, racism, transphobia, ableism, classism, ageism, and any other institutional oppression. We cultivate an awareness of our own privilege and work to create a welcoming, safe and comfortable space for all, while calling out any actions of other medics that perpetuate oppression.

5. **We respect and actively protect the privacy of our patients** and the confidentiality of their treatment to the greatest extent possible. We do not allow photography, videography, audio recording, or any other non-private record of our patients' care.

6. **We practice exceptional sanitation and hygiene** in our work as medics and in our working areas. This includes using appropriate protocols of Bodily Substance Isolation (BSI) in caring for patients through gloves and other means, as well as thoroughly washing and/or sanitizing hands, surfaces, supplies and containers when they may be contaminated, even imperceptibly. We thoroughly wash and/or sanitize our hands immediately after using the restroom, and immediately before touching any medical supplies or patients. If a medic suspects that they may currently host any readily transmissible disease, they do not act as a medic until the risk of transmission is abated. If we are unable to take such measures, *we do not take any action* that would require them.

7. **We maintain a continuity of care for all of our patients.** We do not leave or cease caring for any patient until a treatment is completed,

except to transfer the patient's care to another medic of equal or greater qualification – or to provide immediate and urgent care to a different patient in dire need, when no other assistance is available.

8. **We organize ourselves horizontally,** without institutional hierarchies of command, experience, ability or level of involvement. Every medic has equal power in all decisions affecting them.

9. **When acting as medics, we remain *completely* neutral.** The only role of a marked medic is to provide care for the injured or ill – we do not attempt to direct the actions or personal choices of anyone else for any tactical or political purpose, and we do not participate in any ideological or political action while marked.

10. **While working as a medic, we present ourselves with a positive and calm attitude.** While on duty, our interactions with patients, other medics, and passers-by are guided by trust, respect and solidarity, in the same way that those qualities are essential to our own standing in the community. Rather than *telling* others to do something, we *ask* them to do it. Patients in our care are treated respectfully and are spoken *to* or *with,* not *at.* We do not gossip about or judge any patients in our care.

11. **We all benefit from an orderly, clean working space,** and we all contribute to keeping it in that condition. If we re-organize any materials in a medical space, we make every reasonable effort to inform the other medics of those changes.

12. **We do not use intoxicating substances while on duty,** and we do not tolerate the use of intoxicants or smoked tobacco in any medical space.

13. **We are all capable of learning and improving our skills, and we all can make mistakes.** Each of us remains accountable to any guidance or correction, and we receive the input or critique of other medics respectfully, with good faith that our common goal is to provide the best care possible.

14. **We understand that when anyone is marked as a medic, they are considered to be on active duty, and their behavior is accountable to this code of conduct.** Should we wish to act outside of the principles in this code, we remove all markings or other indications of our role as a medic beforehand. If any medic acts outside of this code, they may be accountable to the other medics, the general assembly, or others.

## 15.2 Excerpt from "Counterbalance"

Much of the burnout that occurs in social change organizations occurs because there is no acknowledgment of the powerful emotions involved in living as part of a threatened world and working to save it. Indeed, one of the central barriers to constructive initiatives for social change is the taboo on public expression

or even acknowledgement of these emotions. Breaking through the taboo and harnessing the power of our emotional connections is essential work to be done. Radical activists have not yet fully broken through this cultural taboo.

If we are out of touch with our emotions and do not respond to the world, each other, or ourselves with emotional intelligence, then we are disconnected. Ultimately this leads to isolation and despair: emotional information that could transform the system ends up being internalized by the carrier.

Often activists view their own despair as counterproductive to their efforts. They take no time to mourn. The consequent and continual repression of feelings takes a toll on their energiesthat leaves them vulnerable to bitterness, depression, exhaustion, and illness. Internalized and disregarded, despair can then become personal depression or interpersonal domination. We then lose touch with the bigger picture, with ourselves, and our communities. Of all the dangers we face, from wealth disparity to racism to climate change, none is so great as the deadening of our response.

Emotional responsiveness to intense feelings like despair can be powerful and can fuel our activism if acknowledged and constructively held. Our emotional responsiveness releases energy for action. being in touch with the direct experience of the work we are doing and being emotionally responsive to our experience is important for us personally in terms of mental health and well-being for our continued and sustainable activism.

The pain of the world is carried in our bodies and hearts. Locked away, thisn pain can harm us – emotionally, physically, and spiritually. Consciously liberated in community, it moves us to a deeper sense of connection and compassion, helping us to eal not only ourselves but our environment.

## 15.3 Excerpt from "Building a culture of Connection as Activists"

It is important to acknowledge the culture of disconnection we live in, in order to understand disconnections within activist groups. By accounting for our personal framework, it becomes clear that we are not personally flawed for having difficulties in our groups. The history of stratification in the United States dates back to colonialism. The 19th Century American white identity strategy was based on the psychological processes used to define "the other." It was difficult for the young, increasingly diverse nation to develop a consensus as to what "the self" was. It was easier to develop a sense of what the self was not – the supposedly lazy, stupid "negro" or the supposedly heathen, savage Indian.

The "us versus them" dichotomy reflects a power dynamic perpetuated by Western capitalism in order to keep people divided and disempowered. It is manufactured, bought and sold throughout the United States; and with the advent of globalization, throughout the world. Thus, it is extremely important to bring this awareness to our interactions. This may assist us in reducing power struggles, competition, and unnecessary hierarchies. In doing so, we strengthen our relationships and increase the potential for authentic connection.

A group is nothing more than a collection of relationships. If those relationships are strong and nurturing, the group will last longer and do more substantial work. Time invested in making the group healthier and more supportive of its members will pay off in increased productivity and decreased dropout rates.

As we move into authentic connections with the people in our lives, we will find more common ground with them, leading us toward an enlarged sense of community and possibilities for social change.

**Heal those disconnections**

Disconnections are easy to identify. We all have experience with encounters that lead us to feel cut off, shut down, and isolated. We came up with a brief list, entitled, "When do I feel disconnected from others?" to explore disconnection. Here are a few examples:

I feel disconnected when...

- The conversation is shut down by defensiveness/criticism/judgment
- The other person(s) is checked out, bored, or ignoring me
- My ideas are discredited or rejected
- People are taking up too much space
- People go to others without talking to me about a problem first

Too often, the culture discourages us from healing difficulties in our relationships and our groups. With the intention of moving forward, we often shrink away from bringing up difficult issues. But the healing process is the most exciting component of our work. The ability to reconnect, to be resilient in relationship, to move back into connection to see if mutual growth-enhancing relatedness can be reestablished is one of the most important skills one can develop.

Here is a list of practical methods for transforming disconnection in personal relationships:

1. Ask yourself if there is a possibility for growth or mutuality in the relationship
2. Name the disconnection in a non-accusatory way
3. Locate your role in the disconnection and take responsibility for it
4. Hear the other person's sense of what is going on
5. Collectively study the variables that influenced the disconnection
6. Jointly make a commitment to improve the relationship

This list is not complete without acknowledging that relationships are living things and must be continuously be nourished. In doing so, our work will thrive, grow, and change for years to come.

## 15.4 Tools for white guys who are working for social change and other people socialized in a society based on domination

The streetmedic insignia includes a white snake wrapped around a raised black fist. Why? Because most streetmedics have historically come from white privilege, and got our start in African-American civil rights struggles. In the field, we can work across many faultlines of oppression because when a mobilized person is suffering in a crowd, and you are nice and competent, they rarely care what you look like. But in planning meetings, evaluations, and other places where power is often hoarded, we all still have a lot to learn.

1. Practice noticing who is in the room at meetings – how many men, how many women, how many white people, how many people of color, is it a heteronormative environment, are there out queers, what are people's class backgrounds. Don't assume to know people, but also work at being more aware.

2. Count

    - how many time you speak and keep track of how long you speak
    - how many times other people speak and keep track of how long they speak

3. Be conscious of how often you are actively listening to what other people are saying as opposed to just waiting your turn and/or thinking about what you'll say next

4. Practice going to meetings focused on listening and learning; go to some meetings and do not speak at all

5. Count

    - how many times you put ideas out to the group
    - how many times you support other people's ideas for the group

6. Practice supporting people by asking them to expand on ideas and get more in-depth before you decide to support the idea or not

7. Think about whose work and contribution to the group gets recognized

    - Practice recognizing more people for the work they do and try to recognize them more often

8. Practice asking more people what they think about meetings, ideas, actions, strategy, and vision. White guys tend to talk amongst themselves and develop strong bonds that manifest in organizing. This creates an internal organizing culture that is alienating for most people. Developing respect and solidarity across race, class, gender, and sexuality is complex and difficult, but absolutely critical – and liberating

9. Be aware of how often you ask people to do something as opposed to asking people "What needs to be done?"

10. Think about and struggle with the saying, "You will be needed in the movement when you realize you are not needed in the movement"

11. Struggle with and work with the model of group leadership that says that the responsibility of leaders is to help develop more leaders, and think about what this means to you

12. Remember that social change is a process, and that our individual transformation and individual liberation is intimitely interconnected with social transformation and social liberation. Life is profoundly complex and there are many contradictions. Remember that the path we travel is guided by love, dignity, and respect – even when it is bumpy and difficult to navigate

13. This list is not limited to white guys, nor is it intended to reduce all white guys into one category. This list is intended to disrupt patterns of domination which hurt our movement and hurt each other. White guys have a lot of work to do, but it is the kind of work that makes life worth living

14. Day-to-day patterns of domination are the glue that maintains systems of domination. The struggle against capitalism, white supremacy, patriarchy, heterosexism, and the state is also the struggle towards collective liberation

15. No one is free until all of us are free

## 15.5 Criteria for success (excerpt from "Organizing Communities")

Many community organizations measure success by "winning." The tangible result is all that matters. In fact, many organizations evaluate the issues they take on by whether or not they are "winnable." The real significance of what is won and how it is won are of less concern.

For organizations that embrace an anarchist vision, the process and the intangible results are at least as important as any tangible results. Increasing any one organization's size and influence is not a concern; stimulating many decentralized, politically active groups is a concern. The success of community organizing can be measured by the extent to which the following mandates are realized.

1. People learn skills needed to analyze issues and confront those who exert control over their lives

2. People learn to interact, make decisions, and get things done collectively – rotating tasks, sharing skills, confronting racism, sexism, and hierarchy

3. Community residents realize some direct benefit or some resolution of problems they personally face through the organizing work
4. Existing institutions change their priorities or way of doing things so that the authority of government, corporations, and large institutions is replaced by extensions of decentralized, grassroots authority
5. Community residents feel stronger and better about themselves because of their participation in the collective effort

# 16 An organized, useful kit

Streetmedics beginning to use the skills in this booklet frequently begin by packing their kit in ways that are not very useful. For example:

- A streetmedic may identify medical supplies with social status and hoard unnecessary or rarely useful supplies, or supplies he does not know how to use. A chaotic bag means that he usually forgets important basics or loses them in his bag
- He may not prepare for the actual situations he is trained to manage and likely to encounter. For example, he may not keep exam gloves in his pocket, and so be unable to help much when a person asks him to check out a bad foot or a smelly old wound
- He may not know how to improvise well, or source readily-available things. For instance, he may carry a gallon of water instead of a refillable water bottle and knowledge of where to refill it
- He may be prepared for everyone else's needs, but neglect to prepare for his own

## 16.1 Improvisation

The only truly essential basic supplies are those you use to protect yourself from weather, bodily fluids, etc. If you have exam gloves, proper clothing for the weather, a change of socks for yourself in a ziploc bag, and a bottle full of your personal drinking water, you can improvise or quickly source much of the rest.

- Ask businesses for trash bags, rip or cut arm and head holes in them, and hand out homemade ponchos
- Grab some free packets of honey from a Starbucks and use them for wound ointment
- Ask a bar or restaurant for some free lemon or lime wedges for cold-fighting vitamin C and bioflavonoids
- Ask a pizzaria for cayenne pepper flakes for keeping toes toasty

## 16.2 Basics

These supplies are difficult to improvise in the situations where you need them, so you should heep them handy.

- 15 pairs of nitrile gloves that fit you (they come in s, m, l, and xl), packed in a ziploc bag. It is a good idea to keep 2-3 pairs of your gloves in a ziploc bag in your pocket in case you lose your pack

- 30 nonsterile 2 inch by 2 inch (2x2) gauze squares packed in ziploc bags
- 5 sterile 2x2 gauze squares packed in a ziploc bag (one of these plus tape equals a band-aid)
- 5 sterile 4x4 gauze squares packed in a ziploc bag (one of these these plus wound ointment and roller gauze equals a dressing change)
- 5 gauze bandage rolls
- 1 roll of 1 inch medical tape (micropore, transpore, or silk tape)
- 1 unit of wound ointment or wound salve like black drawing salve (main ingredient ichthyol or ichthammol: ammonium bituminosulfonate), ching wan hung burn ointment, honey, or the drawing wound salve recommended by your local practicing herbalist
- 1 liter of water in a bottle you don't drink from (for washing wounds, hands, etc. – scrub with nonsterile 2x2s)
- 1 small bottle of liquid soap (like Dr Bronner's) packed in a ziploc bag in case it leaks (for washing wounds, hands, etc.)
- 1 bag of cough drops, slippery elm lozenges, or slippery elm bark
- Lightweight snacks like nuts, dried fruit, or energy bars
- Trauma shears or a lockable knife (be aware that if you are arrested, the police may consider a knife or multi-tool a weapon)
- A change of socks
- Lightweight high energy food (like energy bars or gorp)
- Pen and paper
- This handbook

Pack your kit in quart-size ziploc bags to shield it from leaks, weather, and contamination. Put these ziploc bags in a convenient location – a fanny pack, fishing vest, small backpack, or shoulder bag.

## 16.3 Additional items

The kit lists below are included to get you thinking about how important the same basics are in a great variety of situations. Most of these situations are outside the scope of this training, but you may be familiar with them as a nurse or an herbalist. We teach managing these more "clinical" situations in Wellness Worker trainings.

If members of your group are trained to manage these situations, you may want to carry some of the supplies below, stockpile them in a bin, toolbox, or

locker at your housing site, or keep them in your car. If you carry them, pack them underneath the basics, so that you can get your most important supplies most easily.

Most streetmedics prepare only for the situations they see most often. If you do not have the supplies for a situation, be safe, support the person's dignity, use community resources, and collect the supplies to be prepared for it the next time.

### Cold weather care

**These items are useful to have on hand for cold-weather care.**

- Your own personal preparation, including a buddy, so you do not become an additional casualty
- Hats and dry socks packed in ziploc bags; emergency ponchos
- Water; especially hot water in thermoses with refill options and disposable cups. Instant hot chocolate, instant miso soup, instant hot cider, ginger tea with honey, or Jell-o (with sugar) for the hot water; something to stir with
- Candied ginger and other snacks
- Instant handwarmers or a rice bag handwarmer system

**These additional items can come in very handy.***

- Talcum powder
- Cayenne powder or flakes
- Mylar emergency blankets and other insulating materials

Do not dispense or administer any pharmaceuticals. If the person wants Burow's solution/Domeboro from the pharmacy for an astringent/antifungal foot soak, give her directions to the nearest pharmacy. When she returns, draw the water and let her mix the remedy into the foot soak basin.

### Respiratory infection

**The following items should be available in every public space where your people will be eating, sleeping, or hanging out a lot.**

- Soap and water for handwashing and dishes
- Drinking water and clean cups to drink from
- Surface cleaner
- Hand sanitizer wipes

**The following items may be useful to have on hand for respiratory infection care.**

- Cough drops
- Fresh papayas, bell peppers, and citrus fruits
- Fenugreek, thyme, and honey for tea or herbal sleepmix detox tea
- A way to heat water for tea
- Homemade cough syrups: honey-lemon and honey-onion
- Wasabi/horseradish, salt, cayenne powder/tincture, fire cider

Do not dispense or administer any pharmaceuticals. If the person wants to try Benadryl (diphenhydramine) gelcaps for a cough that prevents sleep, give her directions to the nearest pharmacy.

### Diarrhea and vomiting

**The following items are essential in preventing outbreaks of diarrhea and vomiting.**

- Lots of easily accessible water and soap for handwashing
- Cleaning supplies for food prep and living areas
- Access to toilet facilities

**The following items are useful in treating diarrhea and vomiting.**

- Drinking water, salt, and sugar or flour for Rehydration Drink
- Handwashing and bathroom facilities
- A basin for catching vomit
- Cleaning supplies
- Quiet, comfortable, place to rest
- Convalescence foods
- Fruit juice or coconut water
- Black pepper

**Care of infected wounds**

**These items are useful to have on hand for dressing change and care of infected wounds.**

- Plenty of nitrile gloves or vinyl gloves that fit you (packed in small ziploc bags for your carry kit)
- Plenty of clean sterile or nonsterile gauze squares packed in small ziploc bags (2 inch by 2 inch, or 3x3, or 4x4 are good sizes)
- Soap, water, and a basin or sink
- A way to heat water for a wound soak or compress (Ideas: an insulated container to carry hot water from a nearby friendly business; a cookpot and stove, hotplate, can of sterno with 2 bricks to elevate your pot, camp stove, etc. Don't forget a lighter or matches if you will need it and fire safety equipment like a fire extinguisher, wool blanket, or bucket of wet sand)
- A big container of table salt (poured into a labeled ziploc bag) and (optional) a small container of bleach
- Cling wrap or a clean plastic bag
- Individual packets of honey, a tub of drawing salve, or a tube of ching wan hung ointment
- Sterile gauze squares (3x3 or 4x4), preferably Telfa non-stick dressings
- Roller gauze, silk tape, and a permanent marker
- Biohazard trash bags
- Antiseptic surface cleaner and paper towels or antiseptic surface wipes

**Care of the sick**

**These supplies are useful when taking care of a sick person.**

- Exam gloves
- Soap and cleaning supplies
- Two pillows, a clean sheet, and a clean, warm blanket
- Water for drinking, handwashing, and bathing
- Drinking cup
- Tea (ginger tea, peppermint tea, herbal sleepmix detox tea, etc)
- Rehydration Drink

- Broths and other convolescence foods
- Kitchen with cooking facilities, pots, mugs, dishes, and utensils. A crock pot, rice cooker, or food processor makes things easier
- Laundry facilities

**These additional supplies are also helpful when taking care of a very sick person.**

- A basin and clean cloths for bathing
- Pen and paper
- Wristwatch
- Digital thermometer, thermometer covers, alcohol pads

## 16.4 Acquiring supplies

The most expensive place to get supplies is at a pharmacy. Good local medical supply companies are much better, and you can put in a big order then pick it up. Internet ordering is also a good idea. Try allmed.net, galls.com, and ebay, or call manufacturers and ask for factory sexonds or overstock as a donation. If you have a nonprofit sponsor it can be tax-deductible for the donor. Consider keeping a supply dump somewhere for your medic group with an inventory person who keeps everything organized so medics can resupply on the fly and can periodically replentish the supply dump when anything gets low.

# 17 Learn More

- http://m4t.wikidot.com/contrib – Street Medics for Tahrir (information on protest safety, first aid, and medical issues)
- http://medic.wikia.com – Street Medic Wikia (beta), the online resource for street medics that anyone can edit
- http://wrttn.in/dccc29 – Surviving and Healing from Reactions to Trauma

## 17.1 Email listservs

- http://groups.yahoo.com/group/action-medical/ – action-medical Medical and health list for activists (established July 2000)
- http://groups.yahoo.com/group/barhc/ – Bay Area Radical Health Collective (inactive as a collective, but an listserv; listserv established August 2001)
- https://lists.aktivix.org/mailman/listinfo/gbc-medics-announcements – Announce list established December 2010 for the Green and Black Cross Medics in the UK (replacing the inactive https://lists.riseup.net/www/info/uk_medics which has an archive going back to 2002)

## 17.2 Websites and blogs

- Colorado Street Medics: http://streetmedic.wordpress.com/
- Rosehip Medic Collective: http://www.rosehipmedics.org/
- Seattle Street Medic Collective: http://seattlemedics.org/
- Phoenix Urban Health Collective: http://puhc.wordpress.com/
- Northstar Health Collective: http://northstarhealth.wordpress.com/
- Katuah Medics: http://katuahmedics.blogspot.com/
- Occupy Wall Street Medics: https://we.riseup.net/ows-medics/
- Occupy Boston Medical: http://wiki.occupyboston.org/wiki/Medical
- Seeds of Peace: http://www.seedsofpeacecollective.org/
- BALM Squad (collective defunct): http://www.bostoncoop.net/~balm/
- StormNYC (collective defunct): http://www.freewebs.com/stormnyc/
- Autonomen Demosanis (collective inactive and probably defunct): http://www.nadir.org/nadir/initiativ/sanis/

- Streetmedic Sanitätsdienst Berlin-Brandenburg: `https://streetmedic.org/`
- Demosanitäter Ludwigsburg: `http://www.demosanitaeter.de/`
- Madison Community Wellness Collective: `http://madcwc.org/` and wiki `http://wiki.madcwc.org/`
- Green & Black Cross: `http://greenandblackcross.org/`
- Black Cross Health Collective (collective inactive): `http://www.blackcrosscollective.org`
- Olympia Street Medic Collective blog (collective inactive and possibly defunct): `http://blog.olysmc.org/`
- UK Action Medics (collective inactive): `http://actionmedics.org.uk/`

## 17.3 facebook

**"People"**: Mutual Aid Street Medics, Colorado Street Medics, Katuah Medics

**"Places"**: Madison Community Wellness Collective

**"Pages"**: Occupy Medical Team Collaboration, Occupy Herbalism, Phoenix Urban Health Collective, Occupy Philly Medic Support Committee, Green and Black Cross, Medicine for All Seeking Herbal Healing, Occupy Providence Medical, Occupy Austin Medical Team, Occupy New Haven Medical Team

**"Groups"**: Medic Committee of Occupy Charleston, UC Davis Occupy Health and Medical Sub-Committee, City of Angels Street Medics, Vermont Street Medics, Occupy Vancouver Medical Committee

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