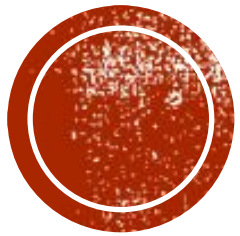
MEDICAL SOLIDARITY

Autonomous Medical Work as Self Defense in the Context of Disasters and Social Struggle

Street medicine has revolutionary roots and innovations beginning and reaching through the civil rights movement and continued as a tenet of mutual aid and self defense through the Black panthers, American Indian Movement, land defense movements, Guerilla resistance mobilizations and other direct action liberation struggles.

OPERATING IN A DECENTRALIZED AND AUTONOMOUS FASHION, AUTONOMOUS MEDICAL SOLIDARITY HAS BEEN A COMPANION DIRECT ACTION TO LIBERATION MOVEMENTS FOR DECADES.



- Denuclearization Movement
- WTO Protests Seattle and the Global Justice Movement
- Common Ground Collective
- Occupy encampments and Occupy Sandy street medics
- Standing Rock Medic and Healer Council
- Counter presence to mass fascist gatherings.
- And many, many others.

Street Medical Solidarity is recognized as a political action in and of itself, as is mutual aid work as a whole in the context of disaster and social struggle, because its very existence presents the implication that justice, empowerment and liberation reduce harm, reduce illness and reduce the need.

TRADITIONAL EMS VERSES AUTONOMOUS MEDICAL SOLIDARITY

What differences exist between traditional emergency medical models and autonomous medical solidarity?

Why is there need for an alternative?

TRADITIONAL EMS SYSTEMS OF 'CARE'

While these damaging, counter revolutionary, counter care-giving behaviors and actions are not practiced across the board by every person engaged in EMS on every level, they are pervasive and are normalized through EMS culture.

- Ableism
- Misogyny
- Racism
- Homophobia and transphobia
- Xenophobia
- Body shaming
- Victim Blaming
- Pro-cop/Pro-state/Pro-conformity
- Anti critical thought

NORMALIZED TOXICITY IN THE TRADITIONAL EMS SYSTEM

- Complicity in upholding oppressive social structures by unquestioningly providing medical releases for arrest completions and jail pickups for injured detainees.
- Complicity in removing individual's agency and self-determination.
- Further enforce gender/race/class/and physical/mental categories on people experiencing emergencies and chronic illness.
- Privilege decontextualized and weaponized

The system is set up for quantity not quality and de-prioritizes the care of the houseless, the impoverished, those struggling with addiction, those in acute mental health crisis, the uninsured and other marginalized communities.

Self Care

Understanding Privilege

Consent

Trauma Informed Care

Psychological First Aid

MEDICAL SOLIDARITY IN PRACTICE

POINTS OF UNITY: FROM FIREFLY ACTION MEDIC

- We affirm that demystifying and democratizing health care skills and reducing our dependence on profit-driven medicine and police-involved emergency response is vital to building long lasting movements for Liberation in our lifetime.
- We acknowledge that the idea of “safety” is relative and complicated.
- We believe in building interdependent ways of being with one another that do not replicate the oppression that isolates us in the first place. We see our work as acknowledging and resisting intersecting systems of oppression — both in the world and in our relations with one another.
- We believe in the principles of harm reduction and practice and support diverse forms of healing that are consistent with each individuals understanding of their own needs and values.
- We believe our liberation is tied to that of others and we take on this work in solidarity with collective resistance.
- In all these above points we stand in solidarity with the evolving international traditions of street medics.

“**CARING** FOR MYSELF IS NOT **SELF**-INDULGENCE, IT IS **SELF**-PRESERVATION, AND THAT IS AN **ACT** OF POLITICAL WARFARE.” – AUDRE LORDE

- Placing the oxygen on yourself first, and then those around you.
- Particularly as a medical responder and relief worker, trauma is compounded, both vicarious trauma from those suffering around us as well as from the work itself and the conditions in which we are working.
- How can our lack of self care affect our caring for others?
- What are some methods of self care that help you to heal?

UNDERSTANDING PRIVILEGE

One large juxtaposition in the concept of privilege between traditional and solidarity based medical care is that EMS has a typical trajectory of hospital transport, and while it is necessary during times of trauma and 'implied consent,' in other cases, other factors are completely ignored or not given consideration whatsoever.

- Is this person Undocumented and concerned with raising flags?
- Is this person at risk of being criminalized in the act of receiving institutional care? i.e.; might they have outstanding legal issues or warrants?
- Is this a Transgender or Gender Queer person whose experiences with institutional care might be ones of misgendering, mistreatment and medical marginalization?
- Is this person houseless, uninsured, struggling with addiction, experiencing the world in a different emotional, mental, spiritual and/or economic way than you are?
- Does this person have the same access to aftercare, medication, facilities to keep wounds clean, safer spaces to recover, etc.?

CONSENT

Injuries and illness, particularly in a disaster or resistance setting often involve a feeling of loss of personal control and/or autonomy.

- Loss of control to law enforcement.
- Loss of integrity or function by being injured or ill.
- Loss of control over what will happen next.

A key way that street medics can support survivors of disaster and injuries inflicted during social struggle (as well as in every day life) is by gaining consent for everything that we do.

- Consent is not a one-time question that grants all interventions to treat.
- Consent must be maintained throughout treatment.
- Gaining consent includes both for performing interventions as well as asking questions about ‘what happened’ and a person’s medical history.
- Respect consent and do not proceed if a person is uncomfortable.

TRAUMA INFORMED CARE

- Trauma informed care is a framework of treatment that involves understanding, recognizing and responding to all types of trauma.
- Becoming “trauma-informed” means assuming that people often have many different types of trauma in their lives and we should respond accordingly.
- People who have been traumatized need support and understanding from those around them.
- Often, trauma survivors can be re-traumatized by well-meaning caregivers and community service providers.
- Build Trust by respecting consent.
- Active listening
- Rehumanizing and restoring dignity.
- Support grounding

PSYCHOLOGICAL FIRST AID

PSYCHOLOGICAL FIRST AID

- Model healthy responses; people take their cue from how others are reacting. Be calm, clear-headed, helpful, patient, responsive, and sensitive.
- Be visible and available.
- Maintain confidentiality as appropriate.
- Be knowledgeable and sensitive to issues of culture and diversity.
- Pay attention to your own emotional/physical reactions, and practice self-care.
- Politely observe first; don’t intrude. Then ask simple respectful questions to determine how you may help.
- Often, the best way to make contact is to provide practical assistance (food, water, blankets).

PSYCHOLOGICAL FIRST AID

- Speak calmly, in simple concrete terms; don't use acronyms or jargon.
- If survivors want to talk, listen, and focus on hearing what they want to tell you, and how you can be of help.
- Acknowledge the positive features of what the survivor has done to keep safe.
- Give information that directly addresses the survivor's immediate goals and clarify answers repeatedly as needed.
- When communicating through a translator or interpreter, look at and talk to the person you are addressing, not at the translator or interpreter.
- Remember that the goal of Psychological First Aid is to reduce distress, assist with current needs, and promote adaptive functioning, not to elicit details of traumatic experiences and losses.
- Think back to those few friends, mentors, counselors, or family members who have had the biggest impact on you. how would you characterize the communication between you? was it helpful, meaningful, telepathic, or inspirational? Chances are that those who influence us most are powerful listeners. Whether instinctively or through practice, they have developed the skill of empathy.

4 CHARACTERISTICS OF EMPATHETIC LISTENERS

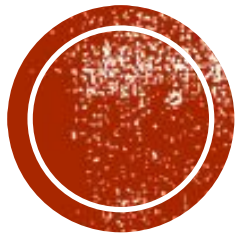
- l. **desire to be other-directed**, rather than to project one's own feelings and ideas onto the other.
- 2. **desire to be non-defensive**, rather than to protect the self. when the self is being protected, it is difficult to focus on another person.
- 3. **desire to imagine** the roles, perspectives, or experiences of the other, rather than assuming they are the same as one's own.
- 4. **desire to listen** as a receiver, not as a critic, and desire to understand the other person rather than to achieve either agreement from or change in that person.

10 DISCRETE SKILLS FOR EMPATHETIC LISTENING

- 1. **attending, acknowledging** --- providing verbal or non-verbal awareness of the other, ie, eye contact.
- 2. **restating, paraphrasing** --- responding to person's basic verbal message.
- 3. **reflecting** --- reflecting feelings, experiences, or content that has been heard or perceived through cues.
- 4. **interpreting** --- offering a tentative interpretation about the other's feelings, desires, or meanings.
- 5. **summarizing, synthesizing** --- bringing together in some way feelings and experiences; providing a focus.

10 DISCRETE SKILLS FOR EMPATHETIC LISTENING

- 6. **probing** --- questioning in a supportive way that requests more information or that attempts to clear up confusions.
- 7. **giving feedback** --- sharing perceptions of the other's ideas or feelings; disclosing relevant personal information.
- 8. **supporting** --- showing warmth and caring in one's own individual way.
- 9. **checking perceptions** --- finding out if interpretations and perceptions are valid and accurate.
- 10. **being quiet** --- Allow periods of silence while we find what to say. Don’t react or speak up automatically. Watch how your reactions to what others say reflect your own experience, not the person speaking. Give yourself time to respond from a deeper place.



PRACTICE!

REACH OUT TO AUTONOMOUS MEDICAL MOBILIZATIONS AND GRASSROOTS MOVEMENTS ON THE GROUND.

The Zapatista indigenous movement in Chiapas, México has summarized many of their principles into short, accessible sayings that convey big ideas about a different way of leading and building power, which contrast greatly with repressive/oppressive methods of holding power and authority.

Mandar Obedeciendo (Lead by Obeying)

- Respecting the will and the consent of the people on the ground.

- Affected communities have the most intel on what the needs of the community are post-disaster: what roads are closed, what areas are accessible, what community spaces might be available to begin a first aid station or medical supplies storage area as well as who has medical conditions and needs to be checked on.

PREPARE FOR THE DISASTER YOU ARE RESPONDING TO!

In responding to disasters, (depending on the self determined needs and call outs from affected communities on the ground and grassroots mobilizations responding) logistical questions may look like:

- What medical needs will I most likely be responding to based on the nature of the disaster?
- What immune defense/harm reduction/trauma care materials for treatment and prevention will I need to prioritize?
- What is the climate/socio-economic realities on the ground which have already impacted the community, thus pre-existing conditions maybe untreated or undertreated prior to this disaster and need to be considered?
- How can I organize/mobilize/amplify calls out from the affected communities so response can be focused and expedited. (i.e. reaching out for donation/goods requests/creating wish lists/locating needed medications)

GATHERING KNOWLEDGE/SCOUTING

When preparing for autonomous medical response in Puerto Rico:

- Power was out (long-term).
- Water was affected and unsafe for much of the island.
- Sweltering heat, combined with humid conditions created an environment where fungal infections were- even more so- a risk than they were before as access to sanitation and proper hygiene was limited.
- Medications like insulin couldn't be kept cold.
- Medication and physician access was severely limited.
- Commonalities in care needs in disaster contexts:

  Trauma and emotional stress is almost universal in terms of what to expect when responding to disasters and resistance gatherings. Thus being able to coach those who consent to it in simple grounding techniques, having essential oils addressing stress and trauma, items for comfort and similar practices and materials are immensely helpful.

BARRIERS TO MEDICAL SOLIDARITY

Whether in disaster contexts or gatherings of resistance, autonomous medics face interference, threats and intimidation from police. Police, as a militarized and enforcement arm of the state, view persons acting with autonomy, solidarity and as the subversion of societal 'norms,' no matter how unjust, as enemy combatants. And as folks acting in a decentralized, empathetic and openly accessible fashion, we pose a potent threat to power.

Situational awareness, something every person with medical training and experience is trained to internalize, includes the understanding that police actions- across the board- coincide with the support of power and the criminalization of those without, particularly in times of communities asserting their rights, *particularly in times of communities asserting their rights in masse.* **Interference and the demand to cease care are not rare occurrences.**

SCENARIO

As a person with medical training, you are responding with an affected community as part of a post hurricane disaster relief effort in an economically impoverished community who is under curfew, heavily policed, militarily occupied and who is being criminalized widely in the mainstream media which is conflating issues of desperation with heavily exaggerated reports of looting.

- What is the social atmosphere you expect to see in this space?
  - How does this inform your understanding of trauma in providing care for survivors?
  - What supplies might you want to bring to this community?
  - What barriers to care might you expect and how can you prepare for them?
  - What steps can be taken to empower the community in a medical sense?
- How can rendering medical care and skill sharing be a part of building resilience in this community in the long term?

SCENARIO

Morphing the scenario into a humanitarian disaster, we move into a Refugee camp with 600 to 700 mostly Migrant youth. The climate is very cold and wet. We have very little information on how they arrived at this camp and they originate from a variety of different lands which were enveloped in either social / political or economic violence which displaced them. Most are separated from family; by death, or displacement. There is a strong social mechanism for post-traumatic stress, depression and/or an exacerbation of an existent mental health issue. You arrive on scene for a pop up clinic.

- What does trauma informed care look like in this scenario?
- Knowing the climate, what preparations might you want to make as far as supplies/harm reduction and immune defense?
- What behaviors would you want to avoid?
- What about cultural sensitivities?
- What barriers to care might you expect and how can you prepare for them?

DEMOCRATIZING AND DEMYSTIFYING HEALTH CARE IS MEDICAL SOLIDARITY

Antipoder Contra Poder
(Anti-power Against Power)

PRINCIPLE: Demonstrate alternative power that challenges traditional forms of power.

PRACTICE: This is about building creative power-with and from below, the kind of power that is constantly critical of the uses of power, in particular top-down power.

EACH ONE TEACH ONE!

- Find a street medic training.
- Share resources.
- Decentralize medical support.
- Be accessible.

-Appalachia Medical Solidarity

-Bayou Action Street Health

-Rosehips Medic Collective

-Rochester Street Medic Collective

-Black Cross Health Collective

-Firefly Action Medical

-Chukson Area Resistance Medics

-Central Ohio Street Medic Collective

-Chicago Action Medical

-North Star Health Collective

-Atlanta Street Medics

-Seven Cities Medic Collective

-Black Cap Medic Collective