Street Medic Bridge Training for Medical Professionals
Rupa Marya, MD and Noah Morris, LAc
The Act of Accompaniment

Frisco 5 Hunger Strike 2016—Photo Mona Caron
History of Street Medics

Spanish Civil War  1936

Selma, AL  1965
History of Street Medics

Hong Kong Medics 2019
Objectives

🌟 Understand that police violence is a public health crisis

🌟 Learn How to Prepare for Street Medic Work

🌟 Learn How to Assess the Field and Act Effectively and Safely

🌟 Become familiar with police weaponry and common injuries

🌟 Grow the community of engaged medical professionals committed to changing the structures that are causing suffering
Assumption

You are a trained medical professional with clinical skills. BLS, First Aid not covered.
Overview

- Police Violence as a Public Health Threat
- Preparation for Street Medicine
- Situational Awareness
- +++ BREAK for 5 MIN+++ 
- Police Weapons and Common Injury Patterns
- Caring for Yourself
- Resources
- Q&A
There were only 27 days in 2019 where police did not kill someone.

Source: MappingPoliceViolence.org

Last Updated: March 1, 2020
Data on Police Violence

Black people are most likely to be killed by police

- 3x more likely to be killed by police than white people.
- 1.3x more likely to be *unarmed* compared to white people.

Police Killings per 1 million population

<table>
<thead>
<tr>
<th>Race</th>
<th>Police Killings</th>
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<tr>
<td>Black</td>
<td>3x</td>
</tr>
<tr>
<td>Hispanic</td>
<td>1.3x</td>
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<tr>
<td>White</td>
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% Killed by Police Unarmed, 2013-19

<table>
<thead>
<tr>
<th>Race</th>
<th>% Killed</th>
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<tbody>
<tr>
<td>White</td>
<td>1.0%</td>
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<tr>
<td>Hispanic</td>
<td>1.3%</td>
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<tr>
<td>Black</td>
<td>3.0%</td>
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</tbody>
</table>
Data on Police Violence

It's not about crime

Levels of violent crime in US cities do not determine rates of police violence.

Violent crime rates and rates of killings by police in America’s 50 largest cities, 2013-2018

Mapping Police Violence
Data on Police Violence

8 of the 100 largest city police departments kill black men at higher rates than the US murder rate.

- Reno
- Oklahoma City
- Santa Ana
- Anaheim
- St. Louis City
- Scottsdale
- Hialeah
- Madison
- Las Vegas
- Spokane
- Riverside
- Albuquerque
- Orlando
- Kansas City ...
- Phoenix

Police Killings of Black Men per 100K, 2013-19

Mapping Police Violence
Data on Police Violence

Police: 6th-leading cause of death for young black men in the United States

Leading causes of death for young black men:
1. Accidental death
2. Suicide
3. Other homicides
4. Heart disease
5. Cancer
6. Use of police force

* Including asphyxiation, beating, a chemical agent, a medical emergency, a Taser, or a gunshot

100 in 100,000 black men & boys
39 in 100,000 white men & boys

will be killed by police during their lives

Black men are about 2.5X more likely to be killed by police than white men.

Data on Police Violence

There is no accountability

99% of killings by police from 2013-2019 have not resulted in officers being charged with a crime.

- No Criminal Charges
- Officer(s) Charged
- Officer(s) Convicted

Mapping Police Violence
Exposure to Law Enforcement violence and PTSD

Participants who have witnessed or experienced police violence had higher Post Traumatic Stress scores (+6 and +4 in the score) when compared to those who did not witness nor experience police violence, regardless of race.

Self-Reported Poor Health

African American/Black participants who witnessed police violence had higher odds of self-rated poor health than African Americans/Blacks who did not witness police violence.

Despite gender, age, socioeconomic status (income and education), housing status, insurance status, chronic physical health conditions (hypertension and diabetes), and post traumatic stress
AREA OF LIFE IMPACTED BY POLICE KILLING

The Justice Study, Preliminary Findings
Chronic Stress

Exposure to Trauma

Trauma

- Diabetes
- Cardiovascular Disease
- Cancer
- Depression/Anxiety
- Difficulty Concentrating
- Work/School Related Issues
- Relationship Challenges
Direct Action through Healing Arts

APHA Policy Statement on Police Violence
Direct Action through Healing Arts

“We had everything we needed, and there was no use of currency. Everything was free; everything was shared (aside from personal property that we chose to keep as our own). There was both a medic yurt and an herbalist yurt. You just went and they took care of you. These new camps are building this culture. This was the old way of nature. Everybody takes care of each other.

- Words from a water protector
Preparation—Before You Go

- Identify Someone at Home who is not at the event at legal assistance if arrested
- Write Legal Aid phone number on body with Sharpie
- Buddy System: RIVAL Roles/IDs/Vulnerabilities/Aspirations/Loose Ends
  - Never further than hand holding distance
  - In physical contact when physical aggression present
- Understand Good Samaritan Laws
- Define Your Clinical Line: Frontline (50 feet from Skirmish) or Back (100 feet) and prepare accordingly
Preparation - What to Wear

What to Wear:
- Full coverage clothes
- Scrubs and Lab Coat (symbols of profession)
- Helmet
- Gloves (heat resistant, nitrile)
- Goggles
- Running shoes or boots
- N95 mask
- Badge in pocket

What NOT to Wear:
- Contact Lenses
- Make up
Preparation—What to Bring

Frontline Medic:
50 feet or closer from skirmish line

Lots of Water
Gloves
Masks
Bandages
Change of Clothes
Lightweight Snack
Preparation—What to Bring

Backline Medic:
100+ feet from skirmish line

**PPE:** Nitrile Latex-Free Gloves, goggles, earplugs, N95 mask/N99 respirator, CPR mask, high visibility vest, extra set of clothes, heat resistant gloves, umbrella or shield

**Decontamination:** Irrigation bottle, sterile saline or tap water in squirt bottle, baby shampoo, Maalox, change of clothes, Sudecon wipes

**Meds:** Glucose Tabs/Honey, NSAIDS/APAP, Narcan, Epipen, Activated charcoal, Nitro tabs, ASA, liquid diphenhydramine, acupuncture needles

**Wounds:** ACE wrap, gauze various sizes, ABDs, tourniquet, Hemostat Bandages, saline, 50cc syringe, tweezers, Betadine, alcohol swabs, dermabond (cyanoacrylate for skin--NOT superglue), steristrips, triple antibiotic ointment, medical tape, bandaids, cold pack

**Personal:** Hand sanitizer, NOT tampons but Keeper/diva cup/pads ok, baby wipes, sunscreen, tissues, cough drops, loperamide, loratadine/diphenhydramine, aromatherapy

**Other:** BP cuff, stethoscope, glucometer, pulse ox, headlamp, trauma scissors, rain pancho, high energy food, drinking water, permanent marker, paracord, duct tape, notepad, lighter and matches in ziplock bag, personal medication, camera to document trauma/police violence for expert witness testimony, other specialty items
Homemade Sudecon Recipe:

20 mL tearless baby shampoo
95g raw sugar
1.66g powdered Citric Acid
120mL purified water

Combine and agitate until solids in solution
Apply with gauze, topical application only
Situational Awareness

Hospital Clinical Setting

Static physical setting
Known resources
Concern for patient safety
Concern for personal safety
Situational Awareness
Street Setting

Constantly fluid in setting
Constantly fluid in intensity
Shifting resources
Concerns for patient safety
Concerns for personal safety
Situational Awareness

Andover HS peace vigil CARL RUSSO PHOTOS
Situational Awareness

Nola protests super bowl Michael DeMocker/The Times-Picayune via AP
Situational Awareness
Situational Awareness

Minneapolis Photo by Jason Redmond / AFP
Situational Awareness

Flanking: Attacking an enemy from behind or their sides to gain advantage.
Situational Awareness

Double flanking: An initial flank followed up by a secondary flank after some or all of the opponent has turned around to deal with the initial flank.
Situational Awareness

Encirclement: Tactic to isolate and prevent the advance of an enemy by cutting off all paths of escape without confrontation. Slows down enemy prevents regrouping.
Situational Awareness

Blockade: An attempt to cut off a line of advance by constructing barricades and defending them. Maximizes defense potential of a small number.
Situational Awareness

Choke point: An area that forces your enemy to concentrate their forces more closely together, thereby making them more susceptible to projectiles.
Situational Awareness

Blitz: When an attacking force spearheads an offensive using a heavy concentration of forces in order to break through the opponent’s line of defense.
Situational Awareness

Open escape positioning: Positioning that spreads out to open up escape routes and prevent encirclement, always leaving multiple options for escape and falling back when an option is cut off.
Situational Awareness—The Patient

Approach patient when safe
Introduce yourself and level of skill
Ask for permission to help
Explain before doing
Move to next level of care

TIPS:
Practice Cultural Humility—Understand colonial roots of western medicine.
Assume Trauma, Practice Trauma-Informed Care
Don’t assume you’re in charge—You’re not.
Lead by Following
Police Weapons

excited delirium

a protestor's guide to "less-lethal" police weaponry

including an introduction to taser-proof jackets

https://www.sproutdistro.com/catalog/zines/direct-action/excited-delirium/
Chemical Injury: OC Spray/Pepper Spray

Active Ingredient: *Oleoresin capsicum* (oil-based)
Symptoms last 5-20 minutes
Stay calm. Keep respirations slow.
Do NOT rub eyes or nose.
Flush eyes with copious water. Wipe.
No milk.

https://www.facebook.com/Savlenns/videos/10158568370194343/
Chemical Injury: CS gas/Tear Gas
2-chlorobenzalmalononitrile - C10H5 ClN2

Solid, suspended in air
Reacts with water on skin and causes burning within 20 seconds
Activates TRPA1 receptor, same as wasabi
Lachrymation, blepharospasm, reactive airways, cough, bradycardia
May worsen COVID spread and disease expression
Symptoms abate with fresh air lasts 20 minutes
Flush eyes with water/saline
Remove affected clothes
Many kinetic injuries from projectile
Kinetic Injury: Rubber Bullet

Common Injury: Bruising, Skin Avulsion, Eye Injury
Kinetic Injury: Rubber Bullets

Skin avulsion, eye injury, tearing, head trauma

Chile, 2019
Kinetic Injury: Rubber Bullets

Less Common: Pulmonary Contusion, PA Rupture—> Hemoptysis


Kinetic Injury: Stun Grenades

A stun grenade or "flash-bang" is designed to be thrown into a room to deliver a loud bang and flash bright enough to temporarily disorient suspects in the room and allow the police to subdue them without using deadly force. Stun grenades can burn at up to 4,892 degrees.

First designed to help military special forces rescue hostages, flashbangs create a burst of light and an ear-splitting boom that temporarily blinds and deafens anyone standing within a few feet of them. (Andrea Morales for ProPublica)

Kinetic Injury: Stun Grenades

Sophia Wilansky, 2018
Kinetic Injury: Stun Grenades
Kinetic Injury: Stun Grenades
Kinetic Injury: Stinger Pellet Grenade

Marketed for maximum effect device that delivers four stimuli for psychological and physiological effects: rubber pellets, light, sound, and CS gas at 50 foot radius.
Kinetic Injury: Other

Photo by Mostafa Bassim/Anadolu Agency via Getty Images

Larry McCormack—The Tennessean/USA Today Network/Reuters

Screengrab/@pgarapon/Instagram
Energy Injury

Tasers
Assess mechanical fall injury,
Pneumothorax, eye injury, pharyngeal perforation
Dysrhythmia, SCD

Long Range Acoustic Device LRAD
Headaches, disorientation, hearing loss
ALWAYS bring ear plugs
Psychological Injury: Trauma

Rose-thorn-bud: Process with your colleagues
Trauma informed therapy, ceremony, EMDR, herbs and psilocybin therapy
We are paying for this special treatment with our tax dollars.
Resources

Great Protest Safety Info
https://friendlyneighborhoodstreetmedic.tumblr.com/

Bail Funds
Help get arrest protestors out of jail

Excited Delirium: A Protestor’s Guide to “Less Lethal” Weaponry
https://www.sproutdistro.com/catalog/zines/direct-action/excited-delirium/

Support This Work
Noah Morris Street Medic
Do No Harm Coalition
In memory of those who have lost their lives to police violence

Rest In Power