

Street Medic 8
Hour Bridge
Training



Phoenix Urban Health Collective

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Modified by SCORCH

Welcome to the movement....

The tradition of medical support for those engaged in acts of political protest is a rich one. Be aware that you are receiving knowledge hard-won in the civil-rights struggles of Dr. King, in the antiwar movement that followed, and throughout the line of environmental and anti-globalization actions and protests from the 1970s into the present day.

The struggle continues. Specifics may change, but the will toward human dignity in the face of oppression weaves a common thread through the history of American - and inseparably, global - political protest.

It has also always been dangerous, and certainly no less so today than in years or decades past. "Developed" nations field paramilitary police forces with novel weapons and broad licence to use them, while in poor nations their less well-equipped counterparts employ unambiguous brutality in defense in a corrupt status quo. Exposure, accidents, and simple human frailty all play their role, as many put aside their privilege temporarily to join the struggle, and many others had no privilege to put aside.

Street medics keep them safe when they can, patch them up when they can't, and get them out when patches won't hold. We keep their secrets and keep our promises: aid, comfort, do no harm; don't give up and don't let them.

So we got a revolution. It's a start. Here's something useful you can do while you're here.

-- Aaron Stratton, EMT, PUHC Co-Founder, 2010





Topics:

- -History
- -Terms
- -Structure
- -Values
- -Operations
- -Police Tactics
- -Police Weapons
- -Protest Tactics
- -Before/After
- -Case Studies

An Incomplete History of Street Medicine in North America

1964 to Present

The Medical Committee for Civil Rights

The Medical Committee for Human Rights (MCHR) was a group of American health care professionals that initially organized in June 1964 to provide medical care for civil rights workers, community activists, and summer volunteers working in Mississippi during the "Freedom Summer" project.



Early in the summer of 1964, MCHR members found themselves in situations where they had a duty to act. Since MCHR did not provide direct clinical services, a MCHR break-away group formed called the Medical Presence Project. MPP began preparing to provide direct first aid on the streets -- The very first Street Medic Collective.

But not enough medical professionals from MCHR wanted to join MPP. So **Anne Hirschman Schremp** -- a nurse with a Red Cross family background -- to begin training other civil rights workers to administer first aid at protests. Among those who she trained was a doctor of Chinese Medicine (and Kung-Fu Instructor) named **Ron Rosen**.





Medical Presence Project

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.

Late 1960s...



Anne Hirschmann-Schremp and Doc Rosen moved to New York City, where they founded the Broome Street Collective.

This was the peak of the anti-Vietnam War movement, and they worked with returning combat medics from Veterans for Peace to develop field protocols. Soon after, they began traveling extensively, training medics and planting collectives in Denver, London, Chicago, Portland, and many other places.

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 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.

The very first paramedic program in the U.S. was started by a **Pittsburgh** based Street Medic collective called the **United Negro Protest** Committee.



nsidered medical knowledge a form of self-defense, and were deeply education and medical support during the Civil Rights Movement, he war in Vietnam, the New Left, and movements for the equity and women, queers, veterans, Native Americans, prisoners, and mental edics shifted from a focus on prehospital care to a focus on and mental health.

et medics worked in community programs and People's Clinics led hers and Young Lords, as well as the American Indian Movement 1 Knee, and other revolutionary projects.

below for a story of how revolutionary Medics of Color in NYC took

http://www.wnyc.org/story/lab-coat-afro-and-shades-taking-lincoln-hospital/



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.

Street Medics 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.

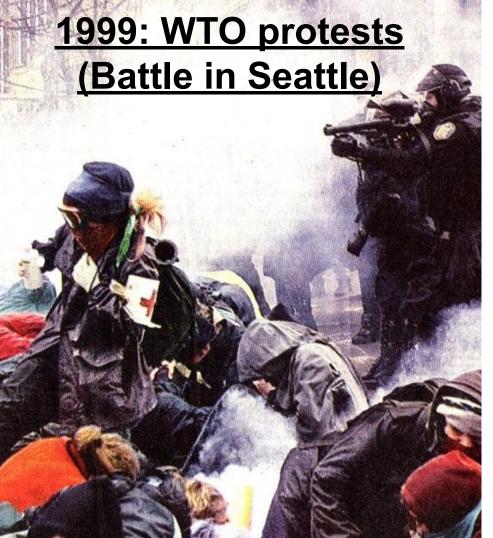
<u>1980's</u>



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 Street medics worked together with other medical professionals to train Mayan survivors of the civil war in Guatemala

ACT-UP organized mass campaigns to force more equitable access to care for AIDS patients



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.



Anti-Globalization Movement...

A new role developed, as medics trained tens of thousands of protesters in short courses focused on health and safety, eye flushes, 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.

Disaster Response

Over time, the role of street medics expanded to include disaster response. What medic collectives lacked in resources, they more than made up for in nimbleness, creativity, and flexibility.



In 2004, a team of Native American medics responded to the impact of the 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.

Emergency Response (Continued)

The role of street medics in emergency response continued to expand as 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.





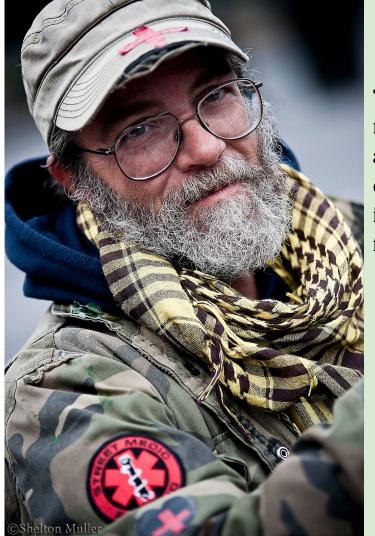
Occupy Wall Street

Occupy Wall Street led to a massive resurgence of street medics, with thousands of new medics trained, and over a hundred new medic groups formed. While most of these medic groups were short-lived, several have become a stable presence and continue to grow.



The protest camp at **Standing Rock** brought together a remarkable team of Street medics, hailing from many different collectives and traditions. Led by indigenous elders, this affinity group came to worked together as the **Standing Rock Medic** and Healer Council.





The Future of Street Medicine

The strength of the street medic community has always rested in our ability to evolve and adapt to changing times and needs. Unburdened by bureaucracy, we are able to change direction with a nimbleness that would be impossible for a formal organization. So what does the future hold as we continue to evolve?

As we've learned, the roots of street medicine before the antiglobalization movement lie in local organizing, largely led by communities of color.

Our movement learned a lot through the Antiglobalization movement. But it also led to two problematic changes.





The first problem to overcome is that the antiglobalization movement led created a pull of focus away from grassroots movements that build local power in communities and neighborhoods, and towards a "Summit Hopping" model that focused more on big "Anarchist olympics events".

Those events will always have a place. But As we move forward, street medics need to return to supporting local community-based organizing models that build local strength.

The second problem of the antiglobalization movement that we need to overcome is that the "summit hopping" model of organizing favored leadership that had the privilege to fly around from one summit to the next.

Street medics became disproportionately white and privileged -- a major departure from our roots.





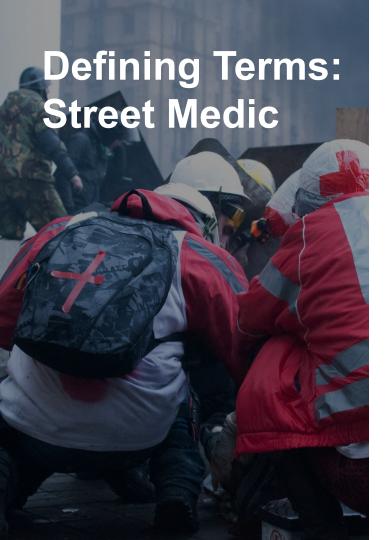
If we are to remain relevant moving forward, we have to reverse these trends.

No civil rights struggle has ever been fought by surrogates or proxies. Change will only happen if those of us with privilege get behind movements led by targeted communities.

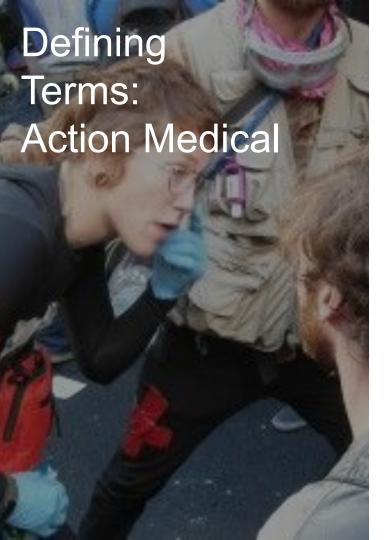


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Street medics are a community of people who, for the last half-century, have provided medical support at protests, direct actions, uprisings, and natural disasters complicated by police or military targeting of the survivors. Becoming a member of the 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, actively seeking out opportunities for continuing education, and maintaining relationships in the street medic community.



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.

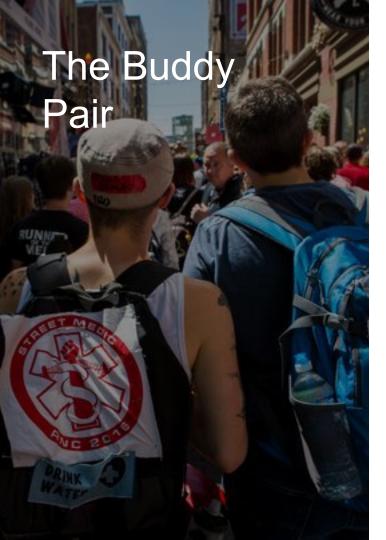
The Buddy Pair

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.



Watch your buddy's back!





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.



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Structure: **Affinity Groups**

An affinity Group is a team of people who come together to accomplish a shared goal.

Sometimes the goal of an affinity group is tactical, such as to block a bridge or to disrupt a speech.

Other times an affinity group's mission may be logistical in nature, such as to provide food, water, or medical support for protesters.

Affinity Groups may also be called Action Groups, Action Collectives, or Cells.



It's important to distinguish between Affinity Group Medics, and Street Medic Affinity groups.

Affinity Group Medics

Affinity Group Medics are (usually unmarked) medics that are embedded in a specific affinity group. While an affinity group medic may help people outside the team they are serving, their primary responsibility is to the group. Unlike marked medics, affinity group medics are not bound by the expectation of tactical neutrality.

Discussion: what are some benefits of having embedded medics?



Street Medic Affinity Groups

Street medic affinity groups are affinity groups that exist to support a mobilization by providing action medical services. Since a Street Medic affinity groups is committed to serving all the groups at a protest, they would typically run marked. While marked, they would not participate in other tactics other than Action Medical.



Medic Collectives

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

- Mutual Aid Street Medics (MASM)
- Chicago Action Medical (CAM)
- Steel City Organizing for Radical Community Health (SCORCH)
- Boston Area Liberation Medics Squad (BALM Squad)
- Phoenix Urban Health Collective (PUHC)



Unlike an affinity group, Medic Collectives have some sort or formal covenant which describes how decisions are made and how membership is defined. These details may vary broadly from one Collective to the next, but each collective must have them clearly defined.

Street Medic Collectives often engage in some form of radical community health work in between actions.



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Social Contract

These are some of the values that are shared by street medics:

- Security Culture
- Autonomy of Risk
- Horizontal Decision Making
- Commitment to the Cause
- Tactical Neutrality
- Continuing Education

Security Culture

People trust street medics to keep their secrets.

- Signal App
- In person is best
- Pattern-analysis / burner hygiene
- Don't ask questions you don't need the answer to...
- Don't talk, don't brag.



<u>Autonomy of Risk</u>

Professional EMS will stage outside a protest until the police declare the scene secure. But a street medic is accountable to no one except their buddy when deciding whether or not to enter a potentially dangerous situation. Listen to your buddy. Consult with your buddy before taking risks. But other than your buddy, no one in the world has the right to tell a street medic who wants to go in that they should hold back because it's too dangerous, nor do they have a right to pressure you to enter a situation that you feel presents an unwarranted risk.

Horizontal **Decision Making**

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.



Horizontal Decision Making

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.

Commitment to the Cause

Street medics are unapologetically activists: we do what we do because we believe that infrastructure makes our movement stronger, and because we want the movement to succeed.

Street medics are anti-oppression, anti-fascist, and pro-collective liberation. A good street medic is involved with the activist movements in their own community.



Tactical Neutrality

Many people say that marked medics don't participate in tactics. That isn't entirely true.

As stated earlier, we believe that having medics makes our side stronger, more resilient, and more likely to succeed. So one could argue that *Medicing itself* is a tactic, not a passive act. That said, tactical neutrality does mean that, when we're marked, we don't participate in tactics *other than being a medic*.





Tactical Neutrality (continued)

Another side of tactical neutrality is that Street Medics should try to stay out of debates about the "right way" to protest.

We are not there to police the movement. Whether it's a riot or a law-abiding candle light vigil, or anything in between -- we try to let others debate tactics, while we focus on supporting every part of the movement.

Continuing Education

By identifying as Street Medics, we're committing ourselves to a lifetime of continuing education. It's best to think of the class that you're sitting in now as an initiation, rather than a training. This class will only last a day or two, but your training will never end. Even doctors and nurses with years of experience and academic training still have to update their knowledge constantly,



Continuing Education

It is your responsibility to actively seek out or create opportunities to keep these skills fresh, acquire new skills, and pass what you know on to others.





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Street Medic Operations

- Situational Awareness
- Crowd Management
- Other Rolls





Situational Awareness

Street Medics need to be aware of their surroundings at all times. It's important to avoid distractions to the extent possible, and keep our eyes on the crowd.

- What are the protesters doing?
- What are the police doing?
- Who looks hot, cold, or tired?
- What risks are around you?
- Where is your buddy, and how are they doing?



Situational Awareness

If the crowd isn't moving, try to stake out a location where you can see what's going on all around you, and where others can find you easily if they have a medical concern.



Situational Awareness Posture:

"The Buddy Walk"



The Human Barricade

People at protests view each other as allies, and are almost always happy to help when asked.

If you need a scene secured, ask people to link arms facing out in order to protect your patient while you provide medical care.

The Human Barricade

(What could they do even better?)



The Human Barricade

It's not uncommon for the media to try and film people who are receiving treatment. When this happens, politely request that they respect the privacy of your patient.

If that doesn't work, don't get in arguments with the media or demand that they stop filming (that never works). Instead, ask other protesters to form a wall around you with signs.



Other Rolls

- ☐ Distribution of supplies
- □ Communications
- ☐ Transportation
- □ Coordinating with organizers
- Coordinating with emergency services



Topics:

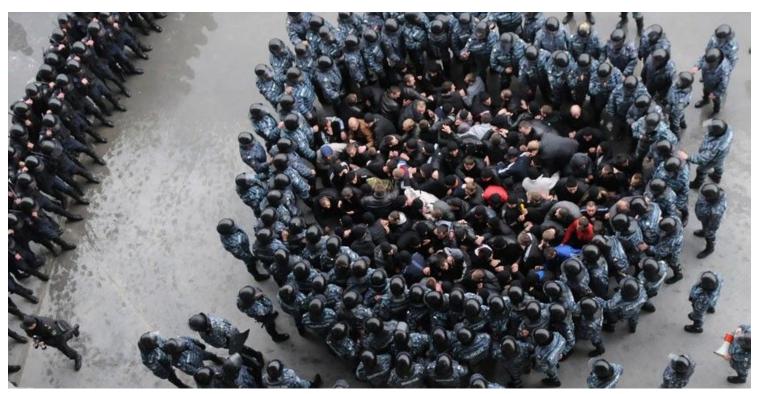
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Kettling



Kettling



Lobster Trap "related images"



Bikes

Pay attention to how the cops use bikes. They can be weapons, not just rides. They can also be used to facilitate kettling.



Bikes aren't just for cops...

Bikes can be excellent tools for street medics. They allow you to scout ahead to anticipate risks, move water and supplies quickly, and conserve energy while covering long distances. Also provides an excuse for wearing a helmet. But don't plan on riding a bike unless your buddy is on one too!







Case Studies in Protest Medicine

Big protests are fluid and dynamic. Even an experienced street medic with excellent situational awareness can get swept into a situation they did not anticipate.

In this video, note how the medics and legal observers are staying safely off to the side, but still get swept up in a kettle as the situation changes.



Snatch Squad





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LRAD: Long Range Acoustic Device

LRAD 100X™ Handheld Acoustic System



LRAD 500X™



LRAD



LRAD (Long Range Acoustic Device)





LRAD: Clinical Considerations

LRAD's tend to cause panic disproportionate to their actual danger. The best protection is to anticipate that feelings of panic are normal, and to make a conscious decision to stay calm when the LRAD hits.

Earplugs provide only limited protection



Pepper Ball Guns

Hopper-fed Pepper-ball guns



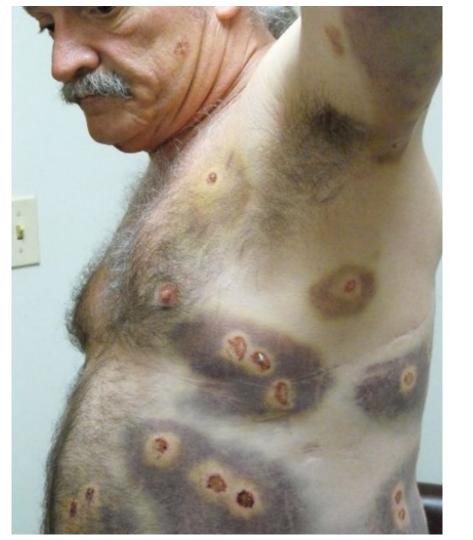


Muzzle Velocity: 350 to 380 feet / second

Projectile weight: 3 grams

Range: Accurate to 60 feet, max range 150 feet

Feed: Up to 700 rounds/minute.



Pepper Ball Injuries



Court rules police may be liable for pepper ball injuries

The decision, stemming from a 2004 incident in which a student was injured by such a projectile, is a setback for officers fighting lawsuits by Occupy protesters.

July 12, 2012 | By Maura Dolan, Los Angeles Times

Police officers may be held liable for injuring someone with a pepper ball intended to disperse a crowd, a federal appeals court decided Wednesday.

The unanimous ruling by a three-judge panel of the 9th Circuit U.S. Court of Appeals was a setback for police agencies defending themselves against lawsuits arising out of the Occupy movement. Students from UC Davis have sued police for dousing them with pepper spray, and UC Berkeley students have sued campus police for using batons during a protest. Oakland also has been sued by Occupy protesters.

Wednesday's ruling stemmed from an April 2004 incident in which UC Davis and city police tried to disperse a crowd at a party by shooting pepper balls, which break on impact and spray a powder akin to mace or pepper spray.

About 1,000 people were at a Davis apartment complex to celebrate UC Davis' annual Picnic Day. The police wanted to break up the party because the street was congested, partygoers had parked illegally and some minors were drinking alcohol, the court said. Police in riot gear entered the complex, and an officer fired a pepper ball into an area where UC Davis student Timothy Nelson was standing with friends.

The pepper ball hit the sophomore in the eye and caused permanent damage, eventually leading Nelson to lose a football scholarship and drop out of the university, the court said.

Writing for the court, Judge Stephen Reinhardt said police used excessive force. "A reasonable officer would have known that firing projectiles, including pepper balls, in the direction of individuals suspected of, at most, minor crimes, who posed no threat to the officers or others, and who engaged in only passive resistance, was unreasonable," he wrote.

Police officers generally cannot be held liable for damages in a civil lawsuit. They lose immunity if it can be shown that their actions violated a "clearly established" constitutional right.

The court said the police violated Nelson's 4th Amendment right to be free of unreasonable seizure, and that earlier court rulings should have alerted police that their actions were illegal.

Nelson and other students said in depositions they never heard an order to disperse. After he was hit, Nelson collapsed, fell into bushes and writhed in pain for as long as 15 minutes, the court said.

"After he was incapacitated, the police did not place him under arrest but rather walked past him as he lay on the ground," the court said. "Upon learning of an

Pneumatic Pepper Ball Gun

Designed to resemble standard semi-automatic carbine. It fires in stabilized, cartridges which can carry a variety of chemical payloads.

Range: Accurate to 60 feet, max 100 feet

Feed: 14 rounds magazine includes a 33 gram disposable CO2 cartridge.



FN303 Riot Gun

Muzzle Velocity: 300 feet/second

Projectile weight: 8.5 grams

Range: Accurate to 160 feet, max 330 feet **Feed:** 15 round detachable drum magazine.

The irritant projectile contains a synthetic capsaicin known as PAVA (for pelargonic acid vanillylamide; also known as nonivamide) which is stronger than law-enforcement grade pepper spray and delivers a disruptive or incapacitating effect.



FN 303 Riot Gun



The FN-303 is one of the more dangerous compressed air weapons. It uses high pressure CO2 to fire OC filled, fin-stabilized projectiles at very high speeds. It has a 15 round detachable drum magazine.

At close range, these projectiles have been known to penetrate sheetrock, hollow-core doors, and auto glass and still affect the target behind cover. FN Herstal give the range for point targets as 50m, but the weapon can be effective out to 100m against area targets, such as crowds.



Source: http://armamentresearch.com/255/



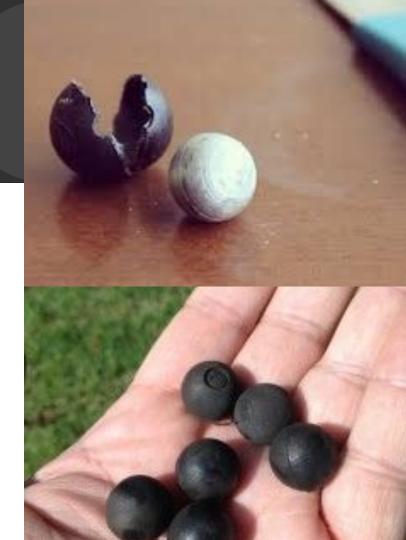




A variety of specialized rounds are available for use in a regular 12 gauge shotgun. Following is a brief overview of some of the more common products.

12-Gauge Rubber-Encased Steel Impact Rounds







- Filled with lead shot (that ain't beans in there).
- Effective range/accurate to about 75 feet (all brands)
- Fired from a regular 12-gauge shotgun.

12 Gauge Beanbag Rounds





Shot with beanbag through the passenger side window of a car. She suffered a severe skull fracture and was permanently blinded in her left eye.





Dornella Conner was shot in the eye with a beanbag round by the St Louis County Police Dept during Ferguson protests in November of 2014.

Conner was three months pregnant at the time, and the single mother of several small children. Police claimed that Conners boyfriend (who was driving) was trying to run the officer over, but security footage revealed that claim to be a lie. Doctors were not able to save her eye.









Round Injury

Richelle Washabaugh displayes a Super Sock brand beanbag that nearly took her eye.

Richelle was attacked by police in September 2016 during Anti police-brutality Protests in El Cajon California. The protests broke out after police fatally shot 38-year-old Alfred Olango, an unarmed black man with an

Beanbag Round Injuries

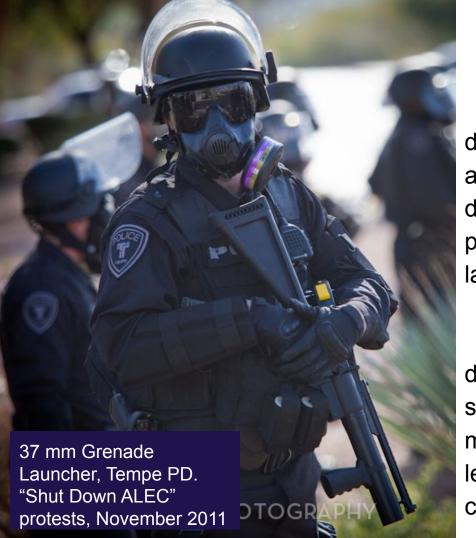


Sri Louise Coles was one of 50 people injured on April 7, 2003, when Oakland police used less-lethal weapons on a peaceful protest crowd. Coles was shot in the jaw with a beanbag round. She was evacuated to a nearby hospital by two Medics from the Bay Area Radical Health Collective.

Discussion: What is the most pressing clinical concern in this photo?







Grenade Launchers

Grenade launchers are some of the most dangerous "less lethal" weapons in the police arsenal. They can carry a wide range of different rounds, and it generally won't be possible for street medics to know what a launcher is loaded with until it's fired.

Muzzle velocity and projectile weight depend on the type of round, but generally speaking these rounds are heavy and fast moving. At close range, a head-shot can be lethal. Here's some info on a few of the more common types of rounds.

Case Studies in Protest Medicine

In this video, we see
Naomie Tremblay- Trudeau
hit in the mouth by a
tear-gas canister fired at
her from point blank range

"I saw him aim at me," she told an interviewer. "He was very close to me. I thought it was shocking. It's not a projectile that's meant to be shot at your face."

Quebec City, March 2015 Protests against tuition hikes.





Wooden Baton Rounds



Available for 37 and 40 mm grenade launchers.

- Muzzle velocity 280 300 feet/second
- Projectile weight: 18 to 20 grams per puck.
- 3 to 4 hardwood pucks per shell (depending on manufacturer).
- Minimum safe range 30 feet per manufacturer.
- Relatively short max range (60 feet skip-fired)

37 / 40 mm beanbags

Muzzle Velocity: 220 - 250 feet/second (depending on manufacturer).

Projectile Weight: 60 - 65 Grams

Unlike beanbags made for shotguns, these are filled with Silica Sand instead of lead shot.



Blunt Impact Projectiles (BIPs)



Designed with collapsing head to maximize force while reducing the risk of lethal injury. While the round is intended to distribute the force of impact, note that the muzzle velocity is higher than other rounds so there's more force to distribute. These rounds can carry a variety of chemical weapon payloads, including OC, CS, and CN.

Muzzle Velocity: 285 feet / second

Projectile Weight: 49 grams

Max range over 260 feet

37/40 mm Chemical Weapon Grenades



These typically deploy CN or CS chemical irritants (tear gas) The chemical is sent airborne by extreme heat generated by a powerful oxidation reaction.

Never let someone pick up a teargas grenade with unprotected hands to throw it back - they can cause severe burns.



Teargas grenades are designed to be "Skip Fired", (fired at the ground in front of the intended target) -- never shot directly at a person. Yet there are many documented cases serious injuries or deaths due to head injuries from teargas grenades. The range and muzzle velocity vary dramatically depending on the brand and model. Some are designed to be fired at very long range, while others are much lower velocity short range rounds.



SAVAGE

Standing Rock Protester Shot in Face With Tear Gas Canister May Go Blind

Chemical Weapons



- 1) Scene Safety First.
- Remember the basics!
- 3) Use Personal Protective Equipment
- 4) Avoid cross contamination.
- 5) Do not apply bandages, salves, or ointments to affected areas.

Geneva Gas Protocol If used in war, the The 1925 Geneva Gas Protocol provides: Geneva Convention Whereas the use in war of asphyxiating, poisonous or any other gases, and of all analogous liquids, materials or devices, has been justly condemned by the general opinion of the civilized world; ... classifies pepper spray To the end that this prohibition shall be universally accepted as a part of International Law, binding alike the conscience and the practice of nations: and tear gas as Declare: That the High Contracting Parties, so far as they are not already Parties to Treaties prohibiting such use, accept this prohibition. Chemical Weapons. Their use on opposing **Chemical Weapons Convention** Article I(5) of the 1993 Chemical Weapons Convention states: "Each State Party undertakes not to use riot control agents as a method troops are therefore of warfare." illegal International Law. The non-use of riot control agents is subject to the provisions of a number of articles in the 1993 Chemical Weapons Convention, first of which is the definition of "chemical weapons" in Article II: 1. "Chemical Weapons" means the following, together or separately: However, these exact (a) Toxic chemicals and their precursors, except where intended for purposes not prohibited under this Convention, as long as the types and quantities are consistent with such purposes. same chemicals are Article II(2) of the 1993 Chemical Weapons Convention defines the term "toxic chemical" as: considered "riot control Any chemical which through its chemical action on life processes can cause death, temporary incapacitation or permanent harm to humans or animals. This includes all such chemicals, regardless of their origin or of their method of production, and regardless of agents" not "chemical whether they are produced in facilities, in munitions or elsewhere. weapons" if a Article II(7) of the 1993 Chemical Weapons Convention defines "Riot Control Agent" as: "Any chemical not listed in a Schedule, which can produce rapidly in humans sensory irritation or disabling physical effects which disappear within a short time following termination of government uses them exposure." against civilians in it's Article II(9)(d) of the 1993 Chemical Weapons Convention provides: 9. "Purposes Not Prohibited Under this Convention" means: own country. This use is considered legal. (d) Law enforcement including domestic riot control purposes.

Obviously, it is irrational to say that the same chemical that's classified as an "Illegal Chemical Weapon" if used as a weapon of war is a safe, legal "Riot Control Agent" when used against unarmed civilians -- especially since such use often results in children, the elderly, or infirm being hit.

We encourage street medics to use the term "Chemical Weapon" when discussing these dangerous agents.



Pepper Spray:

Also known as

Oleoresin Capsicum,
or O.C.



Pepper spray and tear gas are not actually gasses: they are lipid-based aerosolized particulates. They do not remain airborne for long periods of time. Simple filters such as droplet masks and bandannas provide reasonably good protection. Reducing the degree of exposure even without totally avoiding it has a quantifiable impact.



Police have been using pepper spray since 13th century Japan.



Metsubushi (目潰し) (gantsubushi) "eye closers", is the name for a variety of implements and techniques used by samurai police to temporarily or permanently blind or disorient an opponent by blowing powdered pepper into their eyes.

One type of *metsubushi* used by police was a lacquer or brass box with a wide mouthpiece for blowing on, and a hole or pipe on the other end for directing the powder into the eyes of the person being captured.



Pepper Spray

Pepper spray is far more potent than tear gas. It irritates both skin and mucous membranes, and can cause chemical burns with prolonged contact. Studies have shown that OC contamination can result in loss of blink reflex for as much as five days post exposure (Olajos, & Stopford, 2004), resulting in increased risk of ocular injuries. In addition to causing pain and temporary blindness, OC can cause bronchospasm and severe respiratory distress -- especially in people with pre-existing cardiopulmonary illness.

Pepper Spray

Phoenix fire pepper spray out of a moving vehicle. July 2016



splatter that does not remain airborne for more than a few seconds. In the above photo, protesters deploy banners tactically to protect those behind them from pepper spray attack at the Shut Down ALEC protest, Phoenix AZ 2011

Not exactly a food product, Mrs Kelly. Law enforcement grade pepper spray is made from a synthetic capsaicinoid that measures at over 5.3 million **Scoville heat** units -- over one thousand seven hundred times the strength of a raw jalapeno.



Pepper Spray=5.3 SHU

cccc .loat ariito		
	15,000,000–16,000,000	Pure capsaicin ^[9]
	8,600,000–9,100,000	Various capsaicinoids (e.g., <u>homocapsaicin</u> , <u>homodihydrocapsaicin</u> , <u>nordihydrocapsaicin</u>)
	5,000,000-5,300,000	Law enforcement grade pepper spray, [10] FN 303 irritant ammunition
	855,000–1,359,000	Infinity Chilli ^[11] Naga Viper pepper ^[12] Naga Jolokia pepper (ghost chili) ^{[13][14]}
	350,000–580,000	Red Savina habanero [15][16]
	100,000–350,000	Guntur chilli, Habanero chili, Scotch bonnet pepper, Datil pepper, Rocoto, Piri piri (African bird's eye), Madame Jeanette, Jamaican hot pepper [18]
	50,000–100,000	Bird's eye chili, [19] Malagueta pepper, [19] Chiltepin pepper, Pequin pepper [19]
	30,000–50,000	Cayenne pepper, Ají pepper, Tabasco pepper, Cumari pepper (Capsicum Chinese)
		Serrano pepper, Peter pepper, Aleppo pepper
	2,500–8,000	<u>Jalapeño pepper, Guajillo</u> pepper, <u>New Mexican</u> varieties of <u>Anaheim pepper, [20]</u> <u>Paprika</u> (Hungarian wax pepper), <u>Tabasco sauce</u>
	500-2,500	Anaheim pepper, Poblano pepper, Rocotillo pepper, Peppadew, Padron pepper
	100–500	Pimento, Peperoncini, Banana pepper
	0	No significant heat, Bell pepper, Cubanelle, Aji dulce

From: http://en.wikipedia.org/wiki/Scoville_scale

Capsaicin is not soluble in water, and even large volumes of water will not wash it off. When Pepper Spray dries, it will stop hurting. When it gets wet again, it will be re-activated and hurt again.

Best practice is to blot off excess chemical from the skin, clean the eyes and mouth, and allow the chemical on the skin to dry. Contaminated clothing should be removed as soon as possible. DO NOT pour water (or milk, or any other liquid) on skin that has been pepper sprayed. When the patient returns home, they can clean it in the safety of their own home with copious water and strong detergent (degreaser or dish soap).

Management of Pepper Spray Exposure:

- 1) Move patient to safety and secure scene
- 2) Assess for airway complications
- 3) Reassure patient / spread calm
- 4) Blot off any globs of chemical
- 5) Remove contact lenses if present
- 6) Rinse eyes and mouth with water, saline, or Mg(OH)2 solution
- 7) Educate Patient about after-action decontamination

<u>DO NOT...</u>

- Touch a patient without consent
- Apply any sort of cream or ointment
- Pour water -- or anything else -- on affected skin



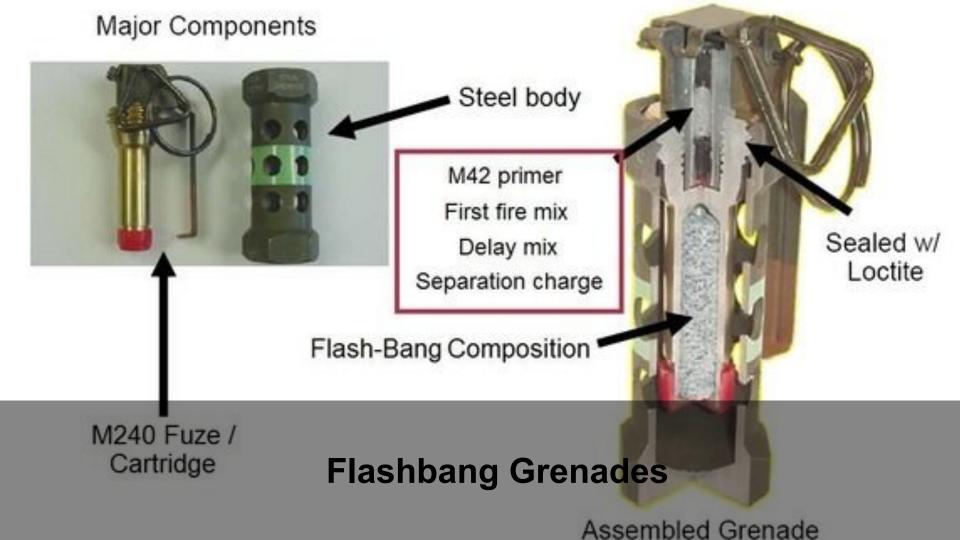


It is common practice among protesters to execute a "return to sender" with tear gas grenades. While it is safe to do so by kicking the grenade, many people have been severely burned trying to pick up a grenade with the intent to throw it back. These weapons become hot enough to start fires or cause full-thickness burns.

Many people mistakenly believe that the word "Mace" refers to a particular type of chemical weapon. **Mace is not a specific substance** but rather a brand name trademarked by a company that makes teargas, pepper spray, and lots of other nasty stuff. Try to avoid this word in favor of more specific terms.

Mace Tactical Solutions LLC





Police
Sharpshooter Ferguson Protest
over Michael
Brown



Case Studies
in Protest
Medicine

What Special Police Weapons can you recognize?

What clinical concerns jump out at



Case Studies in Protest Medicine

What Special Police Weapons can you recognize?

What clinical concerns jump out at you?





Topics:

- -History
- -Terms
- -Structure
- -Values
- -Operations
- -Police Tactics
- -Police Weapons
- -Protest Tactics
- -Before/After
- -Case Studies







Balloon Banners

- Wind hazards
- Anchoring
- Quick-release
- Power lines

- Heat Exhaustion
- Infiltration
- Limited visibility
- Wind hazards





Barricades & Lock Boxes

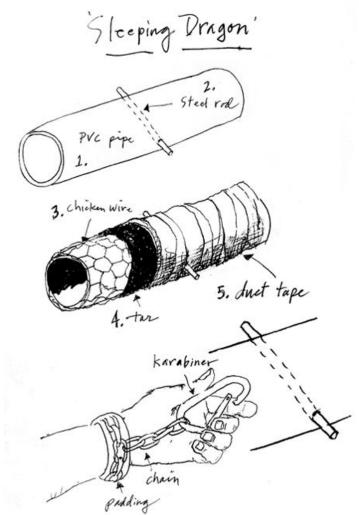


Sleeping Dragons

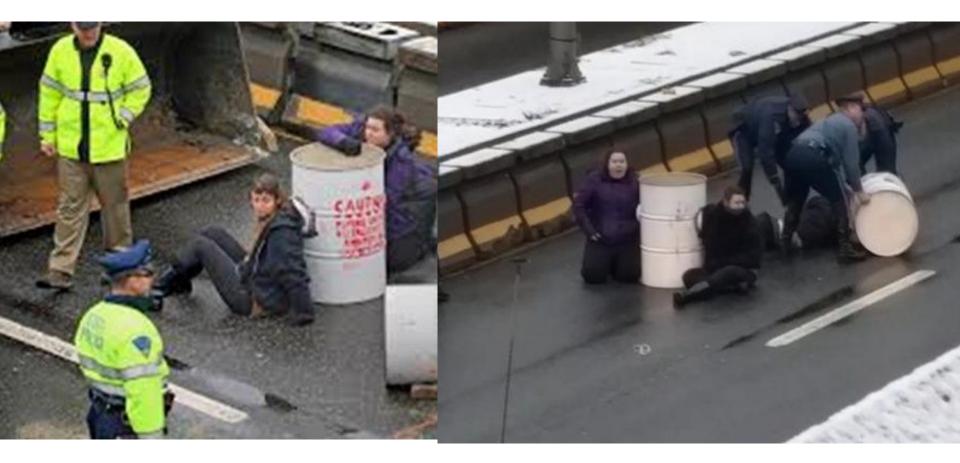


Sleeping Dragons





Barrel Blockades





Tripods







Topics:

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Before/After

- A Week Before
- The Day Before
- The Day After
- A Week after

A Week Before

- Health & Safety Training
- Risk Coding
- Coordination of evacuations



Risk identification and preventative health

- Route, if known
- Environmental risks
- Water
- Jurisdiction
- Egress

A Day Before

Buddy up

Double check bags

Logistics follow up

- Water!
- Evacuation routes
- Intel briefing



The Day After

- Jail Support
- Aftercare
- Psychological first aid
- Debrief with buddy





 Re-pack bags & re-stock supplies

Touch base with buddy

 Report back, after-action debriefing



Topics:

- -History
- -Terms
- -Structure
- -Values
- -Operations
- -Police Tactics
- -Police Weapons
- -Protest Tactics
- -Before/After
- -Case Studies

Anti-Arpaio protest, Phoenix Az, 2009





Standing Rock



Stay safe, see you in the streets!