

We Take Care of Each Other
Teaching and Learning Street Medic Skills

Meadowsweet
Written In Community With SCORCH
Steel City Organizers for Radical Community Health

Capitalism has structured our understanding of risk such that citizens' health can be sacrificed for the protection of private property and the normal flow of goods and services.

Capitalism says that anyone who causes property damage, stops traffic, or loiters in places that make wealthy people uncomfortable should expect to be met with physical violence.

Street medic skills are here for when that violence inevitably comes.

I welcome feedback and invitations to be in community<3 Just get in touch with someone in SCORCH and we'll be connected soon.

Table of Contents

We Are Afraid to Provide Medical Care for Others	3
Scope: Where's the instructions!?	4
Audience: Who's This Zine For?	4
Solidarity, Not Charity	5
Whiteness	5
Who is a Street Medic?	6
It's All About the Skills, bb<3	7
A Little History	7
The Appropriation of Street Knowledge	9
Misinformation	10
Decentralization	13
Do No Harm	14
The Role of Identification in Establishing Consent	16
Consent in Education	17
The 20-Hour Street Medic Trainings	18
Learning in Community	19
Practicing in Community	20
How to Find Good/Credible Info	21
Spreading Knowledge, Building Community	22

Hi, my name's Meadowsweet. I'm a street medic.

I wanted to write this now because I'm noticing a really beautiful upswelling of interest in street medicking.¹ Lots of folks, especially medical professionals but also lots of other caring members of our community, are trying to figure out how to help care for others' physical and emotional wellbeing as members of a shared movement.

The street medic community also saw the publication of an incredibly thorough manual a month ago - Håkan Geijer's Riot Medicine (450 pages). My medic friends and I are really eager to dig into it, but quite honestly we've found ourselves busy, responding to sometimes eight actions in one week!² I mention Geijer's manual to say that as street medicking becomes more visible and more resources are shared, you may find yourself in an incompetence trap.

There's a particular manifestation of liberalism that convinces us that there's always one more book to read before we're ready to take the streets. Or that we don't have the competence to share our skills with

¹ Following the practice of a few different street medic collectives, I use "street medicking" rather than "street medicine." The latter is often used to indicate nonprofits that provide services to homeless/houseless people.

² This zine was written around the time of the George Floyd protests.

others. Don't fall for it. The real learning comes from practice. There's nothing stopping you from going to a protest with some band-aids and sunscreen, or from sharing the lessons you've learned with your friends.

As street medicking is growing in popularity, it's important that we don't lose the mutual aid and anti-racist foundations of our practice. Rigorous study is essential, especially to unlearn disempowering capitalist approaches to healthcare. Yet part of those mutual aid and anti-racist foundations is working against the gatekeeping of the practice.

If we start worrying too much about learning absolutely everything we need to know before we start running as a medic, folks could feel intimidated and disempowered, deciding street mediciking is more trouble than it's worth. If we ignore important skills we need to learn, we increase the chances that we could do harm through overconfidence. If we don't pay enough attention to the lineage of street medicking, we risk losing the revolutionary potential of the practice.

So what's the solution? It depends! One of the core principles of mutual aid organizing is accommodating difference. There is no one-size-fits-all approach to this stuff. However, a good bet is to brush up on some skills, share them with your friends, and get out and start practicing them.

We Are Afraid to Provide Medical Care for Others

There is no such thing as a bystander. In any situation, we have a moral responsibility – we must respond according to our abilities. We need to strengthen our instinctive response to provide care when someone is in distress, and we need to be cultivating our abilities so that we can actually provide the assistance that the person might need.

Don't worry if you're a little afraid of offering strangers medical care. We all are – it's a result of our healthcare system. There has even been debate among some street medics over whether it is legal to offer non-family-members OTC pain medication, or whether that might be seen as prescribing medicine outside of the approved channels.

Over and over, the most important part of CPR trainings is "YOU WILL NOT BE SUED IF YOU TRY TO HELP."

Because capitalism has certified itself as the only credible provider of medical care, we have lost faith in our ability to care for our own bodies and the bodies of others. Push past this fear. It's part of the way capitalist health systems dissociate us from our bodies and our communities. We can care for one another.

Scope: Where's the instructions!?

In order to keep this zine nimble and on-topic, I'm not directly teaching many medicking/first-aid skills here. I'll mention some great resources where you can find that info later (p. 21). Instead, this is a zine about cultivating your teaching/learning, how to refine the horizontal sharing of information – it's especially about how to avoid the disempowering frameworks of teaching and learning that many of us are most familiar with. You could take this zine and apply it to a lot of other teaching and learning contexts, but I'll stick within my wheelhouse with street medicking and let you decide how far you want to stretch the implications.

Audience: Who's This Zine For?

Typically, materials about teaching and learning are materials about teaching OR learning. This zine isn't that. I'm writing to anyone who sees the sharing of street medic knowledge as important. Consider sharing more broadly – sometimes it's useful to differentiate "giver" and "receiver" but if your entire concept of sharing was that there were two distinct classes of people who were exclusively givers and receivers? It would completely twist the meaning of sharing. Sharing knowledge is the same. Living in our current educational system reinforces this twisted sense of all-knowing teachers and incompetent learners, but we don't have to live that way, and many of us are already practicing alternatives!

Solidarity, Not Charity

This false distinction between givers and receivers reminds me of one of the core principles of street medicking and of mutual aid practices more broadly. You may have heard the slogan "Solidarity, not charity." This references the importance of affirming the dignity of those who accept help, and acknowledging that tomorrow they may be the ones helping you – many people do not need (or want) someone who thinks they are better than them to come fix the problem for them.

Mutual aid emphasizes the power and resilience of the community, rather than of individuals. We all have things to contribute, and we all have needs. No one is helpless or all-powerful. Many street medic collectives provide first-aid support, but they'd be putting themselves too much at risk and wouldn't be able to show up if there weren't folks protecting them from getting snatched by the cops. Or maybe someone is playing music so that we all keep our spirits up during a particularly long protest. We all have ways that we are giving and receiving with one another all the time as a manifestation of healthy community.

Whiteness

Sometimes, whiteness makes us resistant to mutual aid. The first type of resistance, more widely talked about (and called out), is the potential for entitled behavior. White folks showing up in the space and taking more than they give.

The second type, and perhaps more insidious, is the resistance of accepting aid. The idea that taking what is offered from others is immoral or dangerous or a sign of weakness.

Who does it serve to imagine your neighbors so threatening that they would poison the lunches they're offering you?

What message does it send when your self-image is tied to being "self-sufficient," rejecting help from others? How does that reflect your opinion of those you're offering to help?

Mutual aid isn't just some piece of theory – it's a tool for helping unlearn the toxic individualism of whiteness.

Who is a Street Medic?

To be called a "street medic" in the activist community, you usually need to have completed a 20-hour training specifically for street medicking, but as with everything, different local communities have different practices.

If you haven't done the 20-hour training led by other medics, don't call yourself a street medic at national actions (it leads to confusion between organizers)

Anyone is welcome to show up to a protest with some medical gear and training, but if someone is asking specifically for street medics that may indicate they're looking for

someone who has the specific training and experience that comes with that 20-hour training. But that's okay! If there are no street medics on scene, having someone with a first aid kit there is a hell of a lot better than waiting for an ambulance. If someone yells "medic" and you have some medical experience, get to the scene!

It's All About the Skills, bb<3

You might notice that I'm really resistant to the idea that someone has to become a street medic in order to practice street medic skills. That's kind of the point of this zine! But I don't want you to think that I don't want you to get trained. I love street medic trainings, attending them and hosting them! I'll talk a little about what they have to offer later [p. 18], but for now just know that the sharing of skills is wayyyyyyyyy more important to me than having a greater number of people who can officially call themselves street medics.

A Little History

Street medics originated in the U.S. in the early 60's as a part of the African-American Civil Rights Movement. The Medical Committee for Human Rights began as a medical observer group, much as the legal observers operate now, often attending protests in lab coats and scrubs. But they quickly found themselves called to act – shifting their role to administering first aid and emergency care.

By the late 1960's, a core set of training methodologies emerged, and licensed professionals were getting trained by medics who had specific experience with street medicking for protest injuries, though many of these medics didn't have the institutional credentials of the capitalist medical system.

In the 1970's, 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. Working in coalition with a variety of other organizers, street medics helped to develop rat abatement programs, children free breakfast programs, and community drug prevention and treatment programs. 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.³

As street medics grew in community with these organizations and other revolutionary projects, lines between movement organizers and medics became blurred. While there is still a substantial number of medical

³ Immense gratitude to the Atlanta Resistance Medics for this info <3

professionals who enter into the movement through bridge trainings, this is no longer assumed to be the case, and street medics are just as likely to start out as people who have been committed to the movement and are only introduced to physical care and community health through street medic trainings.

Medics have been widely researching, testing, and promoting best practices in a variety of intensive programs, short courses, and informal conversations. Influenced by revolutionary teaching projects like the Freedom School movement and mutual aid skill-shares, street medic knowledge has been widely practiced and widely shared, and we are always eager to discover new and better practices – the more each of us know, the safer we are together.

The Appropriation of Street Knowledge

As street medics innovated and developed best practices, the white medical establishment was three steps behind, taking that innovation where it could and standardizing it, gatekeeping it from widespread practice by marginalized people.

Many point to the 1967 Freedom House ambulance project in Pittsburgh as an on-the-nose representation of this co-optation and subsequent gatekeeping. Prior to Freedom House, prehospital care was conducted with a patchwork of hearses and paddy wagons. No prehospital care was offered, and emergency personnel were reluctant to respond to calls

to poorer neighborhoods. Freedom House trained dozens of black men who couldn't find work elsewhere, and these men began innovating and requesting supplies on their own, leading to what we now think of as EMS/ ambulance care. When the city government saw the successes of Freedom House, it shut the program down, transferring the funding and protocols to a new EMS agency that privileged affluent white neighborhoods.

While many people think of street practices as rough approximations of the quality of care that can be received in the medical establishment, the people who are used to having to take care of ourselves and others on our own are often the ones who are able to provide the best care. We are innovating, learning and teaching together.

And then once the medical establishment sees something it values enough to appropriate, it tells us that the only place to learn those skills are in expensive, time-consuming, and geographically distant programs. We have expertise in our communities, now more than ever. Let's share it!

Misinformation

Watching folks show up for the George Floyd protests has been really beautiful, and watching them come out to protect one another has really made my heart swell.

But I hate milk. Let me explain why.

This was the first time in a while the police in lots of cities have used tear gas, so it was a new experience for many. At least that was the case in Pittsburgh. Needless to say, there was a lot of bad information floating around. One of these pieces of bad information was that milk should be poured into people's eyes as a remedy for tear gas.

Milk is not sterile, and bacteria can pass from the milk into your eyes. This is especially a problem in the summer (how long were you carrying milk around in the hot sun again?) but it's broadly applicable year-round. It also gets milk all over someone's face, marking them as a "violent protester" (cognitive dissonance means that those who experience the most violence are scapegoated as the most violent) until they can wash it off, potentially leading to arrests and lack of sympathy from bystanders not involved in the protests.

Baking soda is also bad – don't introduce particulates into your eye! Your eyes are very tender and baking soda doesn't dissolve completely so you could wind up scratching your eye and causing some serious damage. LAW (liquid antacid and water) can do the same damage if it's used as a flush rather than as secondary care mist after the eye has already been flushed. The most essential part is to flush (with medium-high pressure) as much of the chemical irritant from the eyes as possible, and this is best done with water. And absolutely do not try flushing if the person has contacts in their eyes – the

flush could push the contaminated lenses into the back of the eye. A more thorough description of the appropriate protocol is described in detail on the street medic wiki, here: [https://medic.wikia.org/wiki/Eye Flush](https://medic.wikia.org/wiki/Eye_Flush)

As an amendment to the street medic wiki, a lot of the people I run with will poke a hole (from the inside out) through the cap of a disposable water bottle with a pen and use that as our squirt bottles. There are usually lots of water bottles at events, so we don't have to worry about a sports bottle running out of water or getting dirty – we can just swap the cap of a full water bottle with the one that we put a hole through.

Overall, not a very complicated lesson to convey, but very important to share! Injuries, infections, contaminated contact lenses, marking protesters as targets – not good. It makes sense to want to share this info whenever possible.

At a particularly slow action, I convinced my buddy that it would be worth our time to stop and chat with some of the people who brought milk and try to convince them to use an alternative method. But I still felt somewhat conflicted, even though I knew it was important to correct misinformation.

Decentralization

One of the core tenets of mutual aid practice (and by extension, street medic practice) is the decentralization of power/agency. We trust each other. We also know that the government is very quick to identify and target movement leaders (see COINTELPRO and the post-9/11 infiltration of activist groups), so decentralization is an important defensive move in addition to a practice of our values.

Mutual aid is a movement against the disempowerment of hierarchical structures. It is a movement to help our communities acknowledge that we are fundamentally reasonable, capable, and caring. More people taking up agency – bringing tools for community-care to protests – it's a great thing!

Street medics don't ~want~ to be the only ones responsible for people's health at a protest. We love to see actions being supported by people bringing water and snacks, or affinity groups running with their own medics. And often these people have skills that we don't have!

If people start getting confident that street medics will be at every action and always serve a certain function (bringing water, for example), it can mean that people displace that responsibility onto the medics as a discrete group rather than understanding the responsibility as held collectively by the community. Then, when

all of the medics are at work or burnt out, or arrested, who's bringing the water?

Responsibility can be fragile. Often, when we start enacting our responsibility, we're very tender and insecure. We think "this can't be right, maybe I should just wait for someone to tell me what to do. I'm just going to mess it up, so if nobody tells me what to do I'll just let someone else to do it instead."

Our culture reinforces lazy disempowerment through insecurity, especially when we see anyone else step up to enact responsibility. Part of the work of our movement is to squash this tendency and help people feel into our power together!

So when I see folks bringing supplies to protests (even the wrong supplies), I feel protective of that tenderness. It's important that we're not shutting people down, acting like people are causing harm by trying to expand their sense of their own agency and ability to care for their community.

Do No Harm

Yet sometimes people's well-intentioned actions CAN cause harm! Pouring room-temperature milk into people's faces is not the appropriate remedy for tear gas.

We need to be stepping into responsibility at the appropriate speed. For many of us, our abilities exceed the responsibility that

we enact. Lots of us know how to cook, how to sing, how to write with chalk (or spray paint), how to think up a clever slogan to put on a sign.

It takes a little extra energy to step into more responsibility, especially because we're not used to the work it takes to find out what a community or an action needs and how we can help fill those needs.

But once we get a small taste of responsibility, we crave more and more. Helping others is rewarding in itself, but it can also stoke our egos – making us crave more until we're taking on responsibility that exceeds our abilities.

In order to do no harm, we need to acknowledge our limitations and prepare well for the responsibilities that we take on. We can't put our trust in the first "how to prep for a protest" meme that gets shared on social media and imagine that we're an expert.

In order to minimize harm, it's essential that we're communicating well, not going past our scope of experience, and establishing consent. This is true both in providing care and also providing instruction⁴

⁴ Is there really a difference? What is providing instruction except a form of providing care?

The Role of Identification in Establishing Consent

I start pretty much every conversation at a protest with "Hi, my name is Meadowsweet, and I'm a street medic." Our names are an offering to one another. It's a show of goodwill. And giving your credentials is an easy way to help the other person understand why you're butting into their business.

People are far less skeptical of me when I let them know I'm a street medic. That's not to say that you need to be a street medic to use this technique. Credentials are actually incredibly flexible. I could have just as easily given some other signifying gesture other than "I'm a street medic" – something like "I have some practice doing first aid at protests," or "I'm a nurse," or "I spent a lot of time researching protest first-aid."

Don't exaggerate the scope of your skills. The purpose of offering your credentials is to communicate your level of knowledge – just as you offer your name, you offer your abilities. Don't offer what you can't give.

Someone might very well say "no thanks, I don't need your help." Learn how to hear "no."

Speaking of, don't lie about your credentials! Hopefully this goes without saying, but don't try and say you're something you're not. That's cop behavior.

If you lie in order to establish consent to treat someone, it's not real consent.

And identification is important whether offering or receiving learning. If there's something you want to know, it can be really helpful to introduce yourself with your request in your first sentence. Clear communication is key! "Hi, I'm worried about some of my friends who aren't used to walking very much in the sun, how long do you think we'll be out today?" or "Hi, I saw you give an eyewash demonstration at the last protest but I couldn't see clearly, could you show me what you used to poke the hole into the cap of the water bottle?"

Consent in Education

Consent is essential in all we do. In addition to getting consent to treat people, we should also be thinking about consent in education. When I approached the two people using milk for eyewashes, I introduced myself and asked if they wanted to hear the eyewash training that is common street medic practice.

If they didn't want to learn from me, what good would it do to try talking them out of using milk? There are plenty of other people and situations they would have been able to learn from, but if they didn't want to learn from me in that moment, I'd wind up spending my time trying to coerce them into agreeing with me rather than actually practicing the street medic skills I showed up to practice.

From the other end of things, people have invited my friends and me to speak before actions, giving some short instruction around different protest first-aid skills. This makes us so happy! We love sharing skills. But if someone were to ask us to teach them something while we were medicking, it'd be much more dependent on the situation. Sometimes what feels like down-time is when we're doing the most work, but it doesn't hurt to ask – that's consent!
<3

The 20-Hour Street Medic Trainings

A lot of this zine has been about going out and learning/practicing these skills regardless of your level of experience, but I want to say a word on the 20-hour trainings. I think they have incredible value. They allow you to:

- connect you to a group of practicing medics who are also new and excited about getting into the streets,
- connect to more experienced medics who are willing to partner with newer medics and form mentorship connections, and
- Receive generous offerings of practice, feedback, and reflection in a safe and controlled environment.

That being said, it takes a lot of energy to put on a 20-Hour training! And they're especially difficult when it's not safe to come together in person.

So don't tell yourself that you're not ready yet. It's important not to overstate your

credentials, but you can still try bringing sunscreen to your next protest and offering it to someone who looks like they might be getting sunburnt, or bringing ice water and some bandanas for cold compresses. If it feels like the work you're called to do for the movement, expand your skill set little by little. There's a ton of good information in the street medic trainings, but there's also a lot to be learned online, from practice, and in community.

Learning in Community

You may be thinking "Wow, only 20 hours of training? People trust these medics? Even the police have more training!" Be careful with this. This is a framework originating in the credential-obsessed educational system. Yes, I would trust any newly-trained medic to offer me first-aid if I needed it (or to admit their limited scope and find someone with the skills needed). But more importantly, the 20-hour training is just the beginning.

Most education happens when we work in our buddy pairs, learning complementary skills from one another. We're attuned both to the needs of the situation and also how our partner is responding to those needs, appreciating the differences and debriefing to learn more when we can.

Our community is our greatest resource, and if you pair up with enough people, you can develop an incredible skill-set through appreciation and gratitude for your

partners. It's essential that you're working with at least one other person doing this work, watching each other's back. But it's even better if you can form an affinity group, so you can partner with a bunch of different people you trust and can learn from each other.

Practicing in Community

A core foundation of street medicking is the buddy system. I don't practice without a buddy. Ever. My buddy is someone I can turn to when I get uncomfortable in a situation, someone who can take over, or someone to confirm that it's too risky to stay in a scene. I also love having new buddies every time so that I get to learn lots of different techniques from everyone, but I don't want to be pairing with a bunch of people I've never met and don't trust. It's important that the larger community (or affinity group) that my buddies come from is healthy and secure enough that I can show up to an action confident in the person I'm medicking with.

The ideal community for practicing together will have a shared set of values, a commitment to continued learning towards liberation (anti-racist practices, improving accessibility at actions, etc.), good security protocols, and a vetting process to keep out undercover cops and snitches (don't underestimate how important this is!).

How to Find Good/Credible Info

For most injuries that aren't directly associated with police brutality, the info that you find online isn't going to be too bad. General practices for things like heat stroke and blisters have been codified for so long that there's pretty much a consensus around best practices.

That being said, there's a lot of different advice about what to do for protest-related injuries. The government doesn't have much of an incentive to research and widely publicize how to recover from the violence it's inflicting, does it?

But there are some great organizations doing this work. Look for information put out by street medic collectives first – especially collectives that have been around for a while. Rosehip Medic Collective is really great about putting information out quickly and updating when needed, but most collectives will have what you need.

[https://medic.wikia.org/wiki/
List of street medic organizations](https://medic.wikia.org/wiki/List_of_street_medic_organizations)

Speaking of medic.wikia.org, wow what an amazing resource. You can learn a lot on that site! And I don't know about you, but for me it's much easier to spend 4 hours reading different webpages rather than 4 hours reading a textbook

But if textbooks are your thing, check out Håkan Geijer's *Riot Medicine*, and Chicago Action Medical's *Street Medic Handbook*.

And most importantly, be in community! Get together with a street medic collective. Attend a training (it's one of the best ways to meet people who are practicing the same skills). Make friends with other folks who you see doing first-aid at protests, and find out how long they've been at it. There's so much value in community. Find your elders and ask them for their offerings, and offer to others when you know what you're doing!

Spreading Knowledge, Building Community

*Taken from "Street Medic Handbook, Brattleboro Edition, Winter 2019." Prepared for SCORCH 20-Hour Training

Community medics are especially important when acute and chronic disasters occur at the same time (i.e. Hurricane Katrina in New Orleans). We can be helpful not only in addressing everyday chronic issues in the lives of our friends and families, but by building networks of care and strengthening those connections through action we make our communities more resilient to disaster of all kinds.

Our best hope is that together we can spark a healthcare revolution in this country. Primary care starts in the community and at home. The more you invest in being a medic for your community, the more you share your passions and skills, the closer we get to a world where self-care and preventative care are taken seriously. Where in the event of

disaster FEMA will show up to the scene two weeks late and find that they have very little to do because the community already knows how to take care of its own.

It's maybe only a small part of sweeping systemic change to a system and culture long in need of dramatic alteration, but we think it's a powerful one. So go forth, take care of yourself, build community networks of care, and join us in democratizing access to the tools of public health and well-being.

We care for each other. We share what we know. We learn more. We listen to our bodies. We text to check in. We do not call the cops. We ask those who are injured what kind of care they would like to receive. We respect their choices. We see medicine in plants, food, song, rest, ceremony, storytelling, good company. We give (and ask for) medicine whenever we can.

I love you. Take care<3

