



# 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



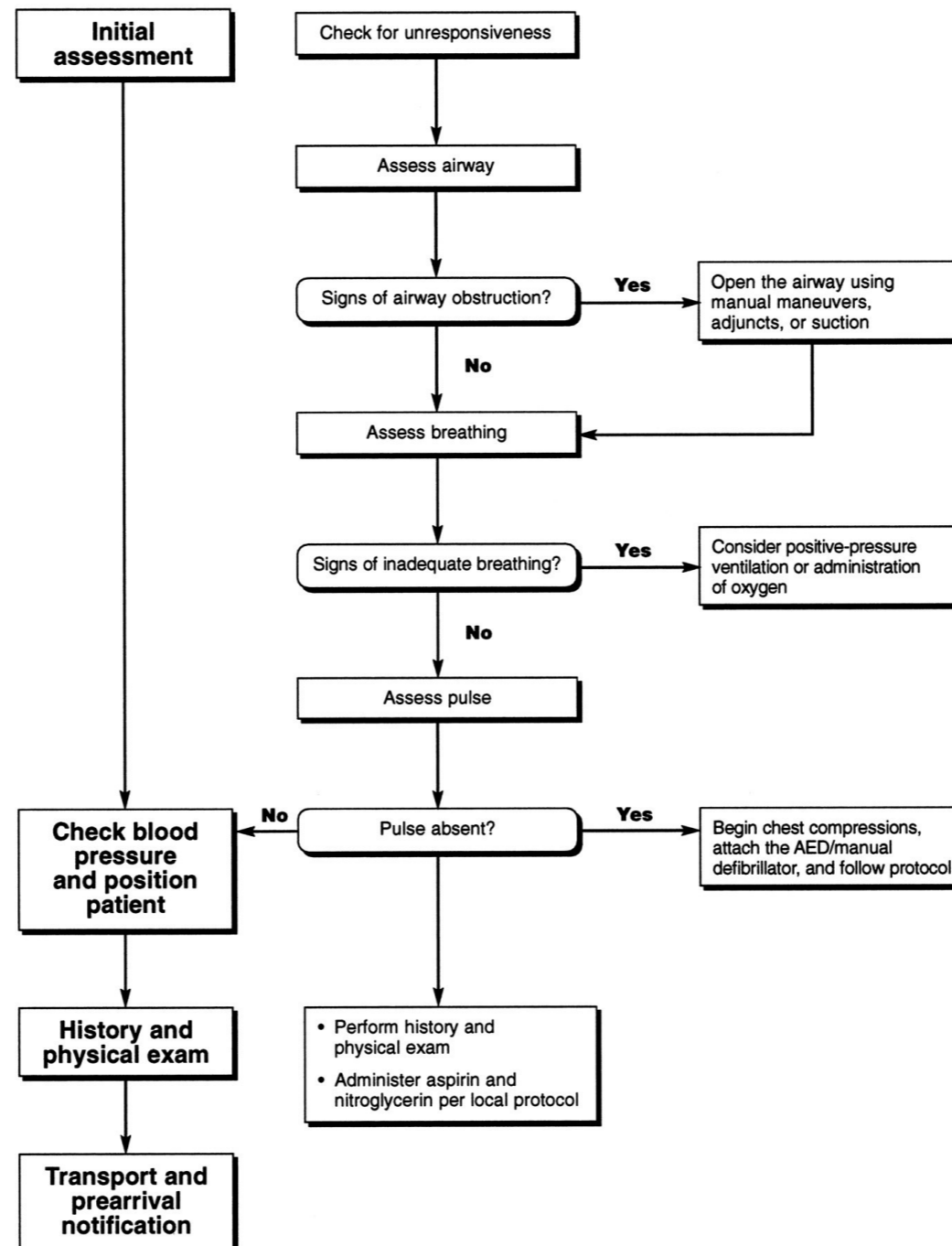
# Objectives

- \* 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



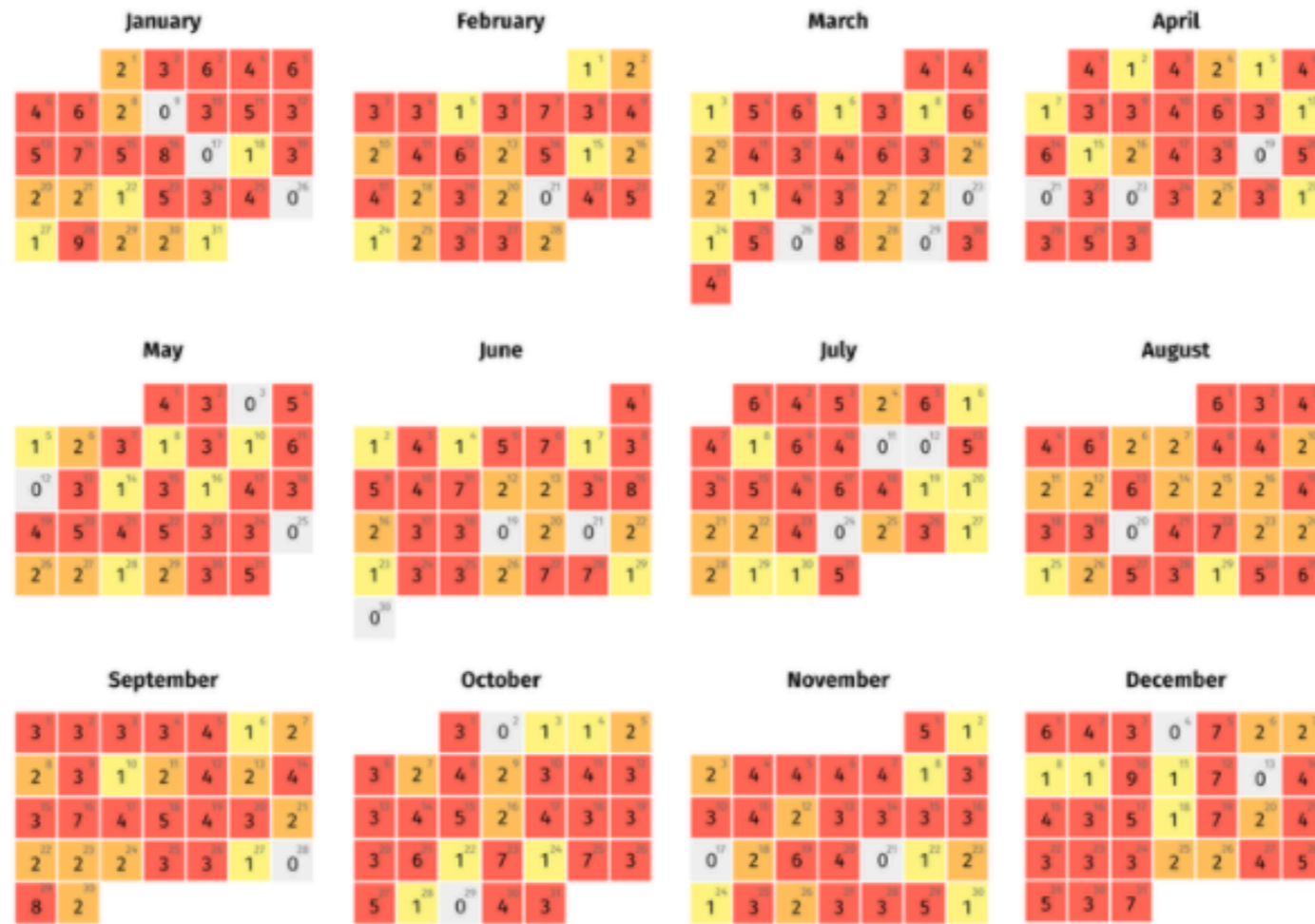
Resources



Q&A

# Data on Police Violence

There were only 27 days in 2019 where police did not kill someone.

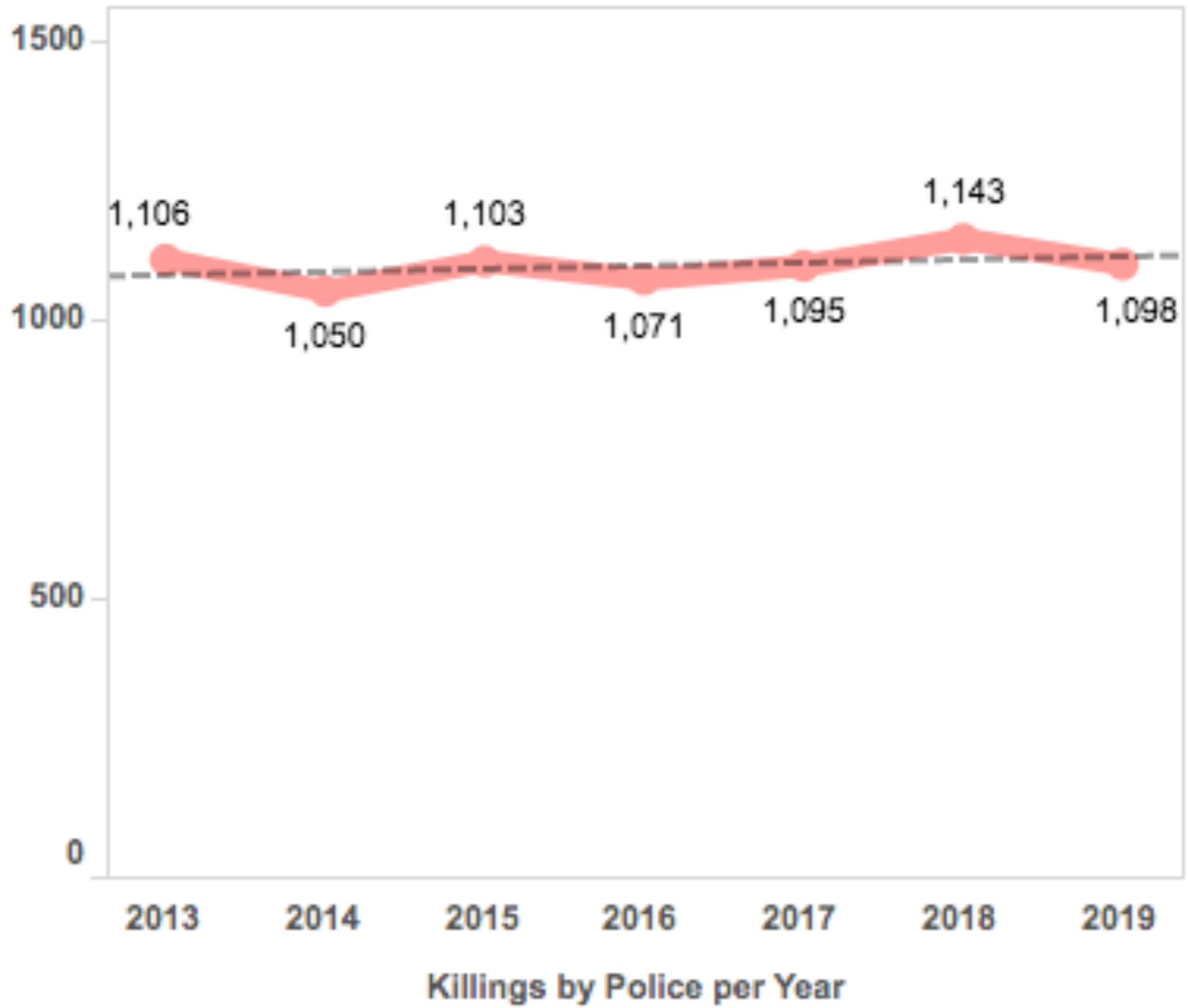


0 1 2 3+ killings by US police

Source: MappingPoliceViolence.org Last Updated: March 7, 2020



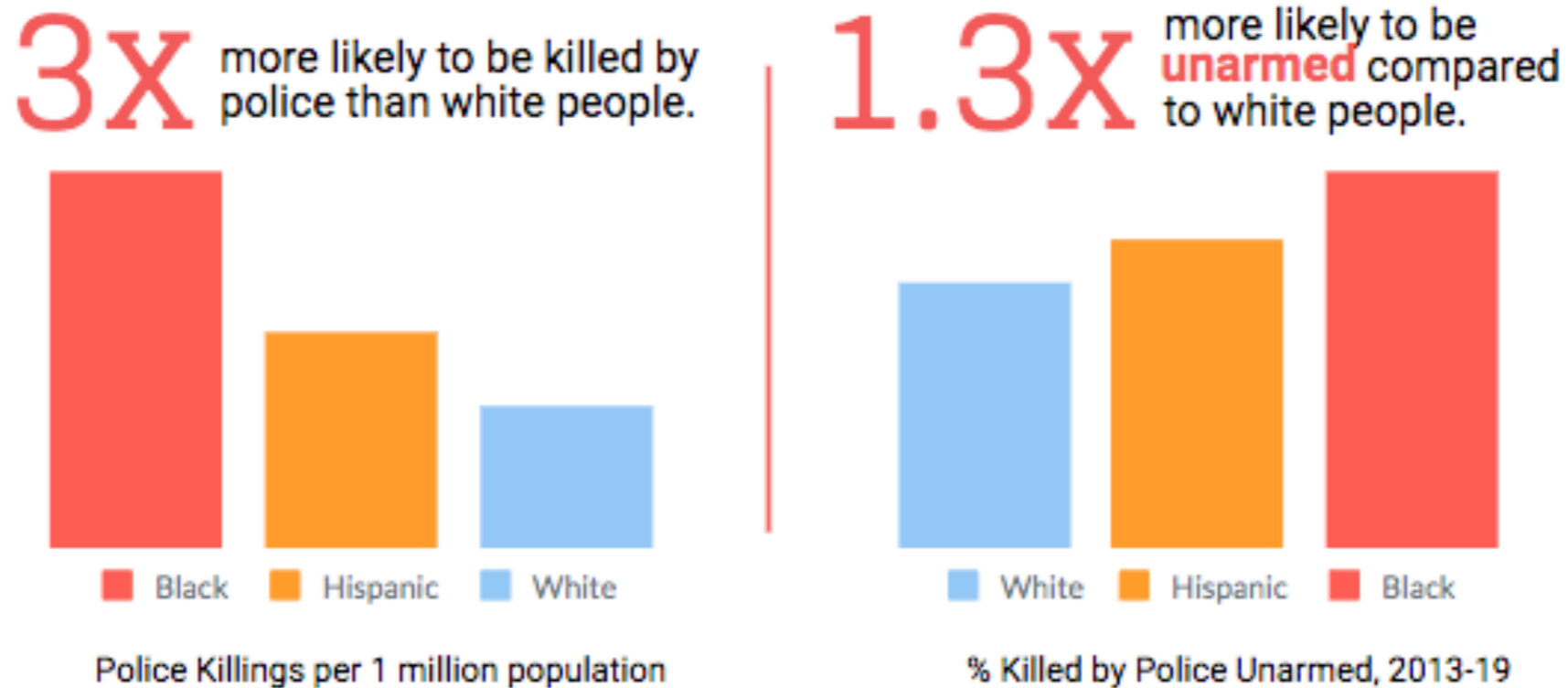
# Data on Police Violence



Mapping Police Violence

# Data on Police Violence

Black people are most likely to be killed by police



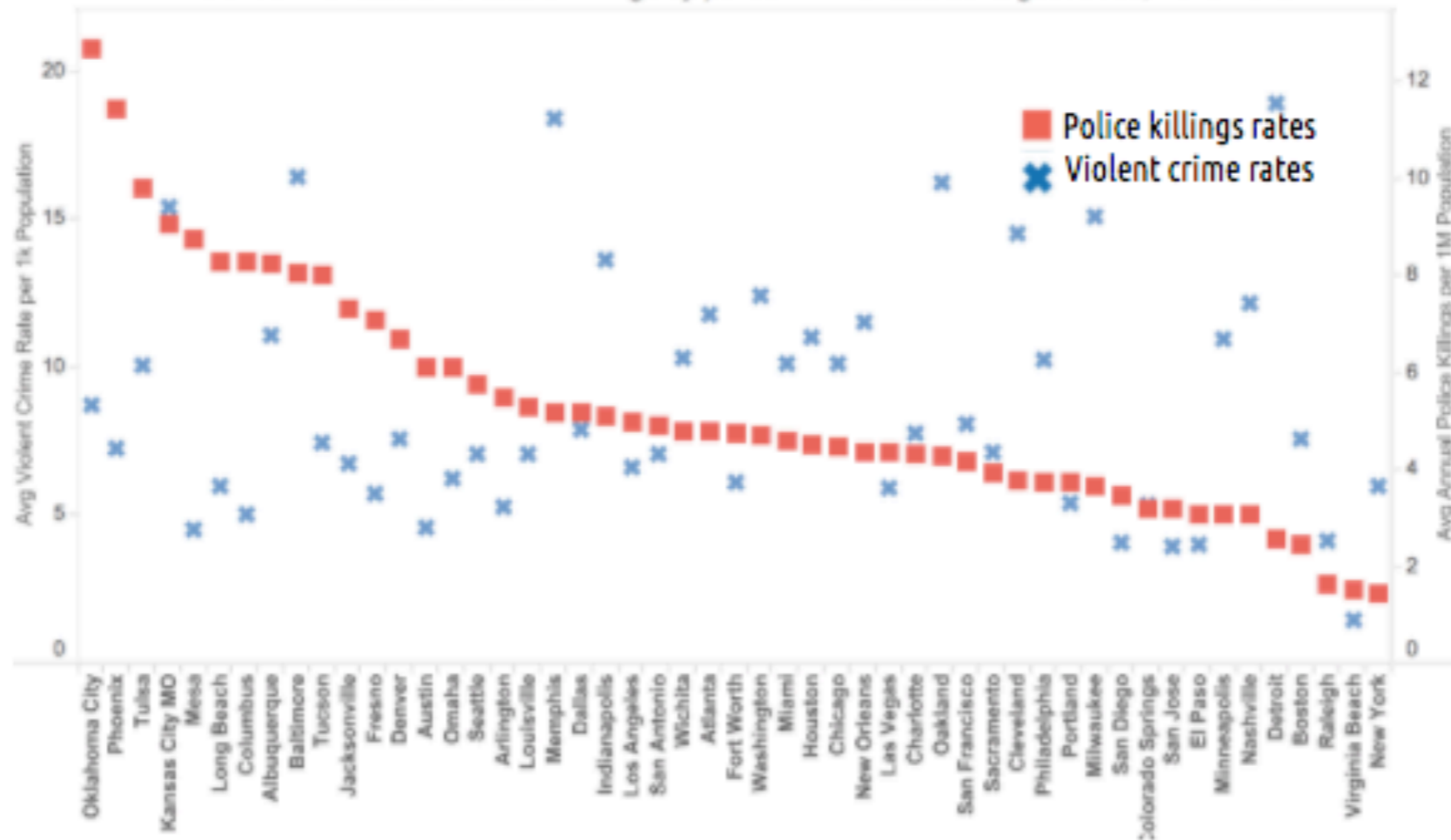


# Data on Police Violence

## It's not about crime

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

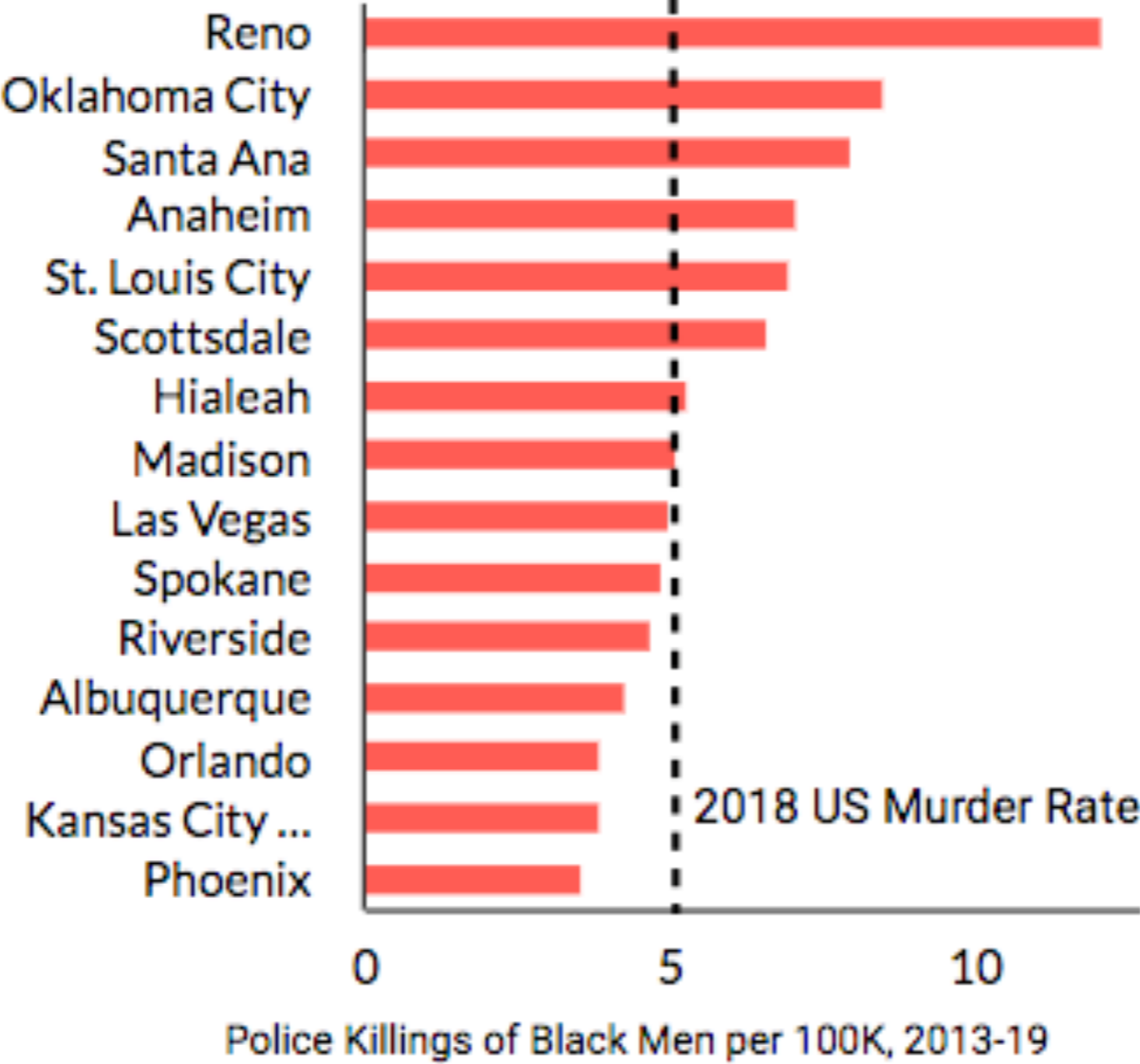
*Violent crime rates and rates of killings by police in America's 50 largest cities, 2013-2018*



# Data on Police Violence

8

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





# 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\*

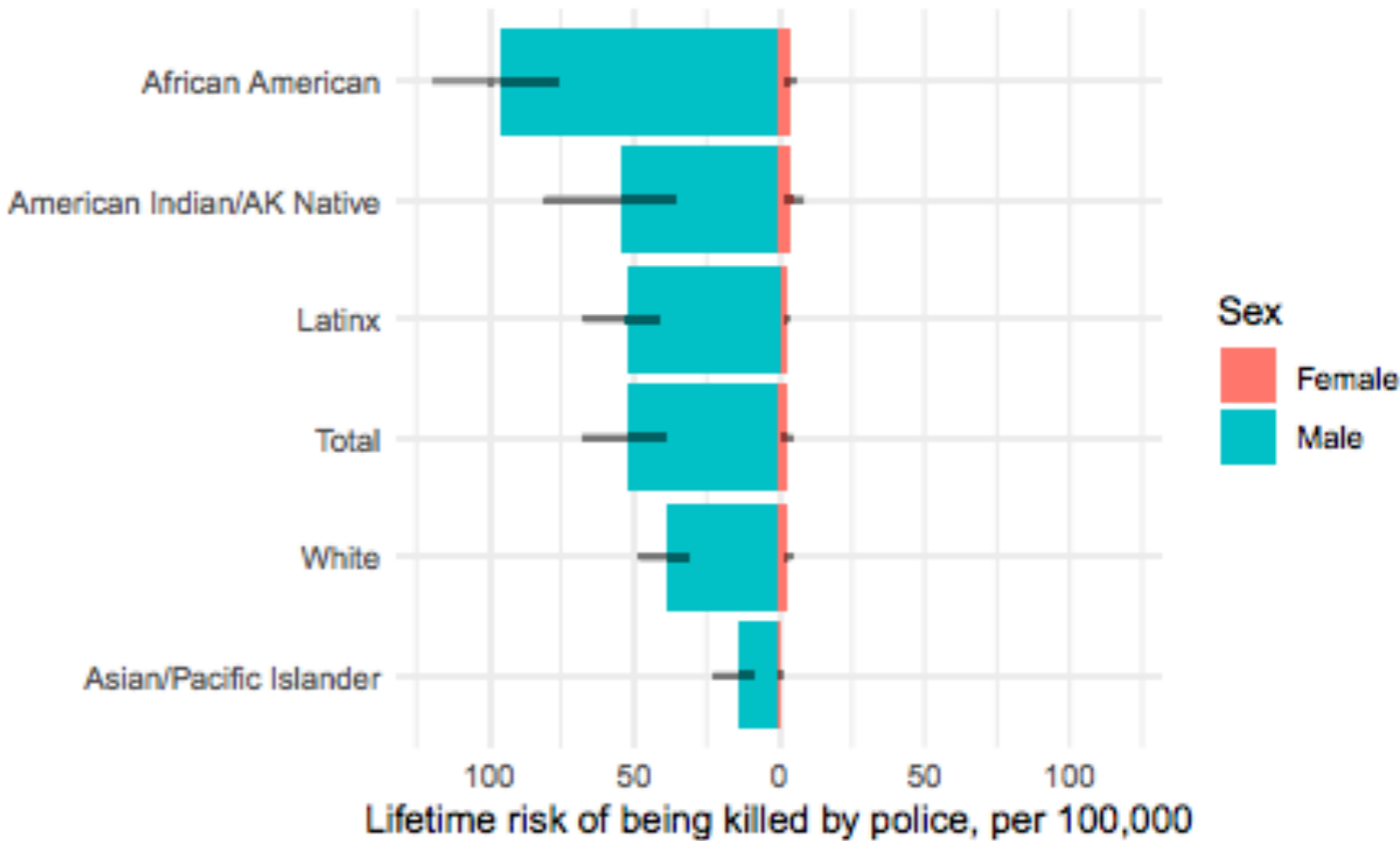
\* Including asphyxiation, beating, a chemical agent, a medical emergency, a Taser, or a gunshot

**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.



Edwards, Frank, Hedwig Lee, and Michael Esposito. "Risk of being killed by police use of force in the United States by age, race-ethnicity, and sex." *Proceedings of the National Academy of Sciences* 116.34 (2019): 16793-16798.

# 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.

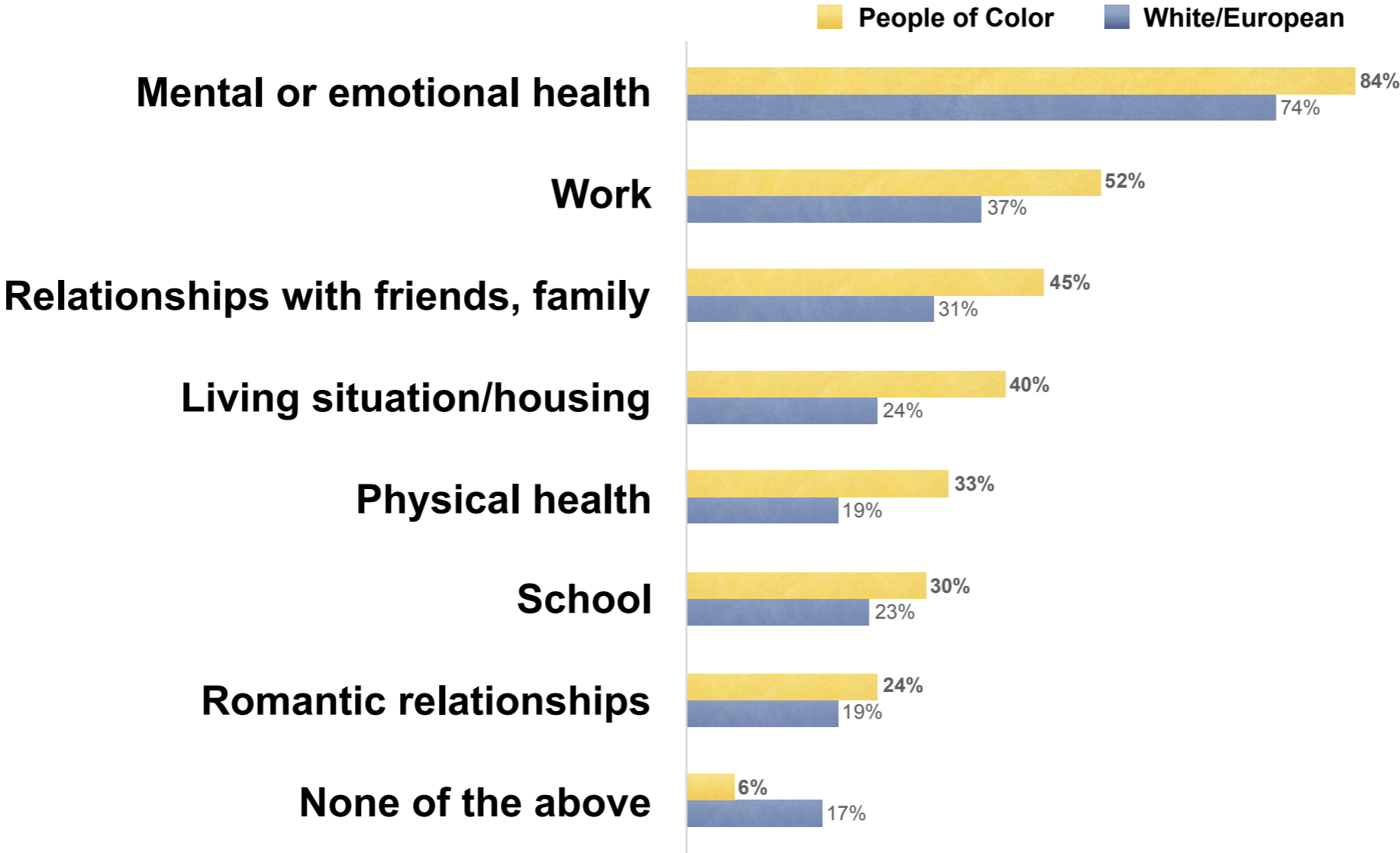
## Self-Reported Poor Health

**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



# Trauma

Exposure to Trauma



Chronic Stress



- Diabetes
- Cardiovascular Disease
- Cancer
- Depression/Anxiety
- Difficulty Concentrating
- Work/School Related Issues
- Relationship Challenges

# Direct Action through Healing Arts

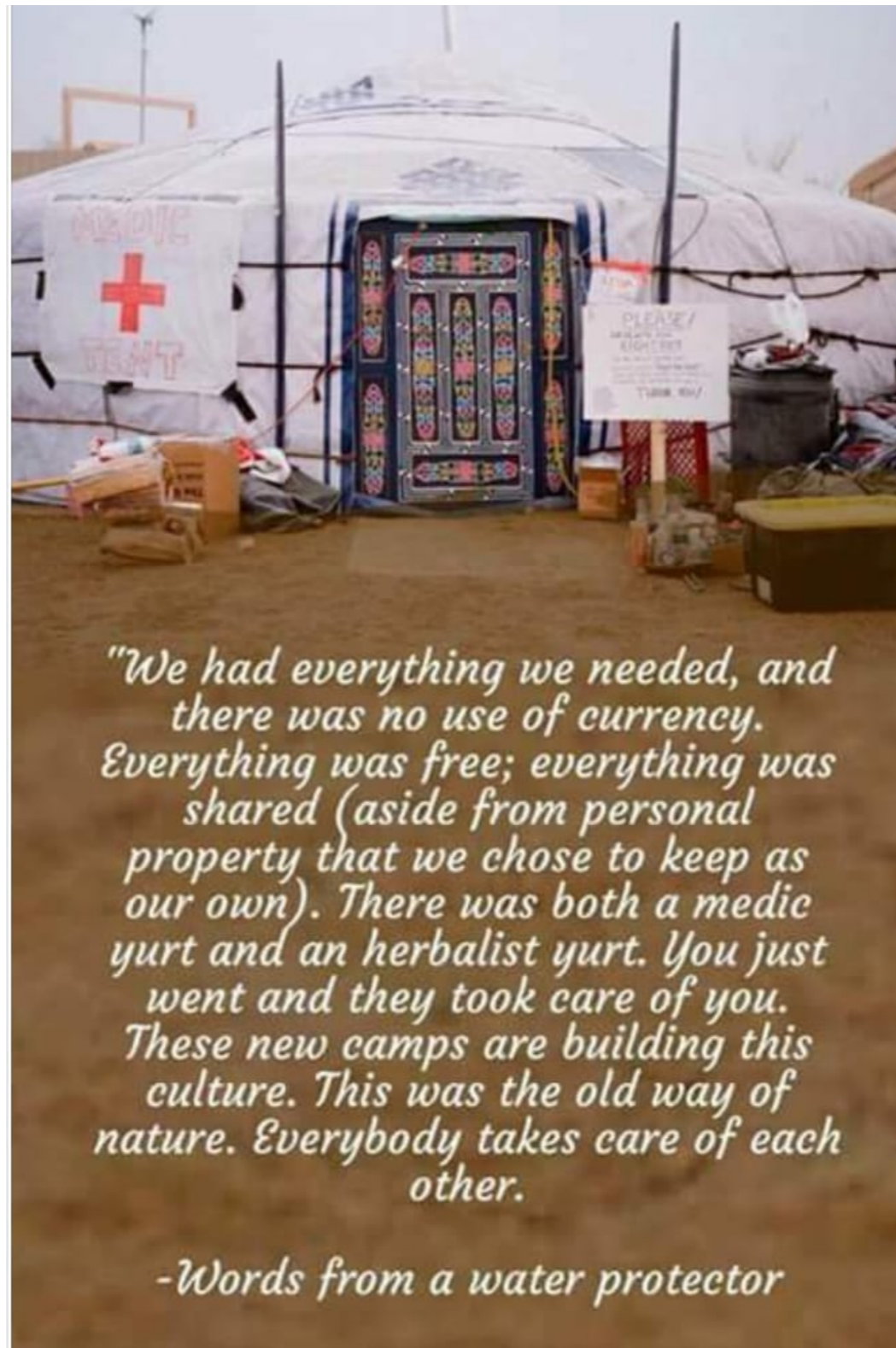


Frisco5 Hunger Strike Accompanied by Do No Harm Coalition

[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*

Standing Rock Medic Healer Yurt

# 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

## Yellow construction helmet

Protects against rubber bullets, tear gas canisters, flying bricks

## Broad face cover

To counter facial-recognition technology

## Backpack

Typically holds snacks, water, change of clothes, tools and sometimes laser pens to shine in officers' eyes.

## Elbow & knee pads

For for falling, crawling and scuffing on city streets

## Loose change

For subway fare, to avoid being tracked through electronic transit passes

## Goggles

For flying debris

## Gas Mask

Protecting against tear gas, which Hong Kong police use liberally

## Black t-shirt

Uniform adopted by Hong Kong protestors, in contrast to white Ts, worn by Beijing supporters

## Lycra skin covers

To protect against tear gas effects

## Umbrella

Protection against rain and pepper spray

## Heat-resistant gloves

To throw hot tear gas canisters back at police



Photo: Saša Petricic/CBC

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

# Preparation–What to Bring

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



Nato Chicago daily mail.uk



# Situational Awareness

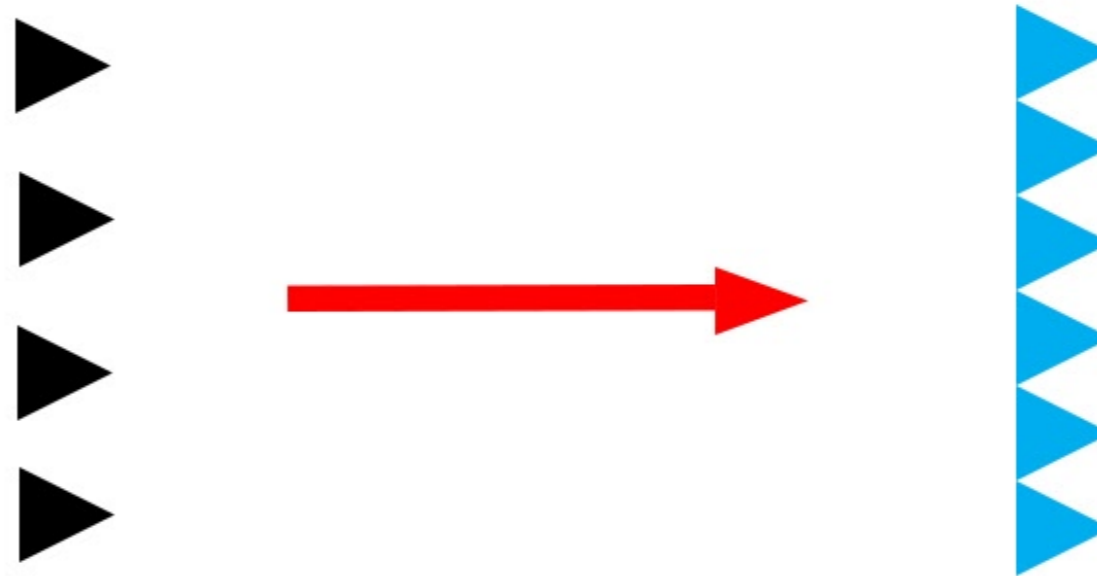


Minneapolis Photo by Jason Redmond / AFP



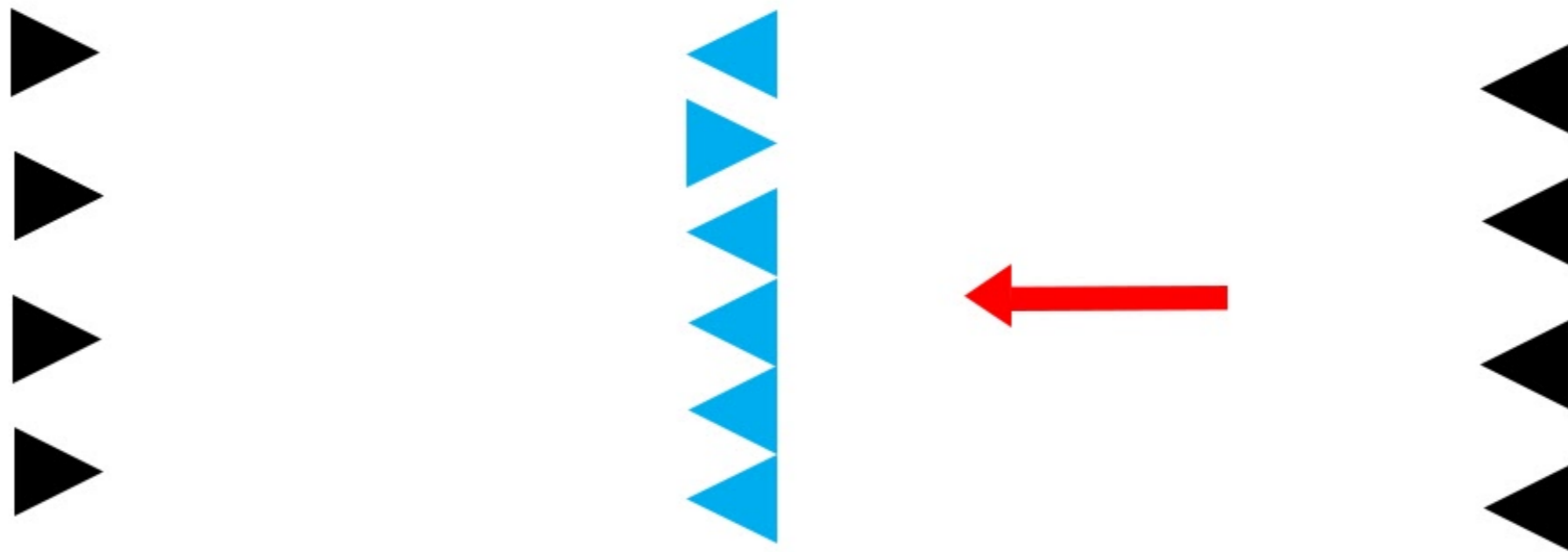
# Situational Awareness

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



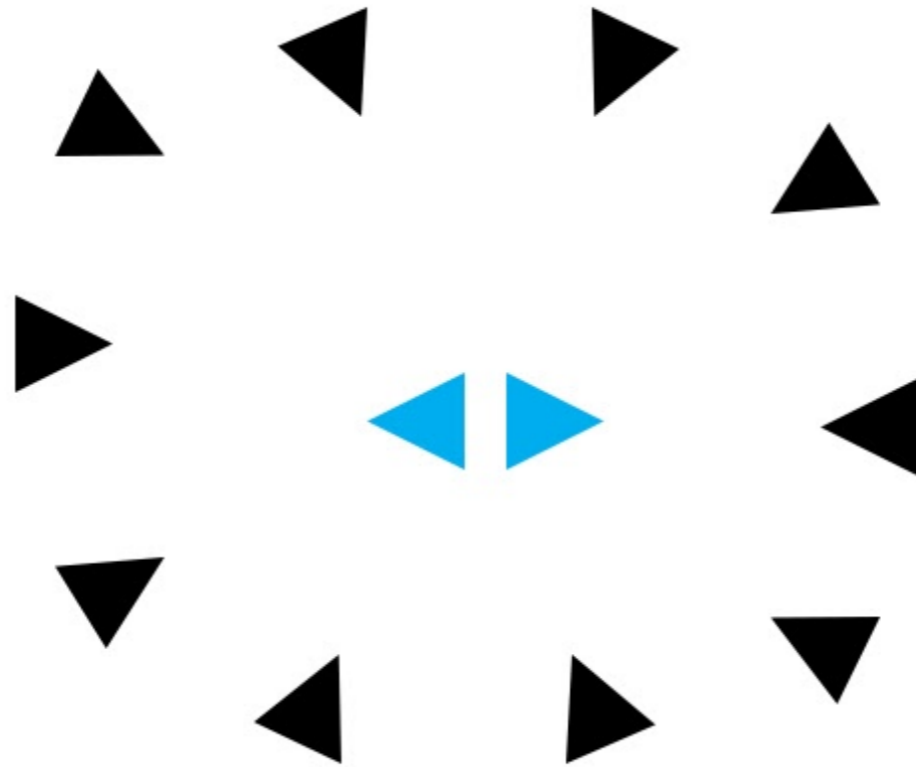
# Situational Awareness

**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 re-grouping.





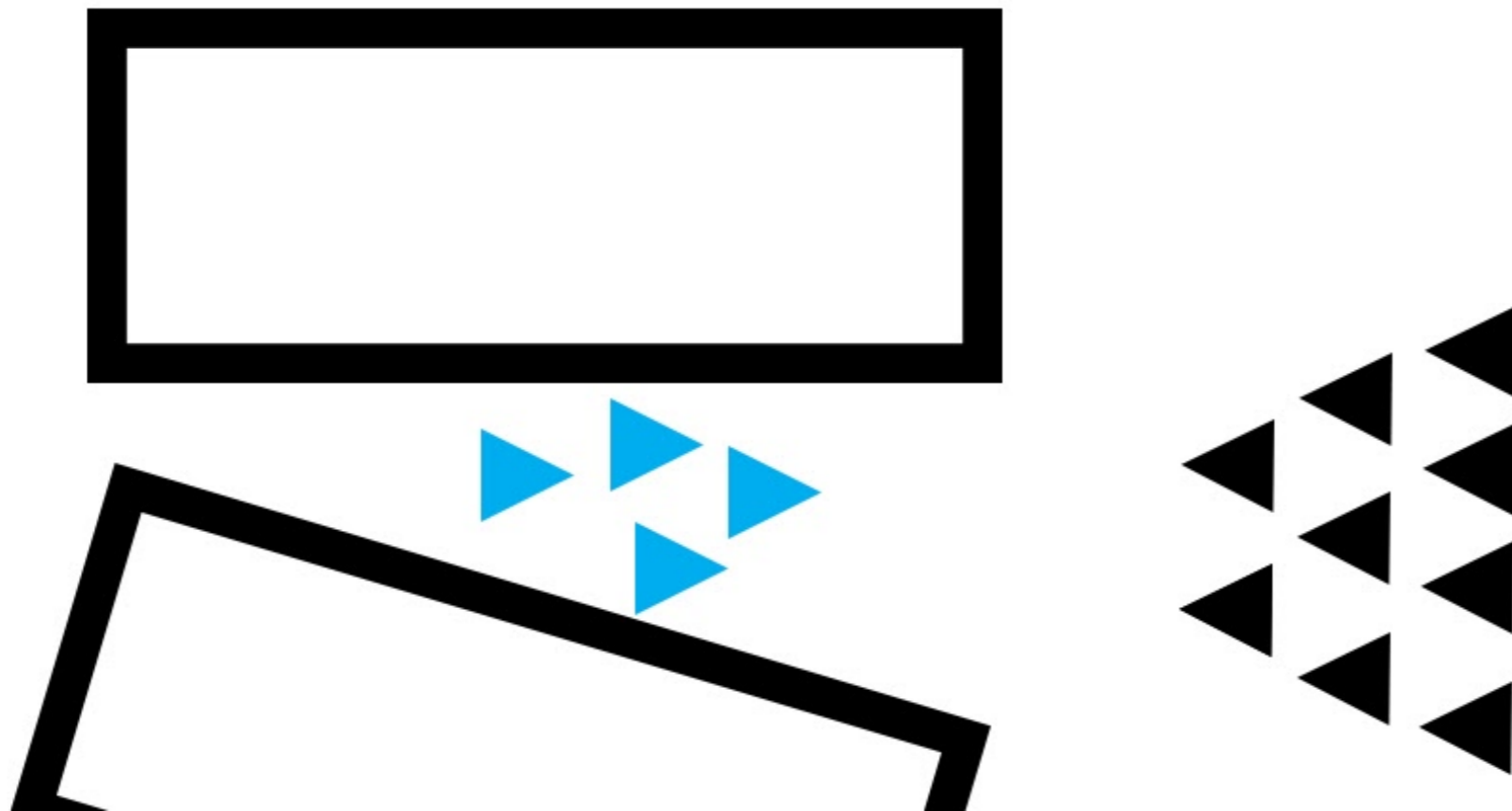
# Situational Awareness

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



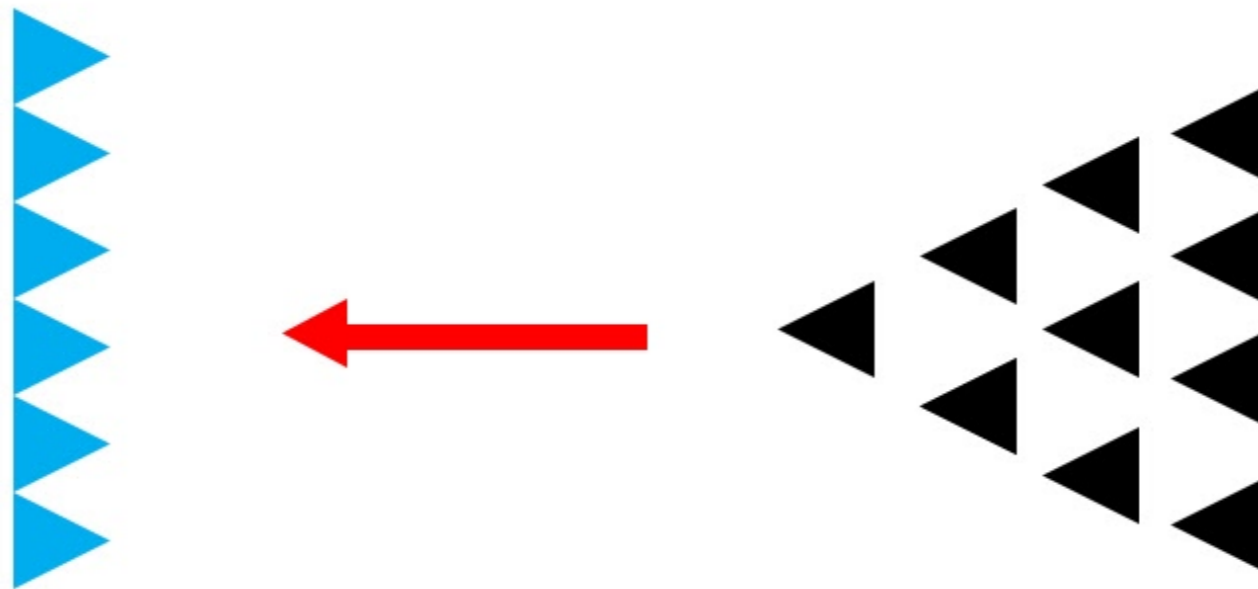
# Situational Awareness

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



# Situational Awareness

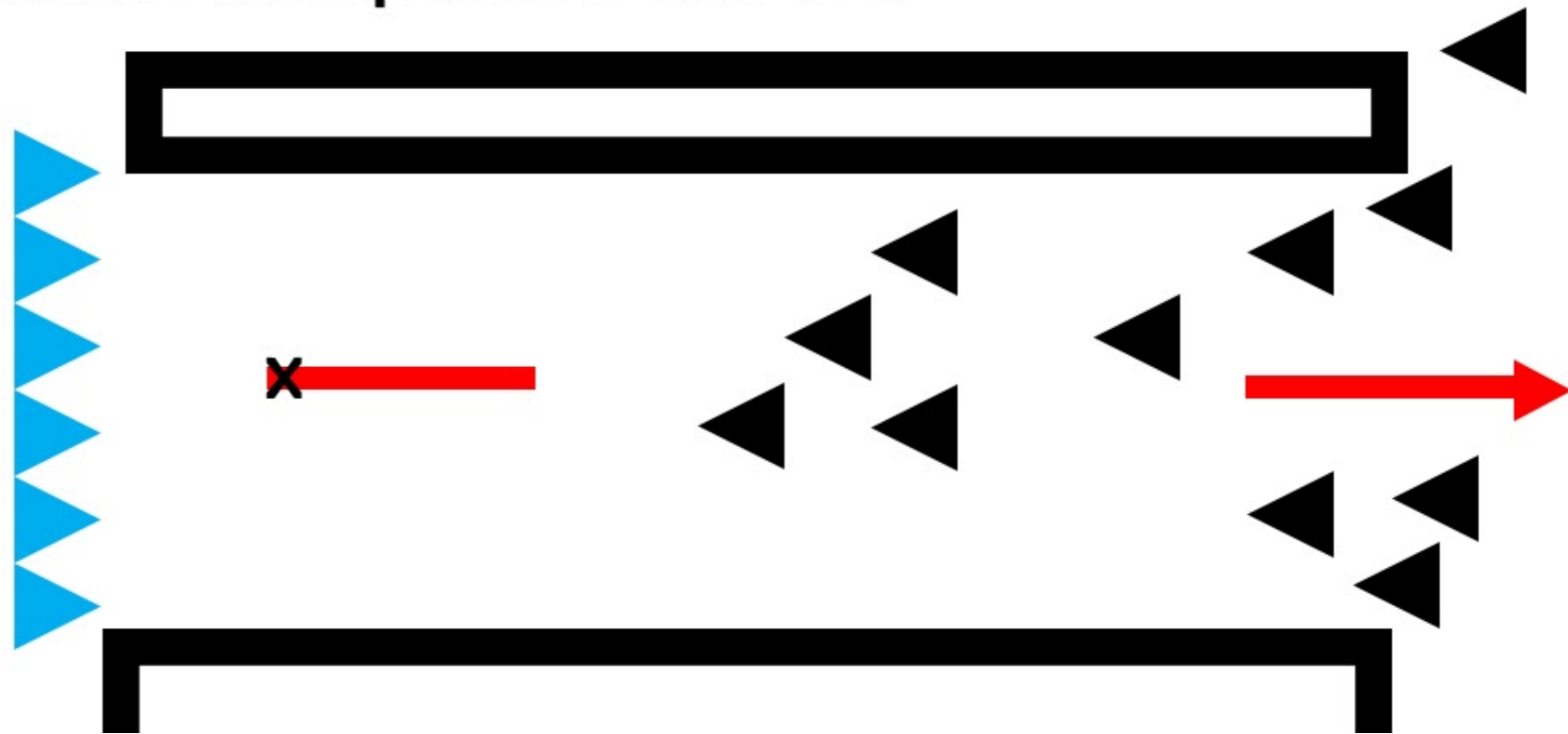
**Blitz:** When an attacking force spearheads an offensive using a heavy concentration of forces in order to break through the opponent's line of defense.





# 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**



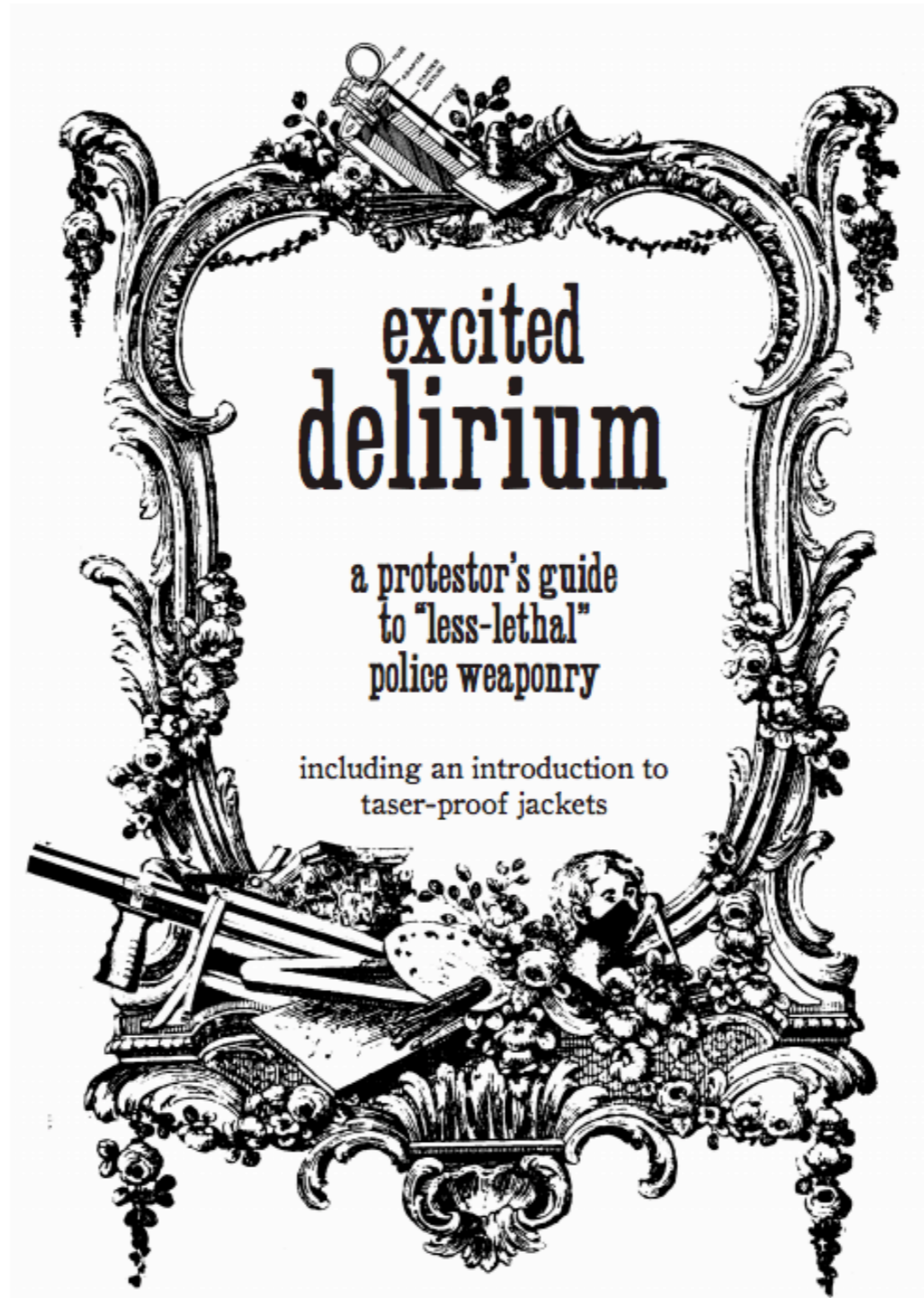
Rupa & the April Fishes -- Yelamu



Artwork by Mona Caron



# Police Weapons



# Chemical Injury: OC Spray/Pepper Spray



*The eye flush is not to "neutralize" the chemical; it is to physically push the irritant out of the eye.*



*brought to you by your friendly neighborhood street medic*

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.

[How to Do Eyewash for Pepper Spray](#)

# Chemical Injury: CS gas/Tear Gas

2-chlorobenzalmalononitrile -  $C_{10}H_5ClN_2$



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

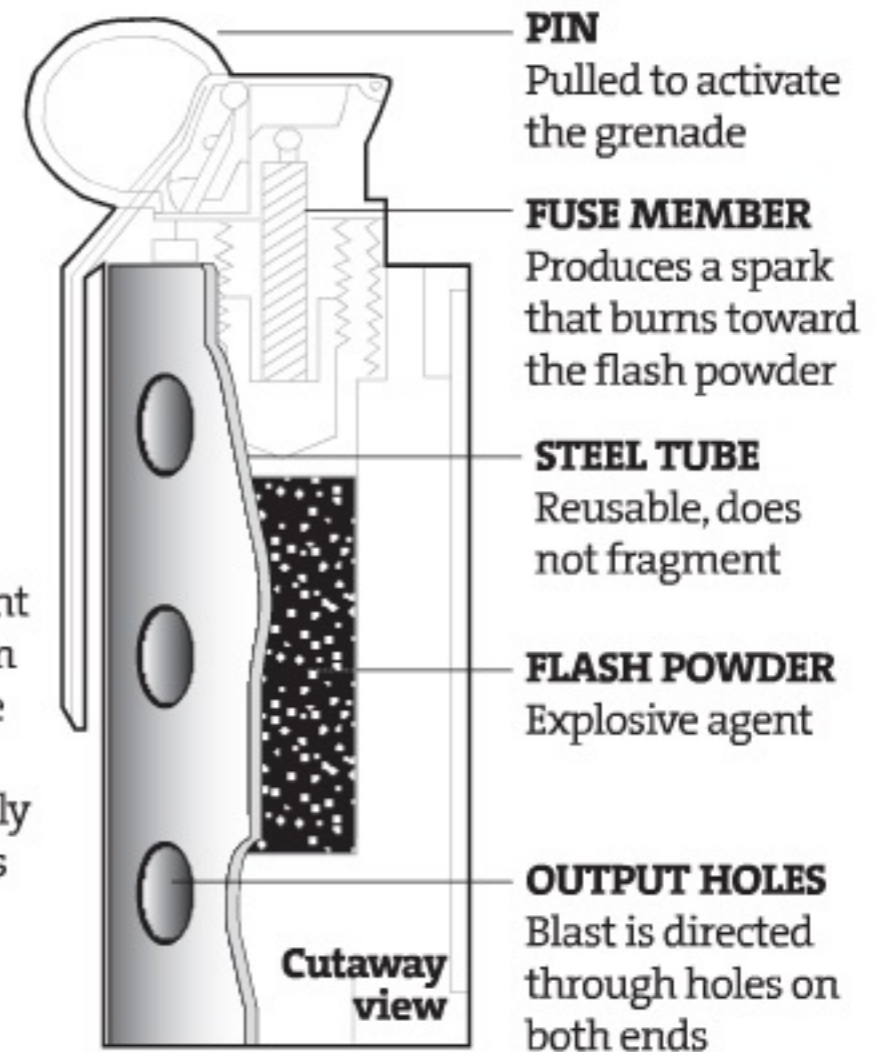


# Kinetic Injury: Stun Grenades

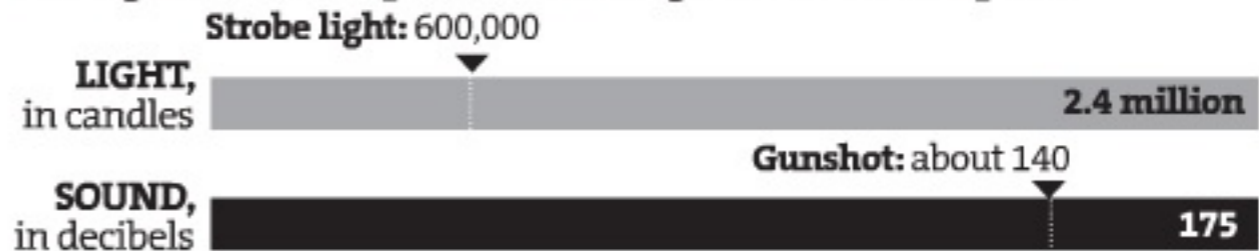


## FLASH, BANG AND POLICE

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 to 4,892 degrees.



**A bright flash and percussive bang disorient a suspect.**



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)

Sources: New York Times, GlobalSecurity.org,

# 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

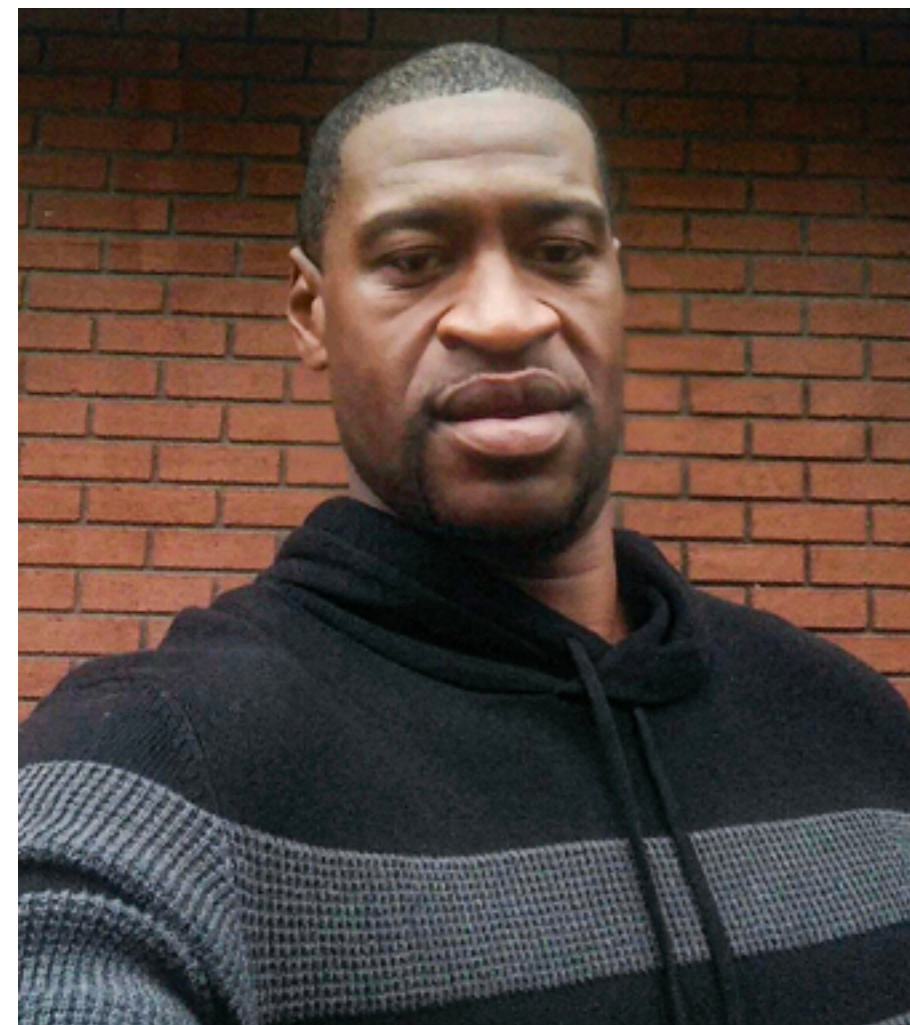
<https://www.sproutdistro.com/catalog/zines/direct-action/excited-delirium/>

Support This Work

[Noah Morris Street Medic](#)

[Do No Harm Coalition](#)

In memory of those who have lost their  
lives to police violence



George Floyd



Breonna Taylor



Ahmaud Arbery

**Rest In Power**



## Q & A



Rupa Marya, MD and Noah Morris, LAc