



AN INTRODUCTION TO FREEDOM STREET HEALTH

July 2022
Minneapolis, MN

ABOUT US

We are a collective of medical professionals at various certification levels including TCCC-CLS, WFR, EMT-B, EMT-P, CNA, RN, BSN, and medical school students.¹ Freedom Street Health was founded in 2020 by six original members who were independently working as street medics during the uprising. Our founders recognized the importance of collective, organized community medicine and came together to meet the needs of our community members both on and off the streets.

MISSION STATEMENT

We believe that all comrades past, present, and future should feel empowered to care for themselves. FSH democratizes education and resources, making care not just accessible but available, empowering those historically disenfranchised by the medical industrial complex. We affirm that care is a culture that communities engage in and practice daily - from preventative care, to harm reduction practices, to crisis response.

¹ Tactical Combat Casualty Care - Combat Life Saver, Wilderness First Responder, Emergency Medical Technician - Basic, EMT - Paramedic, Certified Nursing Assistant, Registered Nurse, Bachelor of Science in Nursing

While FSH is not beholden to any one ideology, our political orientation consists of three points that guide our organization and decision-making:

Class Warfare

Class warfare is something we practice from every day to every action. FSH provides care, mutual aid, and education as working class people in our community. We are anti-capitalist, reject the state, and do not ask for the state's recognition. Furthermore, we rely on our own power through organization and direct action, forming community defense through community medicine.

Liberation from Oppression

We recognize white supremacy, patriarchy, and other forms of oppression as integral parts of the capitalist system, and actively opposing them as central to our mission of liberation.

Autonomy and Democracy

FSH stays independent of all political parties and is not funded by nonprofit grants. We are horizontally organized and make decisions via participatory democracy, granting all members the autonomy to participate in actions, projects, and events as they see fit.

WHAT WE DO

The majority of our time and resources are dedicated to serving our community through mutual aid and harm reduction efforts. These include clothing and other supply drives, packing and distributing wound care, dental hygiene, and menstrual health kits, and conducting wound care at syringe exchange programs. FSH is also dedicated to democratizing information and educating our communities through low-cost classes such as Community First Aid & Emergency Response, Basic Life Support: CPR & AED, Stop the Bleed, Opioid Overdose Reversal, Basic Protest Safety, and Understanding Addiction & Harm Reduction.

We aim to empower community members to care for themselves in crises, respond to emergencies effectively without needing to rely on the state, and keep each other safe when taking to the streets in protest.

Additionally, you will see us on the ground in a street medic role at political actions rendering first aid, wound care, responding to emergencies, and handing out water. Never hesitate to ask us if you need anything!

WHAT IS COMMUNITY MEDICINE?

The blueprint for community medicine was laid out by the first street medics in modern US history. The Medical Committee for Human Rights was founded in 1964 to support the civil rights movement in Mississippi. Those who traveled to Mississippi were leftist doctors, professors, nurses, and social workers.² They were not permitted to practice medicine in Mississippi, despite being board-certified elsewhere. This did not deter them, however, as MCHR volunteers traveled throughout the state to medically examine activists for free, providing wound care, first aid, psychiatric care, and a host of other services. They ignored state restrictions and provided the care that was needed for the movement to survive. MCHR was later instrumental in ending hospital segregation in southern US states by opening free clinics and pioneering the concept of community medicine.³ Throughout the late 1960s and '70s, the MCHR cooperated with organizations like the Black Panther Party in opening free clinics across the US, supported activists in protest against the Vietnam War, and campaigned for health care as a human right.⁴

2 John Ditmar, "History of Medicine: The Medical Committee for Human Rights," *AMA Journal of Ethics* 16 no. 9 (2014): 745.

3 Ditmar, 745

4 Ditmar, 747.

In 1967, Freedom House, a community-based emergency medicine and ambulance service, was founded in Pittsburgh. They served the segregated neighborhoods of Black people in Pittsburgh, trained community members, and eventually became the pilot program for EMS training in the United States.⁵ After Martin Luther King Jr. was assassinated, Freedom House medics provided free care to Pittsburgh activists injured in the uprising. Freedom House shows the lasting systemic impact community medicine organizations can have, while serving as a cautionary tale as to how organizations and movements become restricted once a part of the state apparatus.

WHY IS THIS NECESSARY?

The medical-industrial complex includes the federal healthcare system, doctors, pharmaceutical and equipment manufacturers, and insurance companies. It is a tool of state and capitalist oppression in the United States. Beyond the crushing financial burden imposed upon patients at US hospitals, cases of racism and sexism within the healthcare system are systemic and abundant. Patients, especially non-white and non-men, are frequently coerced into treatment plans that are unnecessary if not dangerous, negating their bodily autonomy.

5 Matthew L. Edwards, "Race, Policing, and History – Remembering the Freedom House Ambulance Service," *New England Journal of Medicine* 384 no. 15 (2021): 1386.

Public healthcare's systemic issues are clearly seen within the context of political protest, beginning with the 1960s Civil Rights Movement. Most of the US at that time was segregated and police responded to medical emergencies, not EMTs in an ambulance. Police brutalized civil rights activists and refused them access to medical care - a pattern that has continued for 80 years. One response to this has been the development of community medicine, fulfilled by those in the role of street medic. The presence of community medicine organizations serves to empower the disenfranchised and proves there are alternative solutions to an oppressive, capitalist medical system.

This system fundamentally serves itself, rather than patients, akin to the prison-industrial complex. A primary example is the opioid epidemic. Pharmaceutical companies in particular caused the epidemic which continues to plague the US. Even though Purdue Pharma and other corporations were found liable, those responsible are still worth billions and were never criminally tried, paying back merely a fraction of their net worth. The public still dominantly views addiction as a moral failing, reflecting the individualistic and capitalist values of US culture.⁶

⁶ Taylor N. Santoro and Jonathan D. Santoro, "Racial Bias in the US Opioid Epidemic: A Review of the History of Systemic Bias and Implications for Care," *Cureus* 10 no. 12 (2018): e3733.

FSH TIMELINE:

AUG 2020:

FSH is founded; medics attend UMN EMT course

NOV 2020:

First CPR and Community First Aid classes are offered

MAR 2021:

New classes including Trauma Medicine Primer, Wound Care Kits become major focus of our praxis

APR 2021:

FSH first major fundraiser, used to distribute PPE and other supplies for protesters following the murder of Daunte Wright

MAY 2021:

Cohort of medics attend TCCC-CLS course; separate cohort start EMT training

JUNE 2021:

First Stop the Bleed
class, surpass 200
students trained

MAY 2021:

Cohort of medics attend
TCCC-CLS course;
seperate cohort start
EMT training

SEPT 2021:

Menstrual Health Kits
and Dental Hygiene Kits
are launched; harm
reduction efforts
prioritized

FEB 2022:

FSH medics support
MNTeen Activists
walkouts and the MFT59
teachers' strike; the
knitting drive is
launched

MAY 2022:

T-shirt fundraiser
launched; first MARCH
class; surpass 400
students trained

AS OF JUN 2022: \$52,000 raised; 93%
spent on supplies, training, mutual aid.
30 classes. 435 students.

Addiction stigmatization disproportionately affects non-white, transgender, and impoverished Americans, groups far less likely to even have healthcare coverage. The culture of the United States mandates that actions be viewed in the lens of moral or ideological choice, rather than recognizing people act based on their socioeconomic conditions. Only 34% of Americans surveyed in a 2021 Harvard study view the healthcare system positively.⁸ For Black Americans, the distrust runs far deeper, stemming in part from the lasting generational impact of the Tuskegee experiment. Only 40% of Black persons surveyed trust doctors to make the right decision, and 70% believe the healthcare system often treats people unfairly based on race.⁹

THERE ARE ALTERNATIVE SOLUTIONS TO A CAPITALIST MEDICAL SYSTEM.

7 Santoro and Santoro, 3733.

8 Robert Wood Johnson Foundation and Harvard T.H. Chan School of Public Health, "The Public's Perspective on the United States Public Health System," (2021).

9 Jesse Washington, "New poll shows Black Americans put far less trust in doctors and hospitals than white people," Andscape (2020).

Racism and sexism are themselves health crises. Excited delirium syndrome is a fabricated diagnosis, emerging from the war on drugs, that is used as an excuse to remove credibility and autonomy from patients.¹⁰ It has largely been used to target Black Americans and deny them proper care. Excited delirium syndrome is not recognized by the DSM-5, the American Medical Association, nor is it taught in the curriculum of emergency medicine. Despite that, paramedics used the pretext of excited delirium to murder Elijah McClain with a lethal dose of ketamine. It is well documented that the psychological distress from battling multiple forms of oppression manifests physical and mental health issues, which go on to be untreated.¹¹ This has an especially severe impact on transgender people, the latter for which 2021 was the most dangerous year on record.¹² It is no mystery as to why marginalized communities are far less likely to trust the healthcare system, or any element of the state apparatus, to keep them safe.

The HRC report provides milquetoast solutions to this epidemic of violence. Their Transgender Justice Initiative offers "increasing community public safety" as a

10 Louise Tam, "Agitation and Sudden Death: Containing Black Detainee Affect," *American Quarterly* 69 no. 2 (2017): 340.

11 Danielle Stevens-Watkins, et al., "Examining the Associations of Racism, Sexism, and Stressful Life Events on Psychological Distress Among African-American Women," *Cultural Diversity and Ethnic Minority Psychology* 20 no. 4 (2014): 561-569.

12 Human Rights Campaign, "An Epidemic of Violence 2021," (2021).

pillar of conquering socioeconomic issues facing transgender people, which involves government officials and law enforcement "direct[ing] resources and attention where they are most needed."¹³ This is an egregious miscalculation as to the purpose of state institutions, which have never existed to protect marginalized individuals (unless they possess the right amount of capital). The Transgender Justice Initiative claims to exist in order to "dismantle unjust systemic barriers" but offers solutions within the confines of the very system that is systemically rotten.¹⁴ Solutions must come from outside the state apparatus, built at the community level, and further a fundamental shift in beliefs and values of US culture. We keep us safe, and it is up to us to build power outside the state.

COMMUNITY MEDICINE TODAY

The tradition of community-based medicine and the role of the street medic was revived after severe police brutality at the World Trade Organization protest in Seattle circa 1999. Today, that legacy lives on through organizations such as The Black Cross, Do No Harm Coalition, Portland Action Medics, and Freedom Street Health, among many others. The medical-industrial complex does not prioritize community care or protection for marginalized peoples.

¹³ Human Rights Campaign.

¹⁴ Human Rights Campaign.

A common state tactic when countering political protest is to refuse the activists access to healthcare, either by turning away EMS, declaring the scene cannot be made safe, or kettling a crowd and refusing to let people leave. This is the same tactic that has been in use since 1964. Having medical care on-site for political protesters undermines the state's monopoly on violence. Street medics take away a small measure of state agents' most powerful weapon: fear. This is why medics – along with press and other neutral parties – are attacked by police, despite that being a violation of the Geneva Convention and other UN human rights measures.

Americans are socialized, through popular culture's endless pro-police propaganda and the public education system's indoctrination, to believe police exist to dispense justice and keep people safe. Anything that threatens this illusion, or undermines police' power, must therefore be attacked. There is a plethora of evidence showing that law enforcement officers targeted medics (as well as journalists and legal observers) at protests following George Floyd's murder in 2020. Here in Minneapolis, clearly-identified medics were purposefully targeted and arrested multiple times during the uprising, as well as at Brooklyn Center during protests

following the murder of Daunte Wright. Hundreds of similar stories and videos can be found across the internet. Missouri State Senator Rick Brattin introduced a bill in 2021 to allow deadly force against protesters and give immunity to people who run protesters over in a vehicle.¹⁵ Similar legislation vilifying communities for standing up to systemic oppression has been proposed in several other states as well. While disturbing, this shows that the principles of building community power and solidarity, separate from state institutions, is working. State power has been legitimately threatened. We will not stop until the fight for liberation has been won.

***SOLUTIONS MUST
COME FROM OUTSIDE
THE STATE [...] WE
KEEP US SAFE, AND IT
IS UP TO US TO BUILD
POWER.***

¹⁵ Summer Ballentine, "Missouri bill would allow deadly force against demonstrators," AP News (2021).

**LASTLY,
FUCK**

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