

# **Support Guide for Health Care Personnel Interested in Working with the Occupy Wall Street Movement**

(version 1.0, dated 11/11/11)

## **Introduction**

*What is the purpose of this guide?*

Many health care personnel have expressed an interest in supporting the Occupy Wall Street (OWS) movement but are unsure how they can best participate. The goal of this guide is to synthesize some of the historical experience of physicians working with social movements as well as our own experience with working with Occupy Wall Street in order to provide practical guidance to health care professionals. Anyone can participate in OWS activities as a citizen. This document, however, will discuss bringing professional medical expertise to OWS.

This document has been prepared specifically for the US context, but some of the issues may be germane to other countries.

*Why might health care professionals want to support OWS?*

Many of us are profoundly dissatisfied with the current health care system. The 2009 health care reform law (P-PACA) essentially turned the health care system over to the insurance industry; many of us see the for-profit insurance industry as part of the problem, not the solution. Perfectly reasonable alternatives - Single Payer, Medicare for All - were simply dismissed by the political elites, forcing many doctors and nurses to resort to civil disobedience to get media attention for these proposals. Many of us feel that true health for the people of the United States cannot happen unless we address the profound social inequalities that are particularly characteristic of the US. We cannot have a healthy people if our environment is polluted, our schools and communities degraded, and vast sectors of our population tied down in the military industrial and the prison industrial complexes. With the current recession and the political climate in Washington these social inequalities seem only likely to worsen.

The Occupy Wall Street movement has shied away from making specific demands. But their emphasis on making the wealthy pay, on direct democracy, and on reducing income inequalities, speaks to many of the issues we are concerned about.

## **Respectful collaboration**

*What are the general rules governing working with groups like OWS?*

First, do no harm. Make sure that you are contributing something that is needed and something you are able to do. Don't practice outside of your area of expertise. Don't do things you are not comfortable doing. Don't do things that are unsafe or illegal. You should not place other individuals at risk, you should not jeopardize your license, and you should be mindful of the reputation of the Occupation.

Be respectful and work with the occupiers. They are a diverse group of people working together to build a collective identity, and they are usually the best local experts on what they need. Do not underestimate their skills or make assumptions about their experience. Be patient and learn with them. If you can't be respectful of the Occupation then you should not be involved.

Always identify yourself and have proper ID. As a general rule you should always be willing to show any materials or documents you have (other than confidential patient charts).

Know the local laws and regulations governing your professional work. (see below)

*How are the OWS sites organized?*

Different sites are organized differently, but most, if not all, have daily meetings called General Assemblies (GA) to discuss issues and plan events. There are various working groups on logistical and thematic issues, e.g. outreach, direct action, media, sanitation, labor, people of color, health care, ... etc. Everyone is welcome to participate in the GA or the working groups, not only the people who are staying there every night or most nights. If you are curious about OWS consider going to one of the GA.

*How can you make contact with OWS occupiers?*

The best way to communicate and build relationships with OWS occupiers is to make repeated visits to the sites and introduce yourself in person. Join the solidarity marches and participate in the general assemblies. If you're in a city where health professionals' groups have already made organized contact with OWS, then go through those groups. Don't duplicate work that is already being done.

Prepare yourself, at least, by visiting websites such as [www.nycga.net](http://www.nycga.net) and [www.occupywallst.org/](http://www.occupywallst.org/). To find an occupation in your area, go to [www.occupytogether.org](http://www.occupytogether.org).

*How do you build a relationship with the street medic team?*

In the case of occupations, some of the street medic team members are occupiers or otherwise spend most of their time on-site, so they are the local experts with whom you should consistently consult. The street medic model of work is non-hierarchical. Patient communication is key. Since the team can consist of a large and revolving group of people, be prepared to have multiple, repeated discussions with various members. Do not assume one conversation with one person is sufficient. The street medic model also incorporates non-Western traditions, and biomedicine is not assumed to be the solution to many health problems that arise. Be sure to listen and discuss, and be willing to both accept as well as give helpful feedback. Be reliable and consistent, and offer your group or yourself as a resource and ally.

*What can you offer OWS?*

There are a number of things that you can provide the occupiers. Each (except the first) is discussed in more detail below:

1. Resources: Check on the OWS websites for a list of items which the sites are requesting.

These can range from money to food. If they are asking for it, it's probably worth providing. See also Peter Rothberg's article in the Nation: <http://www.thenation.com/blog/163749/how-support-occupywallstreet>

2. Medical accompaniment: The presence of medical personnel (you should be dressed professionally) can sometimes deflect police repression.
3. Medical support at demonstrations: This involves knowledge of a specific set of medical problems and the ability to work on the streets.
4. Medical care at the occupied sites: Many sites already have active medical tents typically staffed by street medics. In addition to providing care, you can offer to help coordinate a committee that may include street medics, nurses, doctors, public health experts and a lawyer. This committee can draw up protocols, anticipate problems, build connections to ERs and community health resources (including medical vans), and create an efficient structure for medical professionals to volunteer on-site. It can also manage a simple registration process to ensure volunteers are not misrepresenting their training. (PNHP-NY Metro has set up an online registration and scheduling process. Please contact [organizing@pnhpnymetro.org](mailto:organizing@pnhpnymetro.org) if you're interested in using a similar system.)
5. Establishing longer-term health work in a given community: The current US community health center movement grew out of medical activists working during the civil right era with protesters in the South.
6. Expertise on health policy: You can play a role in helping the occupiers develop their ideas about health policy (as part of a democratic process.) Propose teach-ins to discuss concrete policies aimed to realize the foundation of what many protesters already believe in: health care as a right. Precede or combine teach-ins with speak-outs, to democratize the process and for people with different experiences to learn with each other.

## Forms of Medical Solidarity

*What is medical accompaniment?*

We can provide a general answer to this question by quoting from a 1966 guide written by the Medical Committee for Human Rights for medical personnel participating in the civil rights movement:

*Just the presence of physicians and other health professional personnel has been found extraordinarily useful in allaying apprehensions about disease and injury in the Civil Rights workers -- there is a certain security in knowing that even if they do get hurt, professional help is available. There also seems to be a preventive aspect to medical presence -- actual violence seems to occur less often if it is known that medical professionals are present, particularly when Civil Rights workers are visited in jail at the time of imprisonment or thereafter regularly. In addition, medical personnel should anticipate violence in terms of specific projects and localities and to be present at the right place and at the right time. Thus, medical personnel should be in intimate contact with the Civil Rights organizations at all times, and to be aware of any immediate planned activities. Committee members should act mainly as observers who are ready*

*to provide emergency aid at demonstrations. Committee members should strictly avoid getting arrested and going to jail whenever possible.*<sup>1</sup>

This is a general statement which should be adapted to local needs and circumstances. We would add that to be effective in prevention, health care workers must be dressed professionally (usually white coats or scrubs) and clearly identified. Any accompaniment is best done in collaboration with lawyers; in some protests there are legal observers usually from the National Lawyers Guild (<http://www.nlg.org/occupy/>). If you plan to provide first aid at a demonstration you should have some preparation (see below). If you are at a demonstration as a medical observer, it does not make sense to get arrested.

Documentation of injuries may be important for legal reasons, but is probably best done in an Emergency Room.

### *Who are street medics?*

The street medic movement arose during anti-globalization protests in the late 1990's and represents a largely lay response to the specific health problems raised by protests. A great deal of practical experience has been accumulated by street medics. There is an excellent street medic wiki at: [http://medic.wikia.com/wiki/Main\\_Page](http://medic.wikia.com/wiki/Main_Page). See also the following posting by Juliana Grant from which we have excerpted in this document: [How to be a Street Medic](#).

Street medics come from a variety of health care backgrounds including herbalists, nurses, EMTs, NPs, health educators, physicians, medical students, and acupuncturists. In fact, a medical background is not actually necessary to be a street medic as most receive additional training in first aid, the management of activist-specific injuries, and such topics as scene control and pre-hospital assessment.

It is important to emphasize that physicians generally do not have training in pre-hospital medicine. Since you may encounter problems during a demonstration for which you have not received training, you should consider additional instruction, e.g. an EMT or first responders course. Street Medics often arrange training programs.

Being a street medic requires more than just medical knowledge. The ability to work in non-hierarchical affinity groups, value non-western medical knowledge, and work in stressful, and at times dangerous, situations are all equally important to street medic work. For many physicians and nurses, developing these skills will be the focus of their street medic experience.

### *What are some of the medical issues associated with demonstrations?*

It is not possible for us to provide a primer on medical care during demonstrations. Here we can suggest some of the general issues:

- Participants in demonstrations can become sick due to dehydration, sun exposure or pre-existing medical problems.

---

<sup>1</sup>The full document is available at: <http://www.crmvet.org/docs/mchr.pdf>

- Handcuffs have been associated with nerve injury called Handcuff neuropathy<sup>2</sup>.
- Various irritating substances are used to disperse crowds. These include tear gas and Pepper Spray. Tear gas may be composed of several different substances. Among them are phenacyl chloride (“CN gas”, the active component in Mace), 2-chlorobenzalmalononitrile (“CS gas”), and dibenzoxazepine (“CR” gas).
- Trauma from weapons: rubber bullets, live bullets, batons.
- Dog bites.
- Physical trauma due to accidents or beatings. This may take the forms of: burns, cuts, orthopedic injuries.
- Difficulty of working in or near the site of a demonstration. Of note, the police may not allow EMS into an area until they declare that it is safe.
- There can also be important psychological sequelae of arrests and/or violence (see below).
- Problems associated with incarceration; one of the major issues may be lack of medical attention in detention facilities.

While most of the work surrounding these issues has come from lay people, members of the Medical Committee on Human Rights and the District of Columbia Department of Public Health did produce a number of articles documenting their experiences in the late 60’s and early 70’s. These articles are particularly useful since they address the organizational implications of protests for the volunteers, the local health and law enforcement establishments, and for involved communities.<sup>3</sup>

#### *What are the issues involved in working with local jails?*

Jails vary greatly based on the locality. People who are arrested often need access to health care because of injuries sustained during a protest or pre-existing medical conditions (such as diabetes or HIV). Mass arrests may overwhelm the facilities of the jail system and lead to unsanitary and unsafe conditions. Lawyers may call upon doctors to visit prisoners and/or document unsafe conditions in the jails.

#### *What are issues involved with working at the occupied sites?*

<sup>2</sup> Stone DA, Lauren OR. Handcuff neuropathies. *Neurology*. 1991;41:145–147. Available at: <http://www.neurology.org/content/41/1/145.full.pdf+html>

<sup>3</sup> Among these articles are:

Grant M. Organization of Health Services for Civil Rights March. *Public Health Rep* 1964 Jun;79:461-7. Available for free at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1915459/?tool=pubmed>

Frank A, Roth J, Wolfe S, Metzger H. Medical problems of civil disorders. Organization of a volunteer group of health professionals to provide medical services in a riot. *N Engl J Med* 1969 Jan 30;280(5):247-53. Despite its unfortunate title this article provides useful insight into MCHR’s approach. For example, they were able to get temporary licenses for physicians who were not licensed in the District of Columbia.

Schneider EL. The organization and delivery of medical care during the Mass Anti-War Demonstration at the Ellipse in Washington, D.C. on May 9, 1970. *Am J Public Health* 1971 Jul;61(7):1434-42. Available for free at: <http://www.ncbi.nlm.nih.gov/pubmed/5563262>

Hayman CR, Meek HS, Standard RL, Hope MC. Health care in the nation's capital during 30 mass assemblies. *HSMHA Health Rep* 1972 Feb;87(2):99-109. Available at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1616176/pdf/hsmhahr00014-0005.pdf>

There are important precedents for providing health care services in occupied sites. In early 1968, as part of the Poor People's Campaign, the National Parks Service allowed 3,000 people to occupy "Resurrection City," a 15-acre area of the West Potomac Park. Health services were provided there by a coalition called the Health Service Coordinating Committee.<sup>4</sup>

Some of the general issues arising in occupied sites include:

- Providing Sub-acute Care: Many Occupy sites have medic groups that have set up an area where participants can seek care. The spectrum of care offered varies substantially among sites and depends a lot on who the medics are. Care offered might only include basic first aid /triage or extend primary health care services. Issues seen at these sites are typical of what one might see in an Emergency: trauma, hypothermia, acute infections (often respiratory), and acute exacerbation of chronic problems. Occupiers may prefer non-traditional medical traditions which are also offered at some site. Lack of health insurance may preclude people from filling prescriptions so you should be aware of local resources for free or low-cost medications.
- Disease Prevention and Public Health: Occupy movements bring large numbers of people together in spaces that were not originally designed for an encampment. Disease prevention and public health activities supported by street medics can help keep participants healthy. These might include ensuring that hand sanitizer is available at all food stations and bathroom sites, arranging for free flu shot clinics, and working with logistics to help collect warm clothing for participants.
- Mental Health & Substance Abuse: Being a victim of police brutality or misconduct is traumatic. Most of us will experience a heightened level of stress, anxiety or depression after an event. Some individuals might even develop long-term health problems, such as post-traumatic stress disorder. Mental health issues can also arise during regular Occupy activities simply due to the stress of being in a new and rapidly changing environment. Some Occupy participants have pre-existing mental health or substance abuse problems that are exacerbated by stressful situations. Street medics may offer mental health support to activists during or after an event. There is a great need for psychiatrists, and they are highly encouraged to take volunteer shifts at the medical tents. Psychologists and social workers may also be part of the team. Be aware that team members come from very different perspectives and may not all agree on recommendations for a patient. This is particularly important to bear in mind when working in a non-hierarchical context.
- Off-site Referral: Occupation sites are not emergency rooms or primary care clinics, so it is important to have knowledge of and access to local health care institutions. Institutions with established outreach programs (as for homeless or SRO's) may be able to share these resources with demonstrators or occupiers (flu vaccines, rapid HIV testing, counselling, etc.). On the other hand sometimes local facilities (e.g. ER's) may

---

<sup>4</sup>Grant M. Health services for the Poor People's Campaign. Public Health Rep 1969 Feb;84(2):102-6. Available at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2031454/pdf/pubhealthreporig01062-0012.pdf>

Mazique EC. Health services and The Poor People's Campaign. J Natl Med Assoc 1968 Jul;60(4):332-3. Available at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2611562/pdf/jnma00524-0076.pdf>

not welcome protesters; others may have a policy of reporting undocumented workers to the government. Occupiers may have had bad experiences with “safety net” providers and are distrustful of traditional medicine. Sympathetic health care professionals can help build bridges between these two worlds.

*How should you work with street medics and other lay health care workers?*

To quote from the 1966 Medical Committee on Human Rights guidance:

*When you arrive at the office of the Civil Rights group which will be your base of operation, do not expect to be received with open arms. There may be a brief period of social trial before you are accepted -- and this period may be extended indefinitely by any evidence of a paternalistic or authoritarian attitude on your part. Do not make the mistake of telling them how to "run things" on the basis of the experience gathered in your brief stay. It is also important that you seek an appointment with the local people in the Civil Rights groups to discuss how you can repeat and possibly improve upon the services previously provided by the Committee Members who have preceded you. If you are the first one in your area, it is important that the best ways of meeting the prevalent needs within the limitations of what the MCHR offers be worked out in this discussion. Clarity at this point can be extremely helpful later.*

*How should you work with lawyers at the sites or at demonstrations?*

The National Lawyers Guild has extensive experience working to defend protesters and has set up an infrastructure to help the Occupation Movement (<http://www.nlg.org/occupy/>). This site provides a hotline (24/7) for 18 major US cities and email addresses for 58 more. You should try to coordinate your work with them or another group of experienced lawyers. You may see NLG or other legal observers at demonstrations or at the occupied sites. Introduce yourself to them and discuss possible collaborations.

The Guild encourages protesters who are likely to be arrested to write down the number of a lawyer on their body using indelible ink. If you are at risk for arrest you should consider knowing who you will call and having the number on your body. Generally speaking if you are acting as a professional you will not want to get arrested; the police, however, may not always respect your wish.

*How should you work with the local Department of Health?*

Depending on the local political context, it may be worthwhile to try to build a positive working relationship with the local DOH. In some cases, however, the relationship may be more defensive than collaborative, especially if the local government is trying to find ways to shut down the occupation. Keep in mind that the mission of a DOH is to protect the health of the public. In Washington DC in the late 1960's the DOH saw it as part of their mission to protect the health of protesters.

*Are there long-term implications of providing care to OWS?*

We believe that there are. Physician involvement in the Civil Rights struggle in Mississippi played a role in the creation of the Mount Bayou community health center which became the model for federally-qualified community health centers in the United States; today there are over 1,000 such centers which provide much needed health care to the working class of the US.

Local conditions will clearly dictate what types of possibilities are created by OWS for lasting collaborations. But consider your work with the occupiers within a larger framework.

*How can you contribute to policy debates within OWS?*

As with all your collaborations with the OWS movement, be respectful of the existing culture and rules. In cases where there are no agreed-upon rules, or such rules are not well communicated, propose a meeting with the street medics team and discuss. Some team members may feel that “political discussions” should not be mixed in with health care delivery on-site; others may wonder what defines a political position. E.g. “health care as a human right” may be accepted as apolitical, but specific policies, such as single payer, may be considered political.

In New York City, health professionals have played a central role in starting and building up “Healthcare for the 99%,” an official working group of OWS that advocates for universal health care. We have organized teach-ins, speak-outs and marches.

## **LEGAL MATTERS**

*What are the legal issues for licensed professionals involved in working with a movement like OWS?*

This document cannot provide legal advice, which you should get from a lawyer. However, we will mention some of the legal issues involved with medical solidarity. They touch on several different areas of law: mass protest law, physician licensing, health law, public health law, and malpractice.

Good Samaritan laws: Good Samaritan laws protect professionals who provide emergency care from medical liability unless they are grossly negligent. The details of these laws vary from state to state so you need to be familiar with local rules. These laws will not prevent you from being sued, although they should protect you from losing the case.

Licensure requirements vary by state: Typically states require medical professionals to act within their competency (something you should always do) and maintain adequate records. In New York State you can lose your license for referring a patient for care to someone who is not appropriately licensed.

Malpractice: Except for situations where Good Samaritan laws apply, any care provided will be subject to malpractice laws. You should check to see if your malpractice coverage will apply. This is another reason not to provide care outside of your professional expertise.

*Where can you go for specific legal advice as a health care professional?*

Consider contacting the National Lawyers Guild or the legal counsel at your institution.

*Who has prepared this guide and how can you help improve it?*

This guide was prepared by members of the Montefiore Residency Program in Social Medicine and Physicians for a National Health Program-NY Metro Chapter. This document does not represent the official position of our organizations; they are provided for identification purposes only.

We intend to continue revising this document as we gain more experience with medical solidarity. We welcome your feedback which can be sent to either of the authors.

Matt Anderson  
Residency Program in Social Medicine  
Montefiore/Einstein Department of Family and Social Medicine  
(email: [bronxdoc@gmail.com](mailto:bronxdoc@gmail.com))

Laurie Wen  
Physicians for a National Health Program-NY Metro Chapter  
(email: [laurie@pnhpnymetro.org](mailto:laurie@pnhpnymetro.org))

11/11/2011

This document will be posted on the Social Medicine Portal ([www.socialmedicine.org](http://www.socialmedicine.org)) and PHNP websites ([www.phnp.org](http://www.phnp.org), [www.pnhpnymetro.blogspot.com](http://www.pnhpnymetro.blogspot.com)).