Street Nursing
When political passions run high, nurses are there to care.

"Mom! There's a guy over here who needs you—hurry!" I turned and saw the worried look on my daughter's face. She indicated a young man who was standing calmly on the curb near her. I made my way over through the crowd of demonstrators and immediately began assessing him. He had pulled up his shirt to reveal his back, almost half of which was reddened and abraded. The skin on the posterior of both arms also had been scraped off. When I asked him how he'd gotten hurt, he replied quietly, "The police dragged me." I set down my bag and went to work cleaning the dirt and asphalt from his wounds.

I wasn't the only nurse at the demonstration against the International Monetary Fund and World Bank, which was held in Washington, DC, from April 15 to 17, 2000. The crowd that day, April 16, was estimated at 30,000. I was there, not with any group, but as an independent nurse, because I wanted to use my skills to aid anyone who might be injured—whether demonstrator, police officer, or bystander. The main health care clinic had been set up on the Ellipse. On that hot Sunday afternoon, physicians and tactical leaders such as Red Cross instructor Pavlos Stavropoulos received reports from medics in the field by mobile phone and bicycle "runners"; clinic nurses triaged patients and provided sunscreen and water to those who were dehydrated. The next day was cold and rainy; in addition to tending to the injured, nurses distributed hand warmers and rain gear to demonstrators.

Delyla Wilson, a Red Cross instructor, was the principle organizer of the health care providers' collective that coordinated medical support for the demonstration. The all-volunteer collective, known as MAASH, includes both health care providers and lay people who are trained in first aid and the treatment of tear gas, blunt force, and other potential traumas. She talked with me about why it's vital that nurses be on the scene: "As caretakers of the sick... nurses are highly respected. They also have skills that are needed on the front lines to keep folks safe. They can be strong voices for the voiceless.

That the collective considers every voice important is evident in its unique decision-making process, which is unlike that found in any U.S. health care facility. Wilson explained that the collective's members decided that it would have no bosses. "No matter your title, you hold no authority over another person. A person's ability to lead is directly proportional to how hard she works and whether people choose to follow," she said. Mo, another collective member and a registered nurse with 21 years' experience in emergency and hospice nursing (she asked to be identified here by nickname only), added, "All our decisions are made by con-

Cheryl Buswell-Robinson is a staff nurse at the Hospice of Michigan in Farmington Hills. Contact author: Cheryl Buswell-Robinson, ag0444@hwwye.edu. Elizabeth T. Anderson is a professor of nursing at the University of Texas Medical Branch, Galveston.
In Our Community

Nurses are valued as skilled clinicians. There is much interchange between the different modalities of healing.

To provide information to people thousands of miles apart before the demonstration, the collective used e-mail extensively, and published and disseminated decontamination protocols and other health- and safety-related information on Web sites such as the Mobilization for Global Justice’s www.a16.org/medicalsups.html. “One of our goals was to educate and empower the protesters by providing first-aid training to as many people as we could,” Mo said. The effort was successful; Ron S. “Doc” Rosen, OMD, DAc, FNAAM, a practitioner of oriental medicine and acupuncture, estimated that more than 200 people were trained in first aid and street safety in the weeks before the demonstration.

Some of that training was also provided by a group called the Street Medics (www.aiigs.com/medics). Doc Rosen, a founding member, said, “Our job is to train medics in field medicine—specifically, in treating the effects of chemical weapons—in tactical role play. A team’s tactical leader had to know how to keep the street medics safe, and in using herbal medicine and acupuncture to treat common injuries, shock, and asthma.” Rosen is a veteran of countless demonstrations since 1965, when he and others provided first aid to those on the Selma to Montgomery, Alabama, march for voting rights. He was active in the Medical Committee for Human Rights (MCHR), a group of health care professionals considered to be the “medical arm” of the civil rights movement. (Efforts to re activate the MCHR, which has been dormant for several years, are underway in several states; write to mchr@aiigs.com for information.) Rosen knows firsthand what the achievements of 1960s protesters mean to the current generation of activists. “We have always believed that training people to take care of their own health and safety is the best tool we can give them, even back when we weren’t supposed to let patients know what was going on,” Rosen said. “There was a time when a patient wasn’t supposed to know his own blood pressure or how to monitor it. Back in the 60s, the nurses and some of the doctors in the New York MCHR set up blood pressure testing on street corners. . . . We did some of the very first training in first aid for demonstrations.” (See also From Our Archives: Violence in Chicago, at right.)

Mo said that, for her, there is no turning back. “I also participated in direct action during the 1999 demonstrations against the World Trade Organization, in Seattle, Washington. It was a profound experience for me. I set up a clinic under an awning on the sidewalk while it was raining cats and dogs. Police had barricaded three of the four street corners. We treated pepper spray injuries, blunt trauma injuries from police batons, lots of hypothermia, and stress response.” She noted that alternative medicine was integrated into traditional first-aid treatment. For example, police use of tear gas and pepper spray caused some people with asthma to experience serious alterations in breathing; providers who were trained in acupuncture treated them, with good outcomes.

From Our Archives:
Violence in Chicago

Editor’s note: In 1968, Jane A. Kennedy, MS, then assistant director of nursing for research and studies at the University of Chicago Hospitals and Clinics reported in AJN on her work with the MCHR during the Democratic National Convention, held in Chicago on August 25–29, 1968. Her observations remain relevant today.

I was on the street that day because I am a nurse, because I am concerned that many adults today seem totally uncomprehending of the needs and rights of today’s youth, and because I am co-chairman of the Chicago Chapter of the Medical Committee for Human Rights (MCHR).

MCHR was organized in 1964 by doctors, nurses, and others interested in health issues related to the civil rights movement. Members of MCHR have provided “medical presence” in civil rights marches, in Resurrection City (a Poor People’s Campaign encampment on the Washington Mall), and in demonstrations by youth and peace groups. . . .

In planning for convention week we worked closely with the Student Health Organization, a national group composed of medical, nursing, and paramedical students. From what we could learn, the city health department had no plans for emergency care, so it appeared that, for the demonstrators, there would be a health care vacuum unless we stepped in. . . .

During the week the most important instruction which I gave to teams as they left the station for areas where violence had been reported was to try to provide a calming influence for everyone involved, both demonstrators and police. My own experience proved this possible.

At one point, police were making a sweeping move along Michigan Avenue, telling demonstrators and bystanders alike to move. The quicker people moved, the quicker the police pursued them and the more violent and hasty actions became. We began to shout, “Walk, walk, walk.” The people slowed down, the police slowed down, and everyone became calmer. . . .

I appeared each policeman made his own decision about how he would relate to us. At one point, a nurse and two medical students who were waiting for me outside an aid station were stoned by the police. Over her uniform, the nurse was wearing a lab coat with red crosses on both sleeves. The medical students also were appropriately dressed. The nurse shouted, “Don’t do that, we’re medics.” The police replied, “Medics! If you weren’t here, they [the demonstrators] wouldn’t be here.”

We treated about 1,000 persons during that tragic week; we were a calming influence on the streets; we were sick with the violence we saw.—Excerpted from “Violence in Chicago” by Jane A. Kennedy, MS, October 1968
And street nursing has had other benefits. Through her experiences at demonstrations, Mo said, “I’ve met some of the most diverse, creative, committed, and brave people I have ever known.”

Nurses tend to be particularly adept at calming distraught patients and advocating their care. But this can be difficult when police prevent providers from reaching them. Negotiating skills are very valuable in such situations. Wilson cited one incident at the April 2001 demonstration in Washington, DC. “Two of our medics intervened when a mentally ill person was about to be dealt with by riot police in a less-than-kind manner. The medics evaluated him and worked with both him and the police until the decision not to charge him was reached. He was transported to the hospital for a psych evaluation rather than sent to jail to be brutalized.” Rosen recounted similar instances in which he was able to convince police that an injured person needed treatment; but he also said that one time, when he asked to treat a patient, a police officer swung a club at his head.

Still, when asked why nurses should support demonstrations, Mo said, “How long can we as a society stand on the sidelines and watch people suffer? Why in this time of great abundance do millions of people live without basic health care? What do we gain by our silence?”

Rosen too sees a clear connection between his profession and his street activism. “To us in the Street Medics, the people we treat are considered as our family. We put them first—unlike the U.S. health care industry, which has taken the patient out of the center of the picture and replaced him with profit,” he said. “If the U.S. health care system really cared about people, then basic first aid and self-care would be part of every child’s education, starting in preschool. Since it’s not, we do what we can.” In his view, the International Monetary Fund and the World Bank are “the world’s number-one health threat” because their policies “kill more children and at-risk elders than all of the overt wars. A benign-sounding phrase such as ‘economic readjustment’ in actuality means death by starvation in many third-world countries.”

Wilson spoke for many when she said of her work as a street medic, “I must be involved in trying to create a world—one with safe food, wild places, clean air and water, and proper medical care—for children to grow up in.”