

Rosehip Medic Collective—Taking Healthcare To The Streets

by Sossity Chiricuzio, PQ Monthly *August, 2016*

Health care belongs only in the hands of medical authorities—at least, that's what our current corporate medical system advertises and capitalizes on. I agree that some things are best left to a surgeon (or at least someone with a very solid grasp of human anatomy,) but what happens when you're in the middle of a riot, or a natural disaster?

The Rosehip Medic Collective is made up of EMT's, herbalists, naturopaths, Wilderness First Responders and more, all volunteering their time providing emergency care and first aid at sites of resistance and struggle. They don't horde their knowledge, either, training other street medics and offering community wellness and emergency preparedness workshops.

PQ: How and when was the idea of the collective born?

Rosehip Medic Collective: The Rosehips grew out of a network that started in 2006 called the

Portland Street Medics. That group formed to provide a centralized way for organizers and community members to request street medics for actions and protests, and to fill the shoes of Portland Black Cross, one of the first street medic collectives in the country, which had disbanded. After members of Portland Street Medics traveled to and worked at the DNC and RNC in 2008, they saw the positive impact of formal and consistent organizing of infrastructure in the social justice movement, and formed Rosehip as a closed collective to build local medic infrastructure. Over time, Rosehip has further developed our street medic training, and has also branched into community first aid and disaster preparedness training, and built curriculum aimed at being accessible and useful to people who have very limited access to healthcare.

PQ: You obviously have a radical awareness of both the current system, and the changes that may be closer than we think—how does this play out in your trainings and community interactions?

RMC: Rosehip focuses on building community health infrastructure that prioritizes the needs of people least served by our current healthcare system. This means that our trainings emphasize key elements we feel are lacking in corporate medical settings. We place a huge priority on building a consent culture into our trainings, and emphasizing informed and empowered consent in all our interactions. We also approach all of our training using an antioppression analysis and exploring barriers to care for different communities. Rosehip is, and has always been, majority (and sometimes completely) queer and/or trans, and queer and trans-positive care is central to our work. We also talk a lot in our trainings about working with people with financial or other barriers to pursuing emergency care, and how to help someone weigh their financial and other needs against their need to access care.

PQ: In terms of handling medical emergencies or natural disasters, how prepared would you say the queer community is?

RMC: On a basic level, most communities that have experienced oppression and needed to develop their own means of supporting one another are better equipped to face disasters and emergencies.

When it comes down to it, the important things to know in those situations are who your neighbors are, what needs and skills they have, and how you can work together to meet each others' needs. The queer community has a leg up in that many of us have learned a lot about how to care for one another, because we've experienced hardship and alienation from more mainstream support resources. In many ways we are more connected to each other, and that can only help us in a large-scale disaster.

But Rosehip doesn't define disaster preparedness as whether we as individuals or small pockets of community can survive. Instead, we look at the most vulnerable parts of our city, and ask ourselves whether we are prepared to respond in a way that will center the needs of those communities — because history has shown us that those communities will be disproportionately affected by disaster and by choices made in the recovery process. The queer community is well connected within itself, but do we have strong relationships with communities of color in Portland, with elderly individuals and communities, and with houseless communities and people experiences chronic health conditions? We have some work to do before we can call ourselves prepared in that way, and that's the way that makes the difference between communities rising together, or disadvantaged individuals falling through the cracks.

PQ: What would you say are the top three skills and/or resources that we could acquire that would best enable us to survive and help others in a situation like those above?

RMC: The most important thing to help us be prepared is to take a hard, ego-free look at who is already slipping through the cracks and being forgotten in our communities. Those are the people and groups that tend to suffer most in a disaster, and building ties to people in that position will help prepare for emergency, but also help us in the chronic disaster of capitalist individualism that we're already in. Get to know the areas you frequent – not just your home neighborhood, but the area around your work or wherever you spend the most time. Focus on getting to know people who are least visible and prominent.

Second, build yourself a basic disaster and first aid kit - ready.gov has some great information about what to include (don't get too focused on expensive gadgets, and only pack things you know how to

Third, pay attention to how you respond to stress, and get some training in emotionally supporting others in a stressful situation. Almost every disaster or medical emergency also becomes an emotional crisis to some degree, and if you can support yourself and others through that, you'll be much better positioned to tackle the rest of the problem.

And find some training if you're interested! Come train with Rosehip, or go through the Portland Neighborhood Emergency Team training and join your neighborhood's team.

PQ: Tell us about your original piece of theater called Holding onto the Sky; about community and disaster in Portland.

RMC: Faultline Ensemble did a remount of that show in February of this year. Part of that show grew out of stories by health workers that Rosehip gathered into an anthology that was released as the Alternatives to Emergency Medical Services Anthology zine. Partly inspired by that project, some members of Faultline are now working on a new performance about psychological trauma and resilience in people working in Emergency Medical Services. That project is getting its start at CoHo Productions' Summer Workshop Lab in August, and will be building from there into a finished production. In terms of other runs of *Holding onto the Sky*, stay tuned – there isn't anything on the table yet, but that play tends to raise its head and demand to be performed every once in a while. You can follow Faultline at facebook.com/faultlineensemble, and keep up with Rosehip news at www.rosehipmedics.org.

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