Street Medicine as Education for Social Justice Within Neoliberalism's States of Exception

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Hellscapes of Neoliberalism

In science fiction accounts of near future dystopias, especially those in the tradition of Gibson and Philip K. Dick, but including feminist and women centered visionaries such as Marge Piercy in both *Woman on the Edge of Time* and more critically *He, She, and It* as well as Suzanne Collins in her *Hunger Games* trilogy, we have visions of weakened social contracts, austerity politics, bimodal distributions of wealth, and patterns of totalitarian control. These are fables and myths of neoliberalism. These are stories of life for the 99%, tales of heroic survival against the grain of power. Repeatedly in these stories are visions of "exceptional lives" to borrow Cohen's phrase (2005). "Exceptional lives" plays on theories regarding the antipathy of neoliberal theorists and democracy, which have emphasized that the rich simultaneously create an exception to democracy (more on this below) and create separate rules, values, and institutions for the poor and themselves. The resistance to democracy is fundamental to neoliberal theory, as David Harvey explains:

> Neoliberal theorists are, however, profoundly suspicious of democracy. Governance by majority is seen as a potential threat to individual rights and constitutional liberties… Neoliberals therefore tend to favour governance by experts and elites. A strong preference exists for government by executive order and by judicial decision rather than democratic and parliamentary decision-making. (p. 66)

Freedom is positioned in neoliberalism as constrained rather than enabled by democracy, since only the hyperstatized individual is permitted ontological status. Disposing of democracy is primary concern of the new power elite, perhaps taking its clearest forms in Greece's replacement of democratic leadership by technocrats, though Michigan's bankrupt cities could serve just as well as an example.

Italian philosopher Giogio Agamben has been at the lead of theorizing this deep sixing of democratic structures (2005). He focuses on the ways that power is transferred from democratic, deliberative bodies (congress) to the sovereign (executive). His object of analysis is the rise of the security state post 9/11, though he acknowledges its roots are in the formation of the Military Industrial Complex in World War II (see also Unger, 2012). To effect these changes in power structures crises are used to justify consolidations of power, in what Naomi Klein has called shock doctrine, resulting in catastrophe capitalism in which the state is turned over to corporate hands (2004, 2007).

In the wake of democracy's suspended animation are military and totalitarian regimes. In the U.S. these were hinted at in the states of emergency surrounding the 1999 World Trade Organization meeting in Seattle, but took broader and more dramatic form in the subsequent Free Trade Area of the America's meetings in Quebec City and Miami, FL, in which large parts of the city were put under military rule (Graeber, 2009).

Technically, under Executive Order 7463, we are in a state of exception to the rule of law in the United States. While drafted by Cheney after 9/11, it has been signed twice by Obama, and creates a legal black and gray zone in which law is tenuous, best exemplified by National Security Letters, warrantless wiretapping, and ICE detention blocks. It should be clear however, the state of exception is uneven in the United States, though expanding. For many in communities of privilege the rule of law continues by and large. For others the exception can appear total. Even within the rule of law, justice is coded by stigmata of marginalization. Treyvon Martin is just one publicized case. Agamben writes of *homo sacer*, the figure in Roman Law who can be killed without consequence. Martin, a black youth pursued and killed, by a self-appointed neighborhood watch

who has not been brought to justice is modern *homo sacer*. Henry Giroux makes the case of the U.S. context: black and brown youth are "disposable" since they cannot seem to fulfill their neoliberal function as consumers or producers now that production is relocated to India, China, or where ever an "enterprise zone" beyond environmental and labor law can be established.

In this paper I want to explore the nature of activism, resistance, and education within this emerging anti-democratic state. I am centrally concerned with how technoscientific practice is shaped in these foul conditions. It focuses on the educational work of a global network of medical workers, known as street medics (sometimes "action medics," though I will problematize this moniker), who have organized to enable and amplify the resistance to neoliberal globalization, most visible in the continuing protests that follow the meetings of the G20, G8, IMF, World Bank, and other major institutional centers of neoliberal restructuring. These protests require very specific kinds of medical support (i.e., medical treatments) and an alternative medical structure to enable that support. At these meetings, states of emergency are explicitly declared; this allows a combined military and police presence, the suspension of civil rights, and the use of tear gas and pepper spray, called by the street medics collectively "chemical weapons." It is the medics' successes in treating chemical weapons that define their work and expertise. Even the military has adopted their techniques.

In previous work I ethnographically described a street medic collective. In this paper, after a brief recap, I focus on the role of education and the nature of knowledge and educational practice within this community. I also want to analyze five specific dimensions of this autre health care

system that contribute to its technical effectiveness and broad embrace within the social justice community that it serves:

1. overt commitment to radical social justice
2. deep integration with the activist community it serves
3. focus on problems defined by their own community
4. easy entry into the community of expertise
5. openness to diverse cosmologies.

I seek to show that these criteria emerge from a history of crafting a technical practice and educational systems for the state of exception, and to explore the ways this can serve as a model for social justice educational and activist practice as the state of exception is broadened and deepened.

Tangled Quests: Situating Them & I

This work emerges out of a quest on my part to find better models of science and social justice. Specifically, I am interested in communities that are developing forms of technical knowledge in the course of struggles for more radical visions of egalitarianism. This means many perhaps contradictory ideals for me personally: models of science that serve community interests, models of learning that problematize science's institutional embeddedness in anti-democratic state apparatuses, science educations that never lose sight of political economy. I keep seeking a science/education for love and rage: technical projects that push us to demand better worlds to inhabit. In previous work I have explored the counter-science of radical human subjects and cancer suffering/resisting patients. Since 2008 I have researched the street medics as perhaps the most coherent community engaged in a technoscience of resistance.

My work focused on a medic collective in a small liberal arts college town I call Oceanview. The core group of three (originally four, but by the time I started interviewing the group, one member had left) medics organized ongoing support for antimilitary demonstrations and for other social justice causes over a four year period, before the core group left the area and the collective suspended operations. Oceanview was a main transit point for materiel for nearby military bases, and the medics began as part of an organization trying to block the transport of weapons through their town. My research consisted of about 25-30 hours of interviews and 20 hours of training as a medic, as well as the culling of documents from medic collectives globally. I have since done work for medic collectives, but to be clear, I am not a medic. I would (1) need to be in much, much better health than I am to serve ("run") as one, and (2) need to learn more and be more secure in the medical knowledge that I have. I am someone who studies them because they are resources of hope in a time of despair.

The street medics are a network of (largely) activist EMTs, nurses, allopathic doctors, herbalists, practitioners of Chinese medicine, and lay and licensed members of other medical traditions (e.g., Ayuvedic) Medics are very aware of their own history, which they trace to the civil rights movement. Street medicine emerged as an extension of the Medical Committee on Human Rights (MCHR), which initially fought for the integration of the American Medical Association (Dittmer, 2009; McCay, 2007). This group of doctors then organized to support Dr. King in the March from Selma in 1965 both through direct medical assistance and as middle class professionals whose presence would give the civil rights movement legitimacy. In the late sixties street medics shifted their work away from civil rights actions and towards supporting anti-war actions and more radical racial struggles (the Black Panthers and the American Indian Movement). The MCHR,

which acted as an organizational center for the first wave of street medics, disbanded in the early 1980s. A second wave of street medicine began after a return to the use of military weapons (esp. chemical weapons) and tactics on the part of police at the World Trade Organization Ministerial Meeting in Seattle, 1999.

First wave street medics trained a new generation of street medics in the wake of the escalation of state violence (including the militarization of police) at subsequent corporate-globalization protests. The Seaview Street Medic Collective (SSMC), for instance, was initially trained by "Doc" Ron Rosen of the Colorado Street Medics, a key figure in street medicine history. Doc had served as a medic at the March from Selma, the 1968 Democratic Convention, and at Wounded Knee in the 1970s. He was one of the founding members of the Broome Street Medic Collective of New York, which started a break in the tradition of only MDs serving as action medics to medics from a broad range of medical traditions and lengths of training serving.

Doc passed on to the SSMC a collection of specific medical practices, some allopathic and some Chinese. He also gave them an ethical code, and briefed them about the subtle meanings of "do no harm" in the context of street medicine. In my interviews with medic collectives, Doc served as an organizing figure whose teachings guided and defined street medic organization. He also served as signifier of continuity between current struggles for justice and the struggles of earlier generations.

Street Medicine as Technoscience for the State of Exception

Street medics work in a state of legal ambiguity. Often the state suspends law (to differing degrees) at large protests and declares some variant of a state of exception in order to deploy National Guard or militarize the police. This has the consequence of making uncertain the licensed standing of doctors and nurses. Rather than their certification, it is a patchwork of state laws known

collectively Good Samaritan laws that permit civilians to provide assistance in "emergencies." These laws vary in the amount of legal protection they afford (Medi-Smart, 2006). In most cases the provider must be trained in medical emergency procedures. Other states limit assistance to only CPR or a few procedures if not medically licensed. It is also uncertain how much protection these laws actually provide; a recent California Supreme Court ruling declared good Samaritans were liable for damages their actions produced (Williams, 2008). This dependence on good Samaritans traces back to the civil rights era when Northern doctors were working in the South, and thus were outside of the domain of their practice.

The dependence on Good Samaritan laws opens up the practice of street medicine to civilians, since most laws do not require a medical license, only medical training. As a result most street medics are lay medical practitioners, often college students. When I asked the SSMC members to describe their medical backgrounds, all of them came to street medicine with abundant Red Cross first aid, if not EMT experience. They all came in hungry for first responder roles, and had demonstrated previously that they could be cool in a crisis, perhaps the most essential skill of serving as a medic. The core group of medics had also followed up their street medic training with Wilderness First Responder Training (WFR). This has been true of most medics I have spoken to. WFR training is considered the most rigorous curriculum for action medics, since wilderness conditions resemble working in a the chaos of protests in states of emergency in several critical ways: treatment requires extraordinary improvisation with limited materials on hand, transport to safety is often impossible, and even if removal is a possibility the injured often cannot be delivered to clinical care within what medics refer to as the "golden hour," i.e., the hour after injury. It is the adaption of wilderness medicine to urban protests that defines street medicine as a technoscientific practice for

the state of exception. The highly networks of technoscience that support clinical practice (electricity, communications network, flow of medical supplies, and perhaps most critically, unlimited clean water, not to mention sterile spaces and equipent) are severed. Simpler, more easily improvised, less technical practices are required to assist the injured. Street medics commit to accept medics from a wide variety of traditions. Medics have agreed, for instance, in principle to abide by the Athens Manifesto, a short set of guidelines for coordination of care, which states "All disciplines (Herbalists, Witches, Allopathic, Homeopathic, Naturopathic) must be honored and respected" (Athens Manifesto, 2001)). However, it is the length of training and WFR training (not necessarily certification) that garners respect and trust among medics. The history of evolving street medic practice seems to suggest a movement towards simpler, safer, and more reliable practices over more effective practices. In the signature skill of treating chemical weapon exposure, medics have moved from a procedure called MOfibA (Mineral Oil followed immediately by Alcohol) to the use of water. The former was found to be tricky and to require very precise timing, something not guaranteed in the state of chaos. Even with eye flushes for chemical weapons exposure there has been a shift, albeit smaller, from a specific formula called LAW, which in clinical trials run by one medic collective was shown to be highly effective, to plain water, to avoid risk of injury.

From a technical point-of-view this gives us insight into new technoscientific practices needed to sustain life and hope within states of exception. Bruno Latour has noted how technoscientific artifacts and practices depend on sociotechnic networks to sustain themselves. Science, he demonstrates, works in our lives because our lives have become extensions of laboratories in which science works perfectly (Latour, 1983, 1987). In the state of exception, those sustaining networks are interrupted if not severed. Practices that "work" well outside the state of exception fail

within it (this point is also repeatedly demonstrated in the history of development projects in locations weakly tied to sociotechnic networks (Bass, 1990)). Medics have to devise and improvise using what is available, simple, safe, reliable and modestly effective in these circumstances. States of exception necessitate the development of low scale technical practices, practices similar to those theorized in earlier times as "democratic technologies" (Sclove, Scammell, Holland, Alimohamed, & Loka Institute., 1998), "community technologies"(Hess, 1995), and "convivial tools" (Borremans, 1979; Illich, 1973). But each of these theorizations imagine the production of technologies within reimagined sociotechnic networks, geopolitical stable terrains. Where the medics differ is that they must deploy their technologies of hope and rage in chaos. This requires a distinct conceptualization.

In this paper, however, I want to shift focus to the educational practices of the medics. Before doing so, however, I want to explore briefly the relationship between the medics and protestors.

Of Medics and Protestors

The medics are from the activist community. In fact there is much talk among medics about the etiquette of changing roles mid demonstration. Medics have been known to remove their medic insignias (crosses or caducei) and enter a riot. These events concern the medic core who often discussed with me correct and incorrect protocols for doing so

> Bonnie: H at the last protest, he threw off his medic gear; threw it at another medic and went and got into the blockade and got arrested. You know, he made the decision to become a protester. But he did the right thing; he unmarked it he gave away his gear. Now we have so many medics that we have medics that are like "okay, well I know there's going to be you know 10 other medic pairs there so why don't I do this instead.

> Amy: And that's a nice comparison. N a little while ago did the exact opposite. He decided he just wanted to go--he was a medic; he was wearing my backpack at the time. So I remember this very well. And he got it cut because he wanted to join a line of blocaders with a medic backpack on… He didn't think about it. He didn't even hand it off to like a friend or a somebody "like hey get this back to Amy" or whatever… He just went right in. And that you know we've had some difficulty with that kind of activity. (Core Interview B, 9/18/2008, Time code 3256.58)

The core medic group noted that medics often protest at different events than the ones they run as medics at. But as discussed, they also often switch roles right in the middle of events—though unless well coordinated with their team, this was roundly condemned. At the same time, they wanted to draw clear lines: running as a medic is not being a protestor. This was stressed repeatedly to me. Furthermore, the medics of SSMC insisted they were non-political. This idea of not being political has to be understood in a specific way. To be political, i.e., to be a protestor, was to be involved in the politics of decision making in creating the action. It might involve taking sides both within the movement and between the police and the protestors. Medics try to not take part in those internecine battles. However, the medics are not actually neutral. As one New York City medic explains,

> In nearly all cases, those we are called on to treat are not just "patients." They are, in fact, our comrades; indeed, our heroes. In some cases an air of social professionalism is necessary for the mental comfort of our patient. In most cases, the patient's understanding that we aren't just first aiders, but that we are activists and comrades, is overwhelmingly important. Let us not forget why we are present, and let us make it evident to others that we are not politically

> neutral, and that we are struggling along side those engaged in more explicit protest. (Dominick, ND)

Success for medics is measured in their ability to re-enable protestors, against chemical weapons, for instance. They make possible sustained resistance. This was most clearly demonstrated by one of the core SSMC group's joy at seeing signs of her care in news footage of a demonstration.

> Bonnie: But if you look at like videos from the last Seaview protest you see the people who have the whites around their eyes and running down. You see multiple lines; they're different colors. That's because they were eye washed multiple times from being pepper sprayed multiple times. And it's amazing when I watched the news after that how many people I saw. I cured that guy! I cured that guy! (laughs) (Core Interview B, 9/18/2008, Time code 1338.17)

Here the politics of their medicine is clear. The multiple lines signify protestors abilities to re-engage and sustain resistance.

Serving as a medic often offers protesters a safer role in which to further their politics. This was made explicit by Carin, who used the role of medic to control her more dangerous instincts in the chaos of protest:

> Part of my impetus for joining it was as a way of stopping myself from getting arrested, because I can't help but throw myself in front of a military vehicle. I can't help--like I will throw myself--I can't do anything. (laughs) If I'm a medic, at least I'm doing something else and I have a good reason not to throw myself in front of a military vehicle, because I cannot get arrested. (Core Interview B, 9/18/2008, Time code 3256.58)

This level of integration, commitment, and empathy to the community they serve is vital for their authority within the theater of chaos that they must act. It leads to nuances in the delivery of care. For instance, in standard emergency procedures, EMTs routinely assess "levels of consciousness" to determine how alert the patient is. Typically the first question is "What is your name?" For street medics, sensitive to the possibilities that patients may be in trouble with the law, the question is transformed to "What can I call you?" In this and a variety of ways the medics use their intimacy with their community to craft a valued medical practice.

Medics are as much educators as healers. In the next section I wish to outline their education practices. This includes a general description of where they educate, how they educate, and the audiences/consumers of their education. In addition to helping clarify the relations and practices of education for social justice, and social justice within states of exception, focusing on education helps clarify a different dimension of their effectiveness: the authority with which they work.

Pedagogies for Surviving States of Exception

Medic collectives engage in roughly three types of educational activities. First, they provide "trainings" for people who wish to become medics, "workshops" for protesters and community members on pressing medical issues, and community education in the form of "zines" and websites to accomplish similar types of popular medical education.

Medic trainings ("training" is a technical term for classes to produce new medics) vary from 8 to 20 hours and cover legal issues, basic care, working in teams, the state of police weaponry, and limits of care. They also often include scenarios played out by the students that try to recreate the chaos of the protests and test the cool-headedness of the medics-in-training. The trainings often have

multiple leaders and volunteers that play the role of patients. Within the Doc Rosen tradition there are rules about who can become a trainer. The core team explained this code to me.

> Carin: So, yeah, one of my main goals is being able to be a trainer, because there's a certain process within street medic culture that you can--what is it?
>
> Amy: You take two trainings like…
>
> Carin: At least two trainings by at least 2 different trainers.
>
> Amy: And then you assist in two trainings, at least.
>
> Bonnie: And that was Doc's protocol. There's a lot of other trainers that feel otherwise about it, that like if you assist on one training now you're a trainer, congratulations.
>
> Carin: But we kind of go by Doc's.
>
> Bonnie: There's no certification or anything, but we yeah we were all trained by Doc initially and we really follow that code a lot more. (Core Interview 9/18/2008; time stamp: 2022.59)

As Bonnie points out there is no licensing, but there is an expectation of formal training to work in the state of exception. This training is important not just because it prepares people for the protests, but because it is through the network of trainers that people are recognized as legitimate medics.

> Amy: It is kind of a code; there is kind of like this national code of like let's say some medic shows up at the DNC and we're like "who is this guy? Like We've never seen him before"You know, he's like "Well I was trained by [trainer name] on this day this month..."
>
> Carin: It's a small community.

> Amy: Then you call up [the trainer] or somebody who knows [the trainer] and you say, "Hey, do you happen to know this guy or did you hold a training on this day where this guy could have been there?" and they're like, "well, yeah, I actually remember that guy, he's a little iffy but he should be good." You know, or something. You get a response. And so, it's tight knit enough where everybody kind of knows the code and can respond accordingly. (Core Interview 9/18/2008; time stamp: 2022.59)

This system of oral checking is codified in the Athens Manifesto, which insists that all medics must be open to having their qualifications checked, which practically means the procedure outlined above (calling trainers and asking their impressions).

The medics also provide general "workshops" for protesters and community members. Prior to a major "action" medics will train protesters about how to prepare (dress, eat, etc.) for cold and heat, how to manage chemical weapons, how to let medics and police know about medical issues (asthma, allergies, diabetes, etc.), and how to do "aftercare," that is how to care for oneself after the stress and toxicity of the protest. This is not the only type of workshops medics provide. I have seen courses offered on bicycle medicine, medicine for traveling (much of the community is nomadic), and high risk health issues for queer/gay and lesbian/transsexual folk. Street medics do not want to be limited to being merely "action" (protest) medics. They see their function as providing wellness to their community. That community is clearly defined in their own minds. Bonnie talked of "bubble cities" (Core Interview B, 9/18/2008, Time code 2635.82): a scattered geography that might include Berkeley, CA; Austin, TX; Oberlin, OH, Missoula MT, Boston, MA, and neighborhoods throughout cities in the world: progressive towns often connected to universities; a greater metropolitan Portlandia, as it were. This is who they see themselves serving, radical communities,

often with large parts embracing semi-anarchistic principles (on the recent history, politics, and culture of this transnational "bubble" community, see Graeber, 2009).

The pedagogy of trainings and workshops is worth noting. In my own training the teachers used a mix of simulation and lecture. The simulations included practicing staying in pairs, approach and gaining permission, triage, and keeping focused in crisis. The lectures covered a variety of protocols: short medical procedures that we learned through acronyms so that we could recall them in crisis (these protocols come directly from emergency and wilderness medicine). Weaving through all of this was narrative. Narrative did multiple kinds of work for the trainers. First, narrative established the credentials of the trainers. By discussing the multiple, horrifying, dangerous situations in which they had "run as medics" they conveyed their wisdom, i.e., the variety of medical experiences with which they had wrestled. It also acted as a kind of vicarious experience for us, like the simulations. By understanding specific historic cases, we were being invited to reflect on the sort of problems we would face. It also helped train us to see the world as medics and to distinguish ourselves from other actors on the scene, specifically protestors and alternative media. From the medics point of view in these narratives we were taught to see things as dangerous, trauma inducing, and problematic, things which a protestor or media person might embrace. Carin captured the importance of narrative when reflecting on my training she said, "The experience based stuff as opposed to the medical stuff was huge." "Experience based stuff" refers to these narratives, the stories of escaping police, finding safe areas, as well as treating casualties.

While some medics see their work as medics as directly in line with Freire and popular education, the actual techniques do not resemble the problem posing he modeled. Obviously, as a group of committed radicals we did not resemble the rural peasants Freire crafted his pedagogy to

work with. While there was problem posing in the scenarios we faced, just as important were the protocols to be followed. We were being trained to act reflexively, without thinking. In the state of crisis, our trainer kept saying, “eyes turn to light house; hands turn to flippers” (Training, 10/26/2008), meaning that our focus becomes too narrow, and we lose fine motor coordination. In the fray, we needed our instincts to kick in and move us unconsciously to perform our tasks.

(Aside: I think this has profound implications for thinking about the appropriate forms of pedagogy in a state of exception. The current state of exception is a stage in the collapse of democracy. As choices and rights are disappeared, I sense a grief-triggered paralysis within liberal/progressive communities. Street medics, however, are in essence training to inoculate themselves against this kind of cultural blitzkrieg. We all need to learn how to act in the face of diminished democracy, and this may not look like “progressive” education, i.e., education in the Deweyan tradition.)

Beyond even the trainings and workshops the medics educate through informal publications. Collectives often produce “zines,” i.e., informally produced magazines that tend towards a kind of practiced informal, punk style, to address topics of regional and personal interest. The SSMC, for instance, produced a zine on rape and consent for their liberal arts college community. Other medic collectives have compiled directories of free and low cost medical resources as well as medical self help manuals.

This points towards the much broader support functions that the street medic movement plays within radical communities. For example, in my last interviews, the SSMC core group was rejecting their roles as merely as serving in protest situations. They were thinking about how they could transfer their skills to other emergencies such as flooding and earthquakes (street medics were

actually the first to provide care after hurricanes Katrina and Ike; again, the state of emergency and semblance to wilderness conditions of care made them uniquely trained to respond in the first moments after catastrophe struck).

I think it is important to note that trainings, workshops, and popular education generally happen in a space outside of the state of emergency and chaos of protests. Preparation for the crisis of protests requires the calm, connectedness, in other words, the extant technoscientific networks of civil society. Street medics use the web, publishing tools, telephones, and running water to prepare for their times without those resources. This is not an education *in* the state of exception (except to the extent we are all in a state of exception), but an education *for* it. It is a rehearsal of those conditions, but like all rehearsals the simulation is partial, selective, and strategic. It is staged to allow critical reflection in ways that are impossible in the actual chaos of crisis.

Conclusions

So I want to reiterate and discuss the five elements of street medic culture that ground their authority, which, in turn, allows them to be effective in the communities they serve. First, they themselves are committed to radical visions of social justice. While the street medics insist that when they run as medics they are not protestors, they exist to enable the protestors' voice and resistance to what they see as oppressive. They are able to magnify the protest, since a single protester is now able to withstand multiple tear gas attacks. Second, they share the purpose and vision of justice with the protestors because they are from the community they serve. This is very different from other medical support groups such as Doctors Without Borders, who do not resemble demographically the groups they help. The medics are the protesters in another form. The protestors see this in the medics. One protestor-videographer captured the respect the medics claim by titling his documentary of them *All*

Hail the Street Medics. The third factor enabling the medics to act effectively in the arena of protest is that the problems they solve are problems of the community. This is not tropical medicine, in which elites overlooked the needs of local communities to solve the problems of the conquerors. The medics are directly confronting the issues of their community, finding treatments and ways to survive, much to the chagrin of the police and National Guard, who have started to target the medics. The medics have conducted, for instance, clinical trials for treatments to teargas and pepper spray (Weinstein, 2011). This is situated problem solving from the standpoint of the resisters. Fourth, access to being a medic has a low bar. Being a medic requires a 20 hour training. But one can help the medics with much less, and there is always a need for people to carry water and supplies. In short there is a large set of options for legitimate peripheral participation (Lave & Wenger, 1991) and a continuous path from water carrier to expert medic. This idea of easy access is an explicit part of their politics.

> [S]treet medics also believe that basic healthcare is not overly difficult to teach or learn. This tenet hearkens back to the Black Panther Party's emphasis on demystifying healthcare. Many believe that the bureaucracy and rules currently associated with both the training for and implementation of medical care in the United States are excessive and at times counter-productive. One long-term Clinic volunteer and street medic described this as approaching medicine "without all the anxiousness and all that bureaucracy." Street medics view street medicine as portable, because it is neither bureaucratic nor difficult. (Street Medic Wikia, 2007)

This is political medicine because it is easy. It is not that medics do not recognize a hierarchy of experience, but entry into the hierarchy is simplified. Fifth and finally, part of the access is eased to

street medicine because it takes a heteroglossic view of medical practice (i.e., it mixes discursive tongues of medicine). Street medics can enter the community from multiple directions: herbalism, allopathy, Chinese, Ayurvedic medicine, etc. The practice of the field is decidedly pragmatic and eclectic. This heteroglossia serves various purposes: it prevents rigid hierarchies in that credentialing systems outside of the street medic network are leveled, and it allows for people to maintain critical stances towards dominant, institutional medical practices.

The medics can help us interrogate intersections of schooling and social justice by examining programs, curricula, and efforts through the lens of these five factors: to what extent (1) do programs yearn for social justice, (2) are taught by members of the communities they serve, (3) draw their problems from the communities at hand, (4) allow for easy access into the community of experts, and (5) permit a multiplicity of views and entry points? As schools, cities, states, and ultimately the nation slips into an antidemocratic, manufactured crisis of austerity and exception, the extent to which these hold for institutions serving local needs will ultimately, I would argue, make those institutions/schools successes or failures, if they hope to help members of community survive and resist these neoliberal ruptures.

While my portrait of neoliberal politics may seem to be apocalyptic about the future, elements of that desperation are clearly present. Since the attacks of September 11, 2001, the whole of the United States has been in a technical state of exception under 2001 by presidential proclamation 7463. Under this directive the police have become more militarized (e.g., they increasingly rely on SWAT teams and chemical weapons) and integrated into the national military apparatuses. We are all facing grey and black zones of civil rights as warrantless wire taps, National Security Letters, and privatized ICE detention centers. Ambiguous prison spaces such as

Guantanamo multiply. As noted earlier, for the privileged, the civil state seems to function. But, as Giroux points out: for the poorest and most racially marginalized (immigrant communities, for instance) legal justice has been replaced by hyper policing and jail. They are, Giroux argues, disposable as much as they are not economically positioned to be consumers in the deindustrial landscape (2009). Life is very uncertain in these de-democratized zones. Agamben refers to this as reduction to "bare life," meaning life exclusively as biological function without regard to quality (1998). Characteristic of this social/political space is the very uncertainty of the sociotechnical networks (including medicine, power, food, etc.) that make life and knowledge stable (1987). The medics offer one model of a scientific practice flexible, subversive, and improvisational enough to be effective even in such states of exception. While much of what makes the medics effective does not translate easily into schools, schools, meaning teachers and administrators, can learn to acknowledge the differential democracy that is now in operation and to learn from the street medics techniques of resistance and survival in these emerging conditions. This is a climbing down of Maslow's hierarchy of need, making schools focus on his physiological and safety levels. That is where many communities' concerns are focused these days, we need to help them, crafting curricula that help provide shelter, food, and skill.

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