

The Oakland POWER Projects

OPP 1
anti-policing
healthworkers
cohort

Oakland Power Projects builds capacity to invest in practices, relationships, and resources that build community power and wellbeing. We can make our families and neighborhoods safe and healthy without relying on the cops.

Policing fails.

The Oakland Power Projects (OPP) builds the capacity for Oakland residents to reject police and policing as the default response to harm and to highlight or create alternatives that actually work by identifying current harms, amplifying existing resources, and developing new practices that do not rely on policing solutions.

The OaklandPower Projects is a community-led organizing project.

Critical Resistance's Oakland chapter spent more than two years fighting a successful campaign against gang injunctions in Oakland as part of the Stop the Injunctions Coalition. In the spring of 2013, as the city abandoned its two temporary injunctions (in North Oakland and the Fruitvale) and moved on to other policing schemes that continue to fail the people of Oakland, Critical Resistance began to consider taking up new work. Through a steady and intentional process, Critical Resistance members talked to close allies from the Stop the Injunctions Coalition to get a sense of the perception and experience of the current policing landscape in Oakland, and asked what work could reduce the reach of policing into Oaklanders' daily lives and take steps toward making policing obsolete.

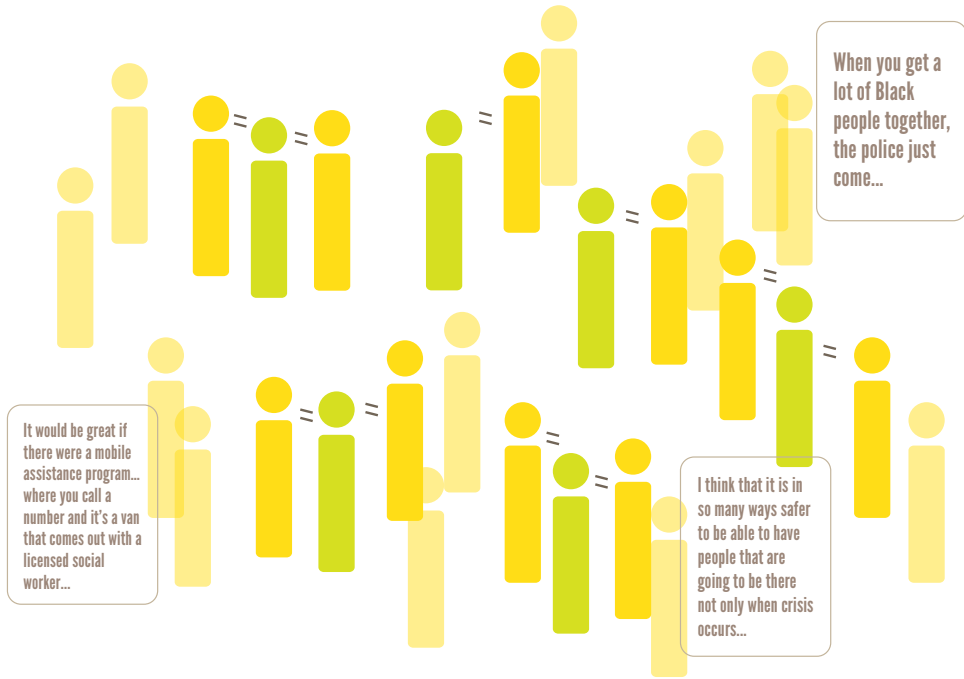
We identify projects through a multi-step process. We start by having one-one-one interviews with Oaklanders about their experiences of their city and neighborhoods, their experiences with police, and their dreams and ideas for creating wellbeing in Oakland. Through collective listening and reflection on the themes, concerns, and ideas that arise in interviews, we map out common threads. From those, we choose an idea to develop with people who raised the ideas and others who are well-situated to begin capacity – and strategy-building around the Project theme. Together, we workshop ideas and needs to arrive at a shape, goals, and next steps for the Project, along with a core of people to organize it and carry it out.

The long-term goal is to have multiple Projects, taking on and remaking approaches to wellbeing at once, and reducing the harmful influence of policing on the city and people's lives.



Oakland POWER Projects

STEP 1 INTERVIEWS

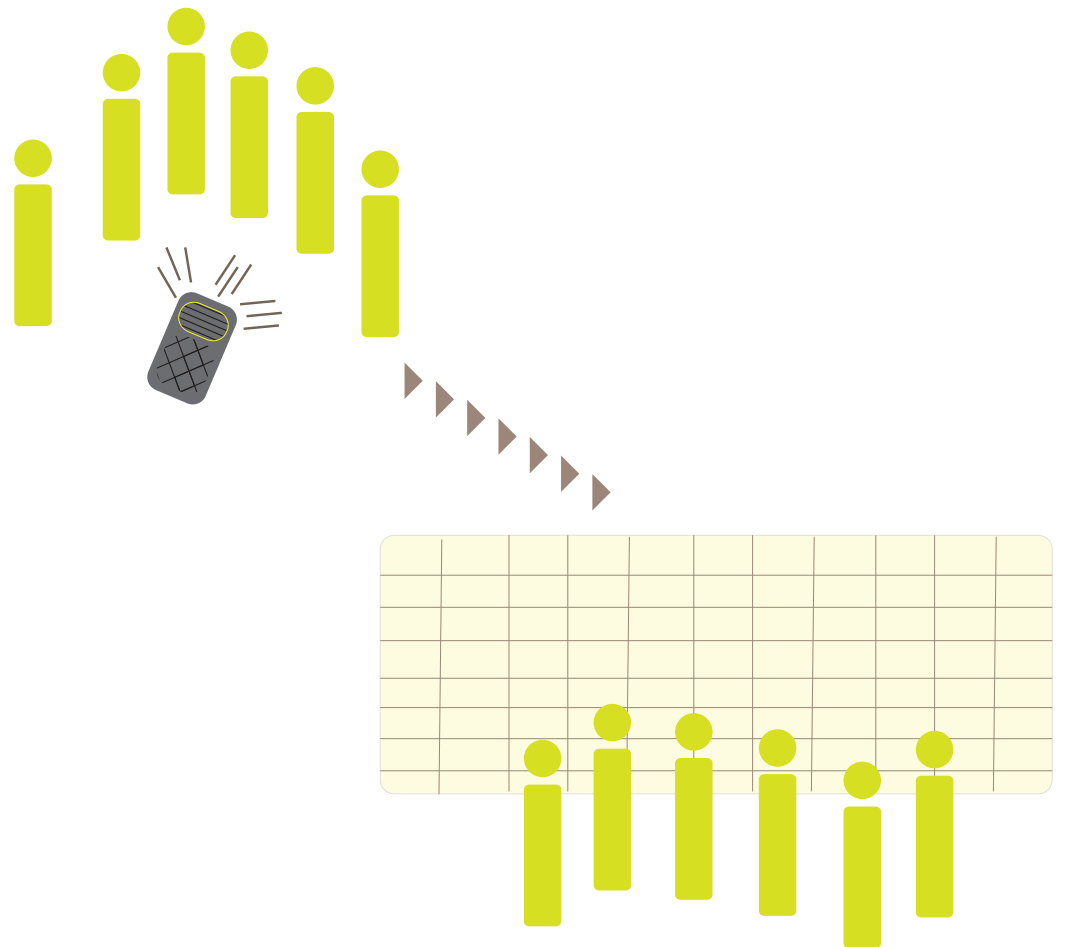


When you get a lot of Black people together, the police just come...

It would be great if there were a mobile assistance program... where you call a number and it's a van that comes out with a licensed social worker...

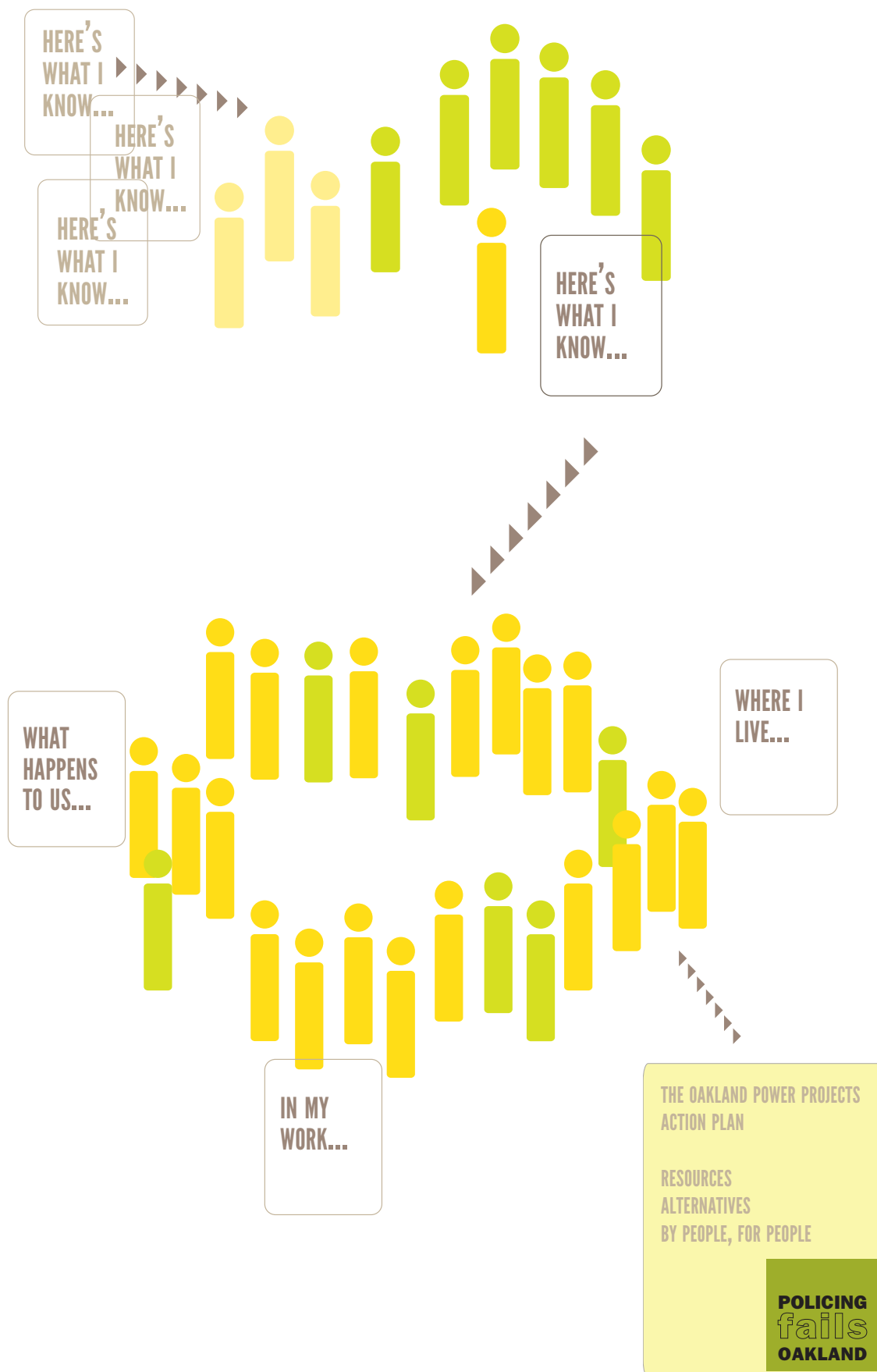
I think that it is in so many ways safer to be able to have people that are going to be there not only when crisis occurs...

STEP 2 LISTENING + FINDING



A group of stylized human figures in green and yellow. A mobile phone is shown with signal waves. A dashed arrow points from the phone towards a grid. Below the grid are more stylized human figures.

STEP 3 LAUNCHING A PROJECT



1. Members talk with allies, friends, neighbors, and community members.
2. The group listens collectively to interviews and draws out themes.
3. Once we find a theme, we ask people doing work on the issue to talk to us about their experiences and knowledge, and then bring a group of interviewees who raised the issue together with other experts to develop project ideas and plans.

building tools & capacity for health emergencies

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Know your options.

When CR Oakland organizers spoke with Oakland residents, health emerged as a broad theme in terms of resources that people needed but didn't feel they had access to in Oakland without police involvement. Through bringing people together who shared this concern with health care workers from a range of fields, sites, and areas of expertise, we identified and begin to make resources for emergent and preventative health needs for people in Oakland. These included medical kits that people can use for first-response emergencies or for everyday use to help prevent calls to 911, and a workshop series combining basic information about the prison industrial complex (PIC) and policing with critical health care information for overall health and chronic health problems. These workshops are called "Know Your Options," and the goal is to increase the options people feel they have available in the face of medical, mental health, and other kinds of emergencies, to get help and meet people's needs without calling the police or being able to prepare for their arrival. This will be the first of many in The Oakland Power Projects.

Sharing this work.

One goal of The Oakland Power Projects is to make the police obsolete by building tools and resources to meet people's needs in other ways, and by building connections and relationships to keep those resources going and accessible to Oaklanders throughout the city. We believe that this work can happen anywhere, and this is an introduction to some of the materials and resources being produced through this work. By Spring 2018, the OPP health care worker cohort together with Critical Resistance has offered over 50 Know Your Options workshops around the Bay Area in California. In this guide, we share some information from the workshop series, and examples of resources made by the health worker cohort (and we encourage you to make your own, with specific information for your area!).

What is inside.

Here, you'll find materials that are, in many instances, specific to Oakland city policies and practices, but we encourage you to use them as starters for where you live and work. You can find out more about how your local government addresses 911 dispatch, naloxone access, and find allies in local health care sites, including clinics, hospitals, and community-led spaces. Use these to map your local resources, relationships, and needs. We recommend this article by Rachel Herzing for a beginning community and self-assessment plan: <http://www.truth-out.org/opinion/item/39632-standing-up-for-our-communities-why-we-need-a-police-free-future>.

We've also included basic infographics about what happens when you call 911, other emergency numbers to call (update these for your area!), and how to help someone through a crisis moment; information from the OPP workshop on links between policing and health care and how to address uncoupling them; and information from an OPP workshop on addressing overdoses.

For more information.

Call: 510.444.0484

Visit: www.criticalresistance.org

Write: Critical Resistance, 1904 Franklin Street,
Suite 504, Oakland, CA 94612

Email: powerprojects@criticalresistance.org

The Oakland Power Projects is a strategy for shifting resources through building skills, knowledge, and access. These demands **SCALE UP** from personal practice, to community practice and priorities, and then to individuals, communities, workers, and others, **CHALLENGING** and **CHANGING** institutions, policies, resources and social structures. OPP works to build the common sense that prioritizing the cops is not the solution, and **BUILDING PEOPLE'S CAPACITIES AND DESIRES FOR WELL-BEING IS.**



Our workshop today

Will...

- * Expose you to an abolitionist strategy
- * Build understanding of where policing and medical care intersect
- * Help learn to address accidents & acute physical trauma in a way that decouples policing and medical care by making 911 the last resort rather than the instinctual response
- * Increase awareness of resources in our communities to address emergencies

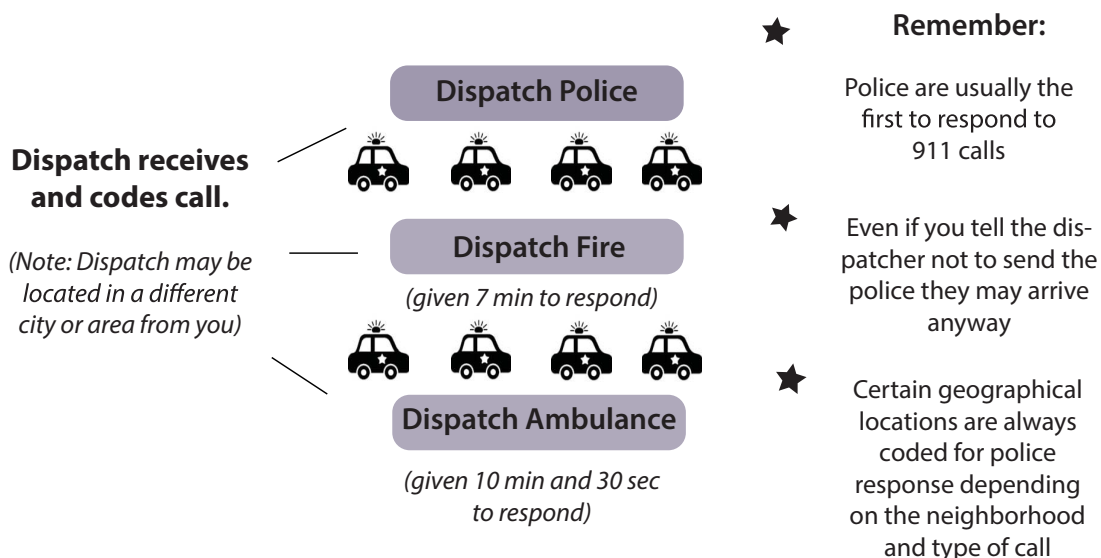
Will not...

- * Give you rules (only *options*)
We can't tell you what to do – in the spirit of reducing police involvement and mitigating the harm caused by police, we offer **OPTIONS**. Options **MAY** include, but are not limited to, accessing 911.
- * Prepare you to be an EMT/medical expert. More training and practice will be needed
- * Provide practice

Critical Resistance definition of policing

Policing is a set of social relationships made up of a set of practices that are empowered by the state to enforce law and social control through the use of force. Reinforcing the social and economic relationships that have been central to the US throughout its history, the roots of policing in the US are closely linked to the capture of escaped slaves, and the enforcement of Black Codes. Similarly, police forces have been used to keep new immigrants “in line” and to prevent the poor and working classes from making demands. As social conditions change, how policing is used to target poor people, people of color, immigrants and others who do not conform on the streets and in their homes shifts. The choices policing requires about which people to target, what to target them for, and when to arrest and/or book them play a major role in who ultimately gets imprisoned.

What happens when you call 911 in Alameda County?



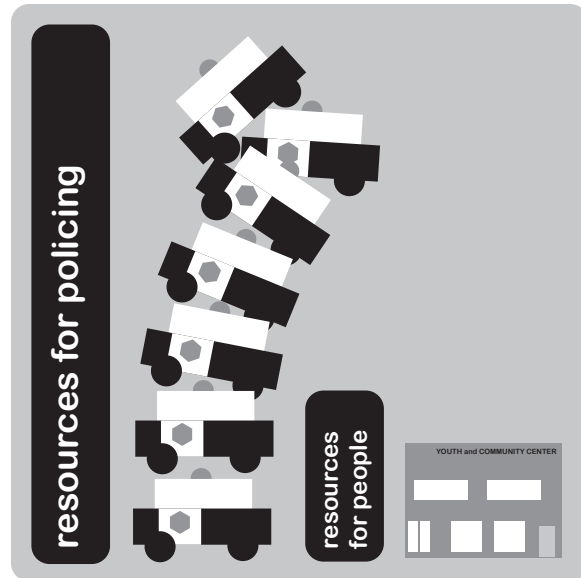
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Maybe you *don't have to call 911* in Oakland!

Know your options

Calling the local fire department or the Alameda Emergency Number may not dispatch the police, depending on the details you share and on the neighborhood.

Oakland Fire Department:
510.444.1616



What does policing do to our health?

*Disempowerment

*911 as a first resort doesn't serve people

*Criminalization

*Police as first responders can cause more harm

*Harassment, violence, delaying medical treatment, seeing the situation as a criminal one rather than a health one, immigration status issues, etc.

*Police presence in hospitals criminalizes health issues

*Homelessness, mental health issues, substance abuse issues, increased level of surveillance, running people's names through databases

Starting with an abolitionist political framework...

Approaching the scene

- * Assess your ability/ capacity to show up in this situation:
 - * What are potential dangers/risks?
 - * What are your needs/ boundaries?
 - * What's appropriate for you to do?

Ground into the Politic

- * Mitigating risk v. making things “safe”

Self De-escalation

- * Ground yourself:
 - * Take a deep breath.
 - * Feel your feet.
 - * Name something around you related to your 5 senses to get into your body.

Community-care giver basics

Introduce yourself.

- * Humanize the interaction by exchanging a hello.

Consent.

- * If the person is conscious, ask them what they want.
 - * Ask before touching someone!
 - * Do you want me to call Emergency Services? Do you have any concerns around calling 911 or if the police show up?
- * Continue to check in with the person about their needs throughout the process, and involve the injured person as much as possible.

Check assumptions.

- * People and their bodies have different experiences of “normal.”

Stay with the person!

- * You can function as this person's advocate in navigating police response that may be dispatched and advocate for them with EMT, etc.

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Taking charge of the situation

Things to Call Out:

- * “Does anyone have any medical training?”
- * “Is anyone close to this person?”
- * If applicable: “We’re not calling the cops/911.”

Roles to Assign (if possible):

- * Anchor (Lead)
- * Community de-escalator
- * Police Liaison
- * Medical advocate

Non-responsive person

If the injured person does not respond when you arrive at the scene of an accident: RED FLAG (call for ambulance; stay with injured person; if trained, begin CPR)

ABC (airway, breathing, circulation)

CAB (circulation, airway, breathing)

- * Airway: No signs of breathing? Roll onto back and open airway.
- * Breathing? If not, start rescue breathing
- * Circulation: If no pulse, start CPR
- * Serious bleeding? Stop the leak with pressure (use gloves!!)

policing and health access workshop selections

Things you can do

- * Stay with the injured person (talk with them, keep them calm)
- * Be a buffer/advocate when police arrive
- * Give focused report to EMS
- * Stabilize neck in case of cervical fractures (demo)
- * Support airway (head tilt, chin lift; if vomiting turn on side to protect, clear obstruction)
- * Hold pressure on bleeding wounds (direct pressure and elevation of extremity above heart)
- * Keep warm
- * RICE (rest, ice, compression, elevation)
- * Emotional support

If you take someone to the hospital / clinic

Some ways to reduce harm in these places:

- * Give a focused report to EMS.
- * Have someone stay with the person as an advocate.
- * Ask person if they would like to do something with their belongings.



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Or, you can do something else!

- * Call a Nurse Practitioner, Physician Assistant, Medical Doctor, Wilderness First Responder, Health Worker in your community
- * Create emergency response teams in our communities



Follow-up work

- * Ask the person if they'd like you to contact any support people in their life and let them know what happened.
- * De-brief with community so experiences can be shared & so we can all learn what happens as a result of the risks we engage in.
- * Access trainings to cultivate more skills.
- * Self-Care:
 - * Make sure you're taking care of your own health (Drink water, eat food, take deep breathes, engage in activities that relieve stress, etc).
 - * Be compassionate towards yourself.

a tool for responders from the behavioral health crises workshop

SAGE (self-control * assessment * give help * emergency services buffer) Response to a Psychosocial Crisis

Self-DeEscalation

Encountering a potentially emergency situation can engage our bodies' natural stress response which will move us away from our ability to think clearly. In order to be effective, we can take 3 quick steps to interrupt this reaction:

- * **Breathe.** Breathing is the easiest way to interrupt the stress response. Because your body is preparing to move quickly, fight, or hide, most people's breathing changes. If you're holding your breath, let it out! If you're breathing too rapidly, slow it down! If you're not getting enough oxygen with each breath, deepen it!
- * **Grounding.** When the stress response kicks in, you may lose the ability to sense where your body ends and the rest of the world begins. To reset this, you can touch something- touch your hand to your leg, touch your fingers together, feel your feet on the ground.
- * **Self-talk.** Have a short phrase you say to yourself in an emergency situation. Make it 3-5 words. Some examples might be, "I'm OK," "it's going to be alright," "1,2,3,4,5" etc.

Assessment

Now that you're as calm as you can be, you can assess the situation. Here are some things to ask yourself:

- * **Level of Danger:** Is what's happening imminently dangerous/life threatening, for example is someone currently being harmed or about to be harmed? Is there a medical emergency? Is it safe for me to try to help?
- * **Environment:** Can I make changes to the environment – e.g. reduce noise/other stimuli or redirect traffic? Can I minimize the threat to the person? Is there something they are afraid of that I can remove?
- * **Resources:** What are my resources (both internal and external)? Are there people around who can help or who know this person?
- * **Connection:** Can I establish a connection with this person? Can I introduce myself and offer help?
 - * Questions you may ask the person to further assess the situation:
 - * Can you tell me what happened/what's going on?
 - * Ask orienting questions: What can I call you? Do you know where you are? Do you know what day it is?

Give Help

If you assess that the person needs assistance and that you have the ability to give it, your first goal is to help make the person as comfortable as possible and not escalate the situation (for example, be aware of your body language, what you are saying, and how the person is responding). Here are a few tips for assisting:

- * **Nonverbal communication**
 - * Try to keep open body posture open.
 - * Give the person as much eye contact as they feel comfortable with.
 - * Keep hands visible.
 - * Keep a neutral expression. Let go of those furrowed brows.
 - * Keep voice at a steady volume and pace, unless you must raise it to give directions to ensure safety. Think about removing energy from the situation, not adding to it.
- * **Verbal Communication**
 - * Introduce yourself

SAGE: self-control * assessment * give help * emergency services buffer

- * Ask basic questions (not all at once):
 - * Is it ok for me to help you?
 - * What would you like to be called?
 - * How can I help you feel safe?
 - * Address physical needs & readily available resources: Do you need water? A blanket? A snack? Is there someone I can call for you?
 - * What has helped you in the past?
- * Listen without judgement and respect their experience, e.g. never tell someone in crisis that what they are experiencing is not real.
- * OARS can be a way to further assess a person and help with some crisis symptoms
 - * Open-Ended Questions -e.g. Can you please tell me more about that?
 - * Affirmations -e.g. That sounds like it would be terrifying/upsetting/etc.
 - * Reflections -e.g. I think I heard you say _____, was that correct?
 - * Summarizations -similar to reflecting but more for larger chunks of conversation -e.g. I want to make sure I didn't miss anything. I heard that (summary) and also (summary). Is that correct?
- * If you reassess that the person needs more help than you alone can provide, then
 - * If others are present and willing to help
 - * delegate roles, e.g. who has a car, a phone, a community first aid app, some water, a blanket
 - * Call out for:
 - * people with experience with the crisis symptoms
 - * anyone who knows the person
 - * people to hold off calling the cops
 - * If those present can't/won't provide help the person in crisis needs/wants, if the crisis is more than those present can handle, or if the person in crisis requests medical help, then consider alternatives to calling 911. Since the police are the first responders for "mental health" emergency calls when 911 is called, and since they usually do not have crisis training, calling 911 can potentially cause harm/more harm to the person in crisis (See handout for alternatives)
- * Be proactive: Know what resources are available in the communities where you spend time- Work, home neighborhood, etc.? Are there medical professionals on your block? Do you know if the people around you have specific medical needs or people they feel safe with, etc.
- * NOTE: If there is a serious medical emergency like unconsciousness, no breathing, no pulse, bleeding you can't control, etc., get/provide immediate medical help. This can include performing CPR, administering narcan, driving the person to the hospital, calling an ambulance, etc. For an ambulance, call the local fire department rather than 911. In Oakland the number is 510-444-1616

Emergency Services Buffer

If 911 or other emergency services have been called, take these steps to protect the person from further harm:

- * Ask person if they have concerns around:
 - * 911/ police involvement (e.g. immigration, warrants). If so ask if they need you to take any documents, their ID, their phone, weapons, etc.
 - * being 5150ed (held in a psychiatric facility against their will for 3 or more days)
- * Ask person who to call to let them know emergency services are on their way.
- * Ask what name they want to use in front of police.
- * State to the police (and repeat as needed), 'This person needs medical attention'.
- * Stay with the person and act as their advocate with the police.

opioid and overdose workshop selections



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We have *options*, not *rules*

We can't tell you what to do in every situation. In the spirit of reducing police involvement we are teaching you **OPTIONS. Options **MAY** include but are not limited to **911**.**

For example, 510-444-1616 is an alternate ambulance number in Oakland that goes directly to the fire department.

Recognizing an opiate overdose

Symptoms:

- * *Unresponsive to words or pain*
- * Not breathing, or very slow/shallow breathing
- * Turning pale, blue, or ashy (esp in lips or fingernails)
- * Becoming limp
- * Throwing up
- * Making snoring or gurgling sounds

This can look a lot like alcohol poisoning, so try to figure out what they took – if in doubt, give Narcan

NOTE: Narcan is one brand of the medication nalaxone

opioid and overdose workshop selections

Responding to an opiate overdose

FIRST – Check for Responsiveness

- * Say “I’m going to NARCAN you”
- * Kick foot, call their name, get their attention
- * Pain stimulus: Sternum Rub (rub your knuckles firmly on their chest bone), pinch them or press on nail painfully
- * Continue to watch their chest, feel for breathing

SECOND – Rescue Breathing – optional

- * Open (head tilt, chin lift) and clear their airway if you see something
- * Pinch the nose and breathe into their mouth with your mouth sealed over or use a mask (a breath for them, a breath for yourself).

Responding to an opiate overdose, continued

THIRD – Administer naloxone (aka Narcan)

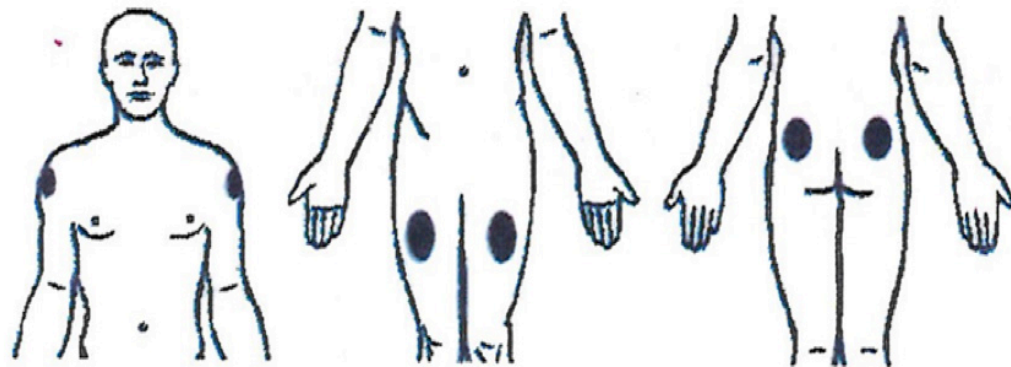
- * Administer muscling injection of naloxone, or other form (nasal spray, auto injector)
- * Monitor, if they don’t begin breathing or responding within 2-3 minutes, give a second dose



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Administering Nalaxone

- * Draw up 1cc into syringe (ALL OF IT)
- * Inject one dose (1cc) into one of the below muscle areas (upper outer thigh, upper arm and upper butt)
- * Continue rescue breathing
- * If first dose doesn't work within 2-3 minutes, give second dose



Aftercare

- * Anticipate the person may have a physical reaction, if they use regularly they are suddenly in acute withdrawal – this can look like vomiting and/or diarrhea, but most likely like serious irritability and/or flu-like symptoms.
- * Narcan is short-acting, it lasts 40-90 minutes. **You still need to monitor them or get them to a hospital within that time because naloxone will wear off and they could go back into an overdose.** Do what's needed to be a buffer if law enforcement arrives. You can give another dose if it seems they're overdosing again.
- * If the person is not going to be medically monitored stay with them or ask someone else to. Inform the person who overdosed and the person staying with them what to expect. Give them an additional dose if you have one in case it is needed.

opioid and overdose workshop selections

Be proactive

Do you know what resources are available in the communities where you spend time?

- * Where are the clinics and hospitals near you?
- * Are there medical professionals on your block?
- * Do you know if the people around you have specific medical needs or people they feel safe with, etc.? (see Sample Advance Directive on Resources Table)

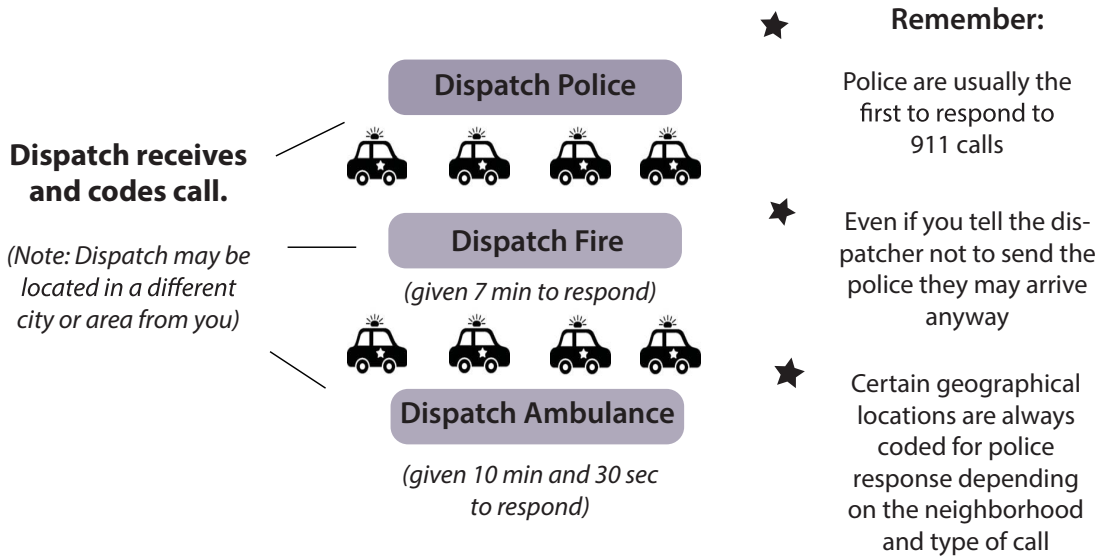
Wrap up

Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.

- * Harm Reduction actively challenges narratives that have been told about people who use drugs and giving people access to tools like naloxone to people is a way to reduce the harm of both drugs and the War on Drugs.
- * Giving naloxone to community members has been done in this way since the mid 1990's, and has saved hundreds of thousands of lives.
- * It started as an illegal practice of distributing this safe prescription drug without prescriptions. People have since advocated for laws to protect people who distribute, carry and administer naloxone – Good Samaritan Law and Overdose Treatment Law in California.

before you call 911 – a planning tool

What happens when you call 9-1-1?



To Reduce the Risk of Police Being Dispatched, Call the Fire and Medical

Emergency Line:

Oakland: 510-444-1616

San Francisco: 415-558-3291

The Oakland Power Projects is a project of Critical Resistance Oakland. OPP helps Oakland residents to invest in practices, relationships and resources that build community power and wellbeing. For more information email croakland@criticalresistance.org or visit www.criticalresistance.org

Tips for helping someone through a crisis moment

Who can you ask for help right now? A friend, someone with a car, someone else that knows them, someone who has experience supporting community with mental health needs?

Help them calm down so they can get through this crisis moment (the next 30 min. to an hour). Shifting focus from themselves to doing something physical - like walking, cooking or drawing - but still giving space to talk.

If the person is manic, they could take deep breaths, do some stretches, or take a seat with their hand over their heart and wait quietly until it slows down.

Let them talk! It's important that people know they are being heard and that their feelings/thoughts are valid.

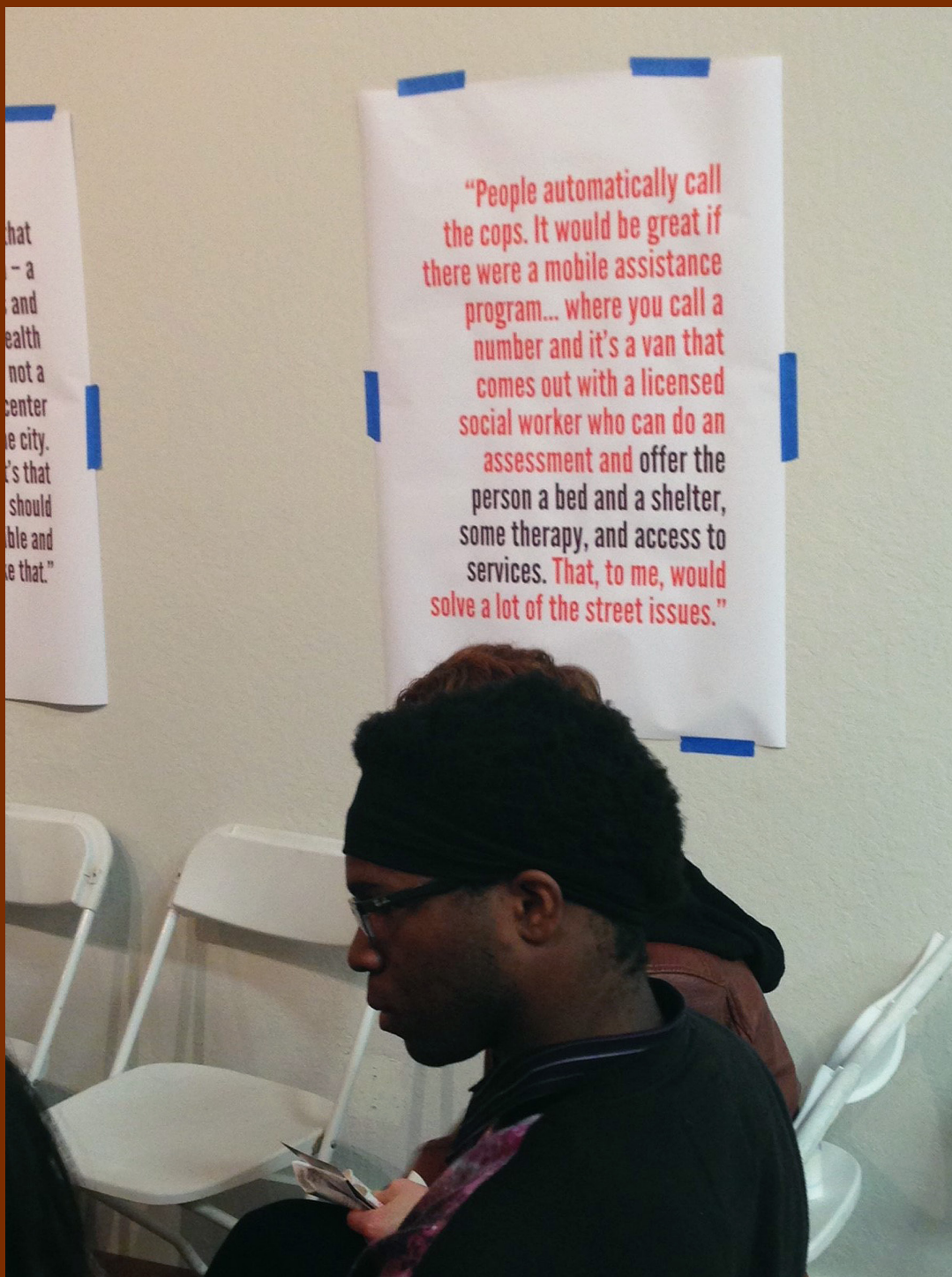
Are their basic needs being met? Have they had water today? Had a meal? Slept? Do they need a place to stay tonight?

Make sure they know they have options. Remember, being helpful doesn't mean that you have to have all of the answers.



Wait!

*You have options
in an emergency!*



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