

The Athens Manifesto

Proposal

We must establish protocols on dealing with each other. Below are first steps and suggestions rising out of the Medics Gathering, held in Athens in August of 2001.

- * We will do facilitation and anti-oppression work in the trainings
- * Oppressive behavior has happened in trainings and on the streets and in the clinics coming from action medical/1st Aid people. We want to prevent it from happening again. You can be a neurosurgeon or the most experienced trainer around, but if you don't know how to facilitate or are oppressive in your behavior, you are doing more harm than good.
- * We must work to actively involve local activists/medics in decision-making roles. Direction must come from local collectives or organizations.

Rights

- * We have the right to work in a clinic/street situation that is non-oppressive.
- * We have the right to confront individuals and/or groups we believe are acting in an oppressive manner without ridicule or being ostracized.
- * All disciplines (Herbalists, Witches, Allopathic, Homeopathic, Naturopathic, etc.) must be honored and respected.
- * We have the right to respectfully disagree
- * We have the right to verify one's references and ask anyone we feel uncomfortable working with to leave.
- * We have a right to a safe place that is not the clinic.

Responsibilities

- * It's the responsibility of every individual to stand up for their own beliefs.
- * It is everyone's responsibility to deal with your own shit and not bring that shit to actions.
- * We have the responsibility to help keep all parts of the rising global movement on the streets and growing in a healthy way.
- * We have the responsibility to speak out if we see, ear or feel something we do not like, specifically things that create an insecure or sketchy environment.
- * It is our responsibility to develop the tools to get our shit together in order that we can do the job as medics/1st Aid people that we have taken on.
- * It is our responsibility to work with, not over, the local activists and know that we have permission or have been asked for help before taking on tasks.
- * It is our responsibility to publicize our existence more effectively.

Proposals

- * Each community/affinity group/collective needs to face their own internal oppressive issues and work to prevent those issues from impacting the larger action.
- * We are going to disagree. When we do - it is our recommendation that mediation be more actively used. Every community/affinity group/collective should develop those mediation skills or have access to those who do.
- * Medic teams should each rotate through security at the door of the clinic. Our needs for triage and security mean that we are the only ones capable of doing this.
- * We must explore decentralization of the medics. e.g., a clinic team responsible for the clinic, affinity groups being responsible for their own housing and supplies, separate safe places, all with increased coordination for logistical needs and insuring shifts are filled.
- * A backup clinic and set of supplies should exist for every major action. Location and decision to use these should be on a need-to-know basis among folks trusted by all sectors of the movement.
- * Medics should use the spokescouncil model in order to have daily meetings and streamline those meetings.