

Healing Hands: A Street Medic in the Twin Cities Uprising

By Michael Rosentreter, PT, DPT and Jaime González, PT, DPT

Civil rights activist and American hero the Reverend Doctor Martin Luther King Jr. once said, “A riot is the language of the unheard.” Resonance of this powerful statement was palpable during the civil unrest that broke out across the Twin Cities (Minneapolis/St. Paul, MN) this spring that sparked a global movement of protests against racial and social injustices. As the protests began in the Twin Cities, I traveled to Minneapolis as a street medic to help, eager to use my knowledge and skills as a newly-graduated physical therapist. It is my hope that a new environment of awareness yields and sustains a necessary change in our current society.

Background

I am originally from a mid-sized city in central Wisconsin, about three hours from the Twin Cities, where I was helping to care for my father when the unrest started to escalate. The Twin Cities, where I resided for most of my adult life, fostered an environment for my growth and development into adulthood. It is there where I found my identity and determined my passions were best suited to a career as

a physical therapist.

During physical therapy school, I experienced a series of challenges, including my parents’ significant medical problems. My father sustained a series of heart attacks and my mother received a diagnosis of stage IV pancreatic cancer, which ultimately led to her passing shortly after the COVID-19 pandemic began. Although I felt I had prepared well for my mother’s passing, nothing could have prepared me for the experience of holding the lifeless body of the woman who had dedicated her entire life to my well-being. Nothing could have prepared me for my father’s inability to navigate the weeks ahead without my assistance amid yet another heart attack. And nothing could have prepared me for the civil unrest that tore apart the city I have called home for the majority of my adult life.

Decision to Act

I cannot say with certainty what exactly prompted my journey to the Twin Cities to provide medical care. I remember my mother always saying that as a nurse, she

had wanted to go to war-torn areas to help, and it is plausible that I went to honor her. Maybe I chose to go because I needed to experience something other than the excruciating grief which had consumed my daily life. Or perhaps I was tired of watching our society ignore people of color's suffering, and I wanted to make whatever small but positive impact I could. Likely all of these factors—along with my extroverted, stubborn personality—overwhelmed my instinct for self-preservation and inspired me to take part in a movement for the greater good.

Arrival in the Twin Cities

I journeyed to the Twin Cities with a full pack of medical supplies and the intent to independently navigate the most dangerous areas where medical care would be a necessity and access to it nearly impossible. Within the first 20 minutes of my solo endeavor, I encountered a group of medical professionals and paraprofessionals requesting I join them in the southwest neighborhoods of Minneapolis (namely South Minneapolis and Uptown), where destruction, fires, and violence were rampant. I had arrived unaware that organized entities existed, which encouraged trained medical professionals to set aside their own individual best interests and safety and form collaborative efforts that would serve a higher purpose. Coordinated safe havens were set up to provide shelter, food, water, and medical services to those in need. During the days and nights I spent performing medical care, I worked with the kindest-natured individuals. Without their support and teamwork, I doubt I would have lasted mentally or physically throughout the experience. We encouraged each other to face what looked like war zones head-on, while operating on minimal sleep, if any, and supported one another

throughout the experience knowing nothing more than each other's first names.

The Ambiance of the Twin Cities

I watched as South Minneapolis and Uptown destroyed itself at night, ostensibly to prove a necessary point, only to come together the next day to clean up and heal. There was humanity amid the violence and an organization to the chaos; I never witnessed such a beautiful paradox in my life. Interaction with law enforcement involved multiple rounds of tear gas, flash grenades, rubber bullets, and threats of arrest. These included numerous instances of flash grenades explicitly directed toward my medic group and me in the middle of providing treatment on more than one occasion. We were also met with attempted eradication by groups of armed white supremacists. My team and our haven became targets of traps meant to lure groups trying to help into the streets to isolate and identify us. One evening, an evacuation away from the immediate area became mandatory due to an imminent threat from such a group.

Physical Therapy in the Field

Injuries sustained from the civil unrest ranged from minor abrasions and burns to traumatic brain injuries and respiratory arrest. I felt fortunate to be part of groups with at least one individual skilled in emergency care, capable of performing advanced life-preserving measures. Amongst the mayhem, I witnessed healthcare professionals and paraprofessionals

working together for the greater good. Healthcare providers put their pride and titles aside to best cater to each individual's medical needs. I observed physicians handing over care to paramedics more familiar with life-saving measures. Registered nurses readily allowed individuals with only BLS certification to gain experience with first aid. Paramedics worked hand-in-hand with nurses of all levels. I treated those with lacerations and suspected sprains and strains, assessed neurocognitive and vestibular function following suspected concussive events, and educated individuals regarding self-care and following up with appropriate healthcare providers. I was fortunate that I could readily assess and treat most injuries I encountered, including a case of neurogenic claudication in a fellow medic. My educational background prepared me to differentiate life-threatening versus non-emergent causes of pain, vertigo, and gait abnormalities. This experience has only magnified my belief that physical therapists should have a role in emergency settings.

Lessons for the Future

However elevated the risk to me, nothing I experienced compares to the fear and danger people of color continually face. I am disappointed that here, in a wealthy, advanced, and well-developed nation, we still too often foster an environment that allows, enables, and even emboldens systemic, institutional, and individual racism. We have substantial growth ahead of us as individuals, as a profession, and as a society to separate ourselves from the antiquated beliefs, ideals, and behaviors of centuries-old injustices that acted as the powder keg from which this civil

unrest exploded. It will take time, it will be uncomfortable, and we will mess up along the way, but I believe we will get there.

This experience cemented my commitment to forging a future as a physical therapist that involves advocacy for our profession. This must include educating the public, legislators, and other health professions regarding our scope of practice, including direct access and our utility in emergencies, and highlighting the value of interprofessional education and collaborative practice.

More than ever before, I am a firmly-committed activist in our collective efforts to improve as a profession in the areas of diversity, equity, and inclusion so that one day our profession might better reflect the diversity of the clients we aim to serve. These issues span the range from pipeline programs, admissions processes, and support systems in entry-level and post-professional programs for students from traditionally underserved and underrepresented culture groups, to having faculty in these programs who better reflect the diversity of their program's students.

We must highlight the importance of cultural-competency education and implicit-bias training, and refocus our efforts to serve communities without decent access to physical therapy services.

Lastly, I am committed more than ever to continual self-reflection and self-improvement as necessary steps toward the positive change I desire to see on a larger scale. After all, change starts with me.

About the Authors



Michael Rosentreter, PT, DPT, is a recent graduate of the Doctor of Physical Therapy program at the University of the Incarnate Word in San Antonio, Texas. Prior to receiving his three undergraduate degrees in the Twin Cities, the majority of his adult life was spent avoiding formal education and pursuing lived experiences outside a classroom setting in addition to exploring a variety of unrelated career options. He is passionate about experiencing the world from different perspectives and enhancing the lives of the people he encounters. His explorations eventually led him to the profession of physical therapy. Dr. Rosentreter currently resides in Austin, Texas, where he is pursuing his interest in neurological rehabilitation with an emphasis in acute neurological conditions.



Dr. Jaime González, PT, DPT, a Board Certified Clinical Specialist in Orthopaedic and Sports Physical Therapy, is currently pursuing his PhD in Higher Education Administration at the University of the Incarnate Word in San Antonio, Texas. He served for several years as an Assistant Professor and Assistant Director of Clinical Education within the entry-level DPT program at this institution. A retired military combat veteran, serving as a U.S. Army medic and physical therapist for over 20 years, Dr. González has extensive experience operating in a physician-extender role and within primary care and direct access settings. He is currently a freelance physical therapist providing physical therapy, consultative, and expert witness services to private clients and organizations. Dr. González serves as co-chair of the Texas Physical Therapy Association Task Force on Diversity, Equity, and Inclusion, and for the past two years was a member of the Texas delegation to the APTA House of Delegates. He believes it is through a focus on our lived experiences and contexts, the practice of perspective-taking, and continual recognition of our interconnectedness and the primacy of human dignity, that rehabilitation professionals can best serve our clients and truly strive to be a healing force for others.