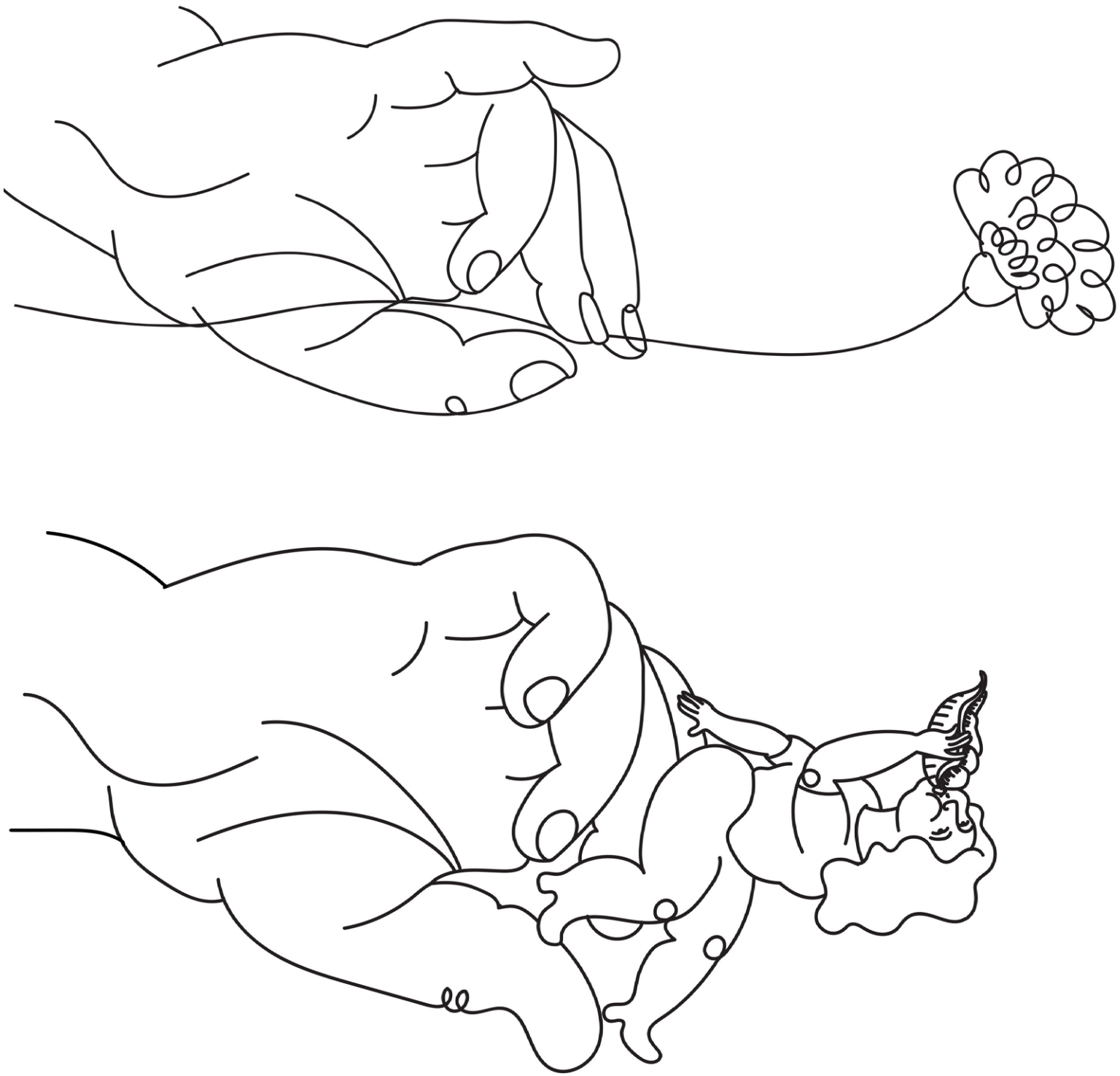
P-M-S.LIFE
POWERMAKESUSSICK@RISEUP.NET

P-M-S.LIFE
POWERMAKESUSSICK@RISEUP.NET



ACTION DIRES YOUR TEARS

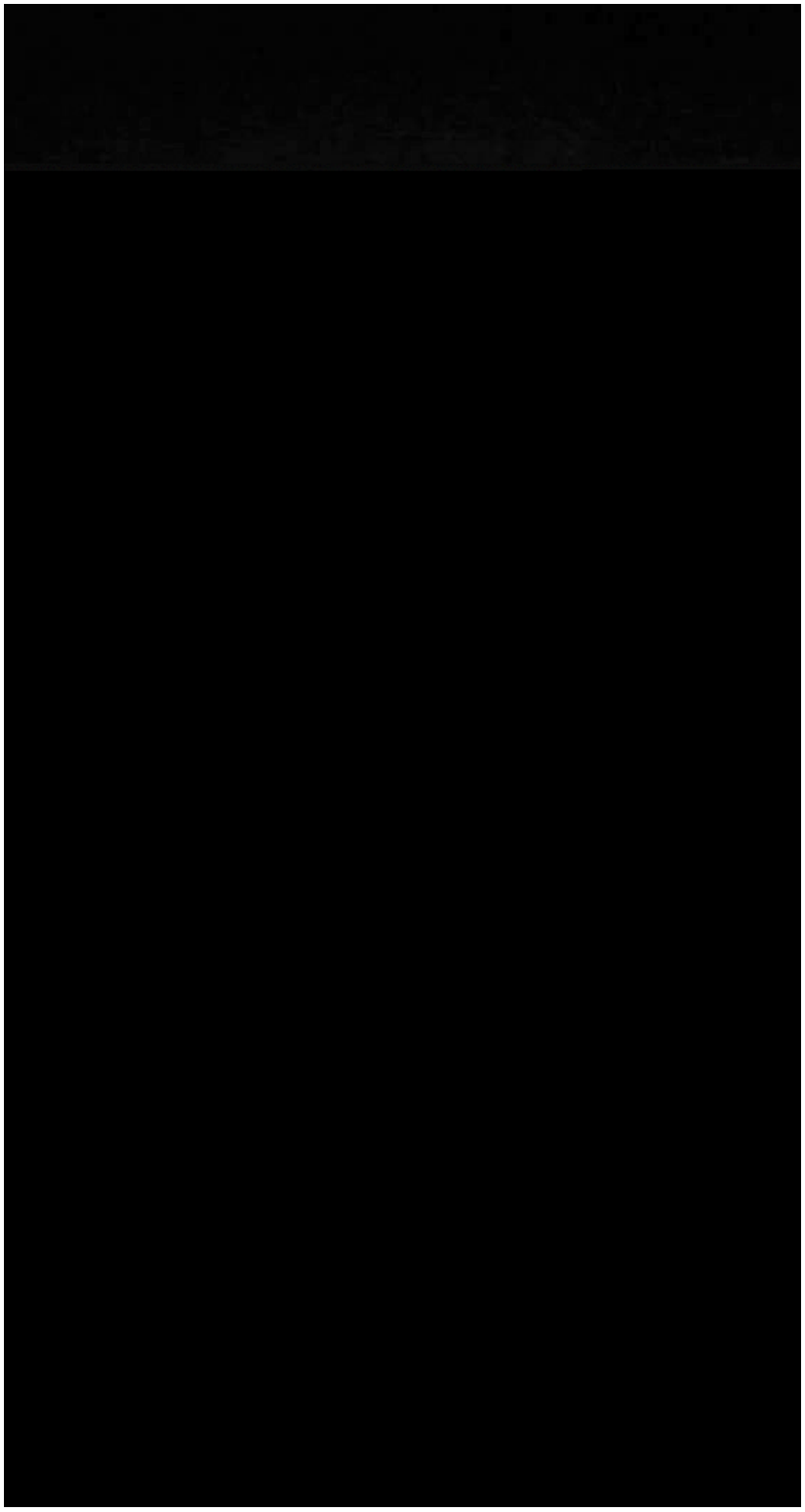
SELF-CARE CAN'T CURE SOCIAL DISEASES

P-M-S.LIFE

POWERMAKESUSSICK@RISEUP.NET

P-M-S.LIFE

POWERMAKESUSSICK@RISEUP.NET



SOME THINGS WE HAVE READ RECENTLY OR REFERENCED HERE THAT YOU MIGHT ENJOY

Bædan 3: Journal of Queer Time Travel, Eberhardt Press, 2016.

Barbara Ehrenreich and Deirdre English. Witches, Midwives, and Nurses: A History of Women Healers, 1972.

Belli Research Institute. Schizo-Genesis//Mad Apocalypse: The Story of the Psycho—Bellum Primer One, 2017.

Belli Research Institute. The Fragrance of Citizenship//The Acridity of Others: Towards Health Skepticism—Bellum Primer Two, 2018.

Cameron, Kay. Gay Plants, 2017.

Crimethinc. Self As Other.

Evans, Arthur. Witchcraft and the Gay Counterculture, 1978.

Federici, Sylvia. Women Witch Hunts and the Reproduction of the Capitalist World, Sprout Distro, 2012.

Gautier, Isabelle & Vinebaum, Lisa. Hot Pantz: DIY gynecology and herbal remedies, from Louisville Radical Lending Library.

Gordon, Tash & Griffiths, Becs. “Why Society is Making Us Sick” from Handbook For Changing Our World, 2007.

Luddite, Laurel. This is Anarcho-herbalism: Thoughts On Health and Healing For the Revolution.

Milstein, Cindy Rebellious Mourning: The Collective Work of Grief. AK Press, 2017.

Out of Action, on traumatising effects of police (and other) violence and how we move beyond it, outofaction.blackblogs.org.

Preciado, Paul. Testo Junkie, 2008.

Rosehip Medical Collective. First Aid Tips for those on the Street or Traveling.

somatics@riseup.net, Soaring Beyond the Walls: Tools for Building Capacity in Prison and Beyond, Sprout Distro, 2018.

Yerbamala Collective. Sanctuary Summoning Spellbook, 2018.

SELF-CARE CAN’T CURE SOCIAL DISEASES

ACTION DIRES YOUR TEARS

P-M-S.LIFE

POWERMAKESUSSICK@RISEUP.NET

Printed in Berlin
Summer 2018

Power Makes us Sick (PMS) is a feminist collective focusing on autonomous health care practices and networks. PMS seeks to understand the ways that our mental, physical, and social health is impacted by imbalances in and abuses of power. We can see that mobility, forced or otherwise, is an increasingly common aspect of life in the anthropocene. PMS is motivated to develop free tools of solidarity, resistance, and sabotage that respond to these conditions and are informed by a deep concern for planetary well-being.

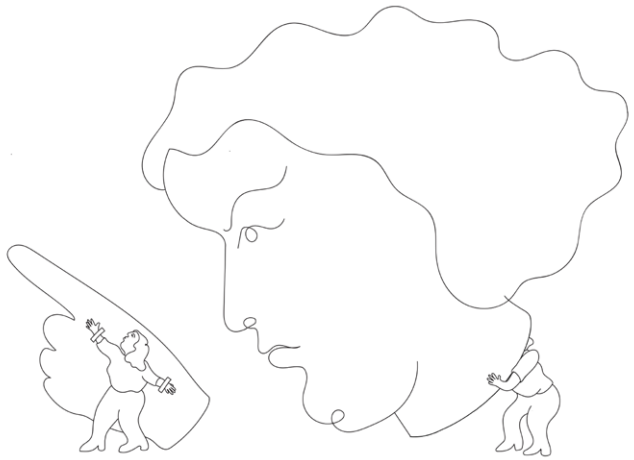
Anti-copyright notice: reprint and distribute this publication and the ideas contained within it freely. Unless otherwise noted, the information contained here is written anonymously and is ficticious. Any resemblance to real people or events is totally a coincidence.

PMS is open to collaboration, accomplices, memes, your health-related report backs, folks who want to distribute or translate our content, suggestions for clinics to visit, and lots of other things too.

Get in touch at powermakesussick@riseup.net
or navigate that browser to p-m-s.life.

xo

Note: the image on the inside cover is taken from a report from one of the medics supporting Heather Hayer in her final moments with chest compressions before being forcibly removed, along with other trained medics by a state trooper. May you rest in power, Heather.



P-M-S.LIFE

POWERMAKESUSSICK@RISEUP.NET

SELF-CARE CAN'T CURE SOCIAL DISEASES

> "When will we have achieved this thing, 'trans healthcare'? How will we know it is ours to claim? A collective understanding of health may be necessary but not sufficient. Even if we extend our definition of healthcare to include say, a riot, a rigorous community approach to consent, a consistent respect for a person's chosen pronouns, how might it be that these sorely needed medicines ever operate on a level beyond the palliative? Trans herbalism offers to take us in directions that gesture beyond the individual, and beyond the human."

Taken from "Trans Herbalism: Plants for survival, Plans for attack" by Kay Cameron

The full version of the essay above, among other writing, resources, tools and tactics, will be included in PMS' upcoming zine on Trans* Healthcare. In this publication PMS asks, "What would an autonomous trans healthcare look like? What could an autonomous trans healthcare look like? What will an autonomous trans healthcare look like?" Featured content will include Edinburgh Chapter of Action for Trans Health's "Trans Healthcare Manifesto" and an interview with two of its contributors, resources on self-prescribing and regulating hormones for trans femmes, a resource list of herbalists for trans and gender non-conforming folks from the zine "Gay Plants", and much more. Coming to an info shop, collective house or snuck into a gender clinic or psychologist waiting room near you. Or just get in contact with us :) Have you got something to contribute? Get in touch soon since this one is soon to be hot off the press.

ACTION DIRES YOUR TEARS

P-M-S.LIFE
POWERMAKESUSSICK@RISEUP.NET

P-M-S.LIFE
POWERMAKESUSSICK@RISEUP.NET

UPCOMING: TRANS HEALTHCARE ZINE

The DISPOSSESSION of knowledge of healing, and the distancing from a desire to commit to healing above all—from the earth, from elders, from friends and loved ones, from the teachers of our trauma—robs us as a people. This is a knowledge that exceeds the boundaries of the classroom or Wikipedia. Chaotically transferred, it is information whose code is enmeshed in visual, sensual, and gustatory beauties, pains, mistakes and remedies. This knowledge is a life force because it is literally what remains within us from our lived experiences, provided that we are able to survive. The body is the home of our memories, and the body never forgets.

> *Women* have always been healers. They were the unlicensed doctors and anatomists of western history. They were abortionists, nurses and counsellors. They were pharmacists, cultivating healing herbs and exchanging the secrets of their uses. They were midwives, traveling from home to home and village to village. For centuries women were doctors without degrees, barred from books and lectures, learning from each other, and passing on experience from neighbor to neighbor and mother to daughter.*

*This text we are referring to here and elsewhere was published in 1972, and the language is unfortunately essentializing in its definition of "women" or womanhood. PMS reads this text as potentially relevant and inclusive to trans and gender non-conforming experiences, so whenever "women" is quoted from Witches, Midwives, & Healers, we hope this can be acknowledged.

SELF-CARE CAN'T CURE SOCIAL DISEASES

ACTION DIRES YOUR TEARS

P-M-S.LIFE
POWERMAKESUSSICK@RISEUP.NET

P-M-S.LIFE
POWERMAKESUSSICK@RISEUP.NET

Barbara Ehrenreich and Deirdre English's "Witches, Midwives, and Healers" tells the tale of Western Medicine's ascent at the expense of the many healers already practicing autonomously in their communities. If "witches" and those of the commons have always been healers, we ask, *what does it mean that throughout Modern history and up to the present, people have been persecuted for taking care of one another in effective but informal ways?*

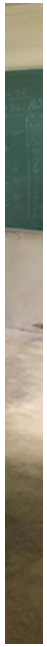
There was a time when witches, midwives, and lay healers of all types did not need accreditation**. As time passed, they were increasingly unable to access credibility for their healing practices as the monopolization of the medical industry pushed them to the margins, making their work illegal and fringe. This brought about the further subjugation of women in the medical field to the role of "nurse" as one subservient to the "expert"—the doctor, as her only viable option for participation.

Modern-day medicine uplifts expertise that arises from the academy, rather than the lived knowledge and expertise based in attention paid to bodies that extends through lifetimes. What preceded institutionalized medicine was a plethora of practices, spanning centuries, based in prevention, adaptability, and commitment to trial, error and experimentation. There exist a number of tactics and strategies for healing that intended to solve for harms as they arise within a body and its network. Witches, midwives and lay healers relied on these empirical approaches to healing at a time when the new 'professional doctors' were attempting to rid spirits from the body by prescribing cocaine and leeches. - _ -

The Body Knows Best

In a European context, the scale of the witch burning craze, especially between the 14th and 17th centuries, is hard to grasp today. The popular story of the Salem Witch Trials is basically a footnote in the vast story of genocide at the hands of state power. The majority of these so-called witches were lay healers serving the peasant population, while more concentrated mass executions are now thought to be the result of the violent suppression of peasant rebellions more broadly, that often had

** In fact, we still do not *need* it in order to practice.



We've had so many people tell us that the storm brought them together, men have cried telling us about how they've lost everything yet they feel strong, elderly women living alone have declined supplies because they know someone else needs them more, neighbors have invited neighbors to live in their homes, and they share hugs with us, share drawings and offer us delicious rice and beans as a thank you

In some ways, even though a hurricane or a fire or a flood is immensely devastating and full of trauma, it also in a sense washes away the unnameable disaster that is everyday life under neoliberal capitalism. In this space, without coercion from above, the vast majority of disaster survivors default back to meaningful relationships based on mutual aid. At the same time that disasters cause so much devastation and loss. They also act as a wake up call. They are moments of possibility wherein whole communities reject the ethos of profit before people and instead spontaneously come together to care for each other's needs. Suddenly, a spell is broken, a crack in the borders that divide us widens, and we can see each other through those cracks. People connect, share, and that better world we are constantly fighting for isn't a distant hope but a current reality, if only temporarily. This communal solidarity and concern for each other is a microcosm of the world we want to create. It is an echo from a future that we bring closer to existence through each small simple act of kindness and courage.

It is hard to see the chaos and spectacle that surrounds us and think we are in the calm before the storm. But the signs point to exactly this. Storms: weather-wise, political, and economic are on the horizon. And the state and the nonprofit-industrial complex are not coming to save us. There is no cavalry coming. If we have a hope for survival, it will come from each other, in solidarity and friendship, and in relationships of support that bind us to one another. Let's prepare. Let's find each other. Let's build something from below that can withstand the coming winds, something that can be a counterweight to the oppressive toxins and toxic oppressions that threaten to drown us all. In the end, all we have is each other.

SELF-CARE CAN'T CURE SOCIAL DISEASES

ACTION DIRES YOUR TEARS

With so many people saving rainwater, we also talked about ways to safely store it and how to prevent mosquitos. Very few in this community had generators. However we did do a home visit with a bedridden, oxygen dependent patient in which the generator was running outside of her bedroom windows. When we walked in we could smell it in her bedroom. We talked about the impact of carbon monoxide on her lungs and helped her husband move the generator to a safer spot, further away from his wife's windows. We also got to do some more breastfeeding education as there were a lot of moms with babies and toddlers. Many of the moms were happily breastfeeding their babies. We were able to answer their questions and provide support and encouragement that they were doing the right thing.

Still another day, we saw 54 patients at a community Center in Los Naranjos, a community that saw flooding up to peoples necks during the storm. Most lost a lot, some lost everything, most had no potable water, none had electricity. All are helping each other: one woman had 70 people on her roof during the floods. The last 6 patients of the day were home bound.

P-M-S.LIFE
POWERMAKESUSSICK@RISEUP.NET

women in leadership roles. To be clear, gender-based violence and the suppression of even passive resistance in the form of taking care of one another, preceded the medical industrial complex of today. If we are not careful, it will come after it as well.

Being an old-timey doctor would rule, just drunk as hell like "yeah u got ghosts in your blood, you should do cocaine about it"

The empirically-based practice of lay healers was feared in Early Modern times - as it is today - because it challenged the notion that the "doctor knows best", and recentered the locus of knowledge into the body and the caring observation of it. This persecution of witches was inseparable from a fear of the body itself. The eugenicist practices of the western Euro-Christian Church and imperialist powers held that the gendered, racialized, colonized and mentally and physically divergent were inherently ILL. This was another kind of suppression, as the condition of illness acted and continues to act as an invisibility cloak shielding

SELF-CARE CAN'T CURE SOCIAL DISEASES

ACTION DIRES YOUR TEARS

potential political subjects from view. This strategy of repression and control is still employed today through 'diagnosis', under the commonly held belief that diagnosis initiates care. No worry, though, for that darkness has created a fertile (under)ground for our adaptability and strength together.

Prioritizing holistic approaches to care over "innovations in medicine" matters. It grounds healing work in community rather than the capitalist drives of the pharmaceutical and medical industry— which are not for the health of people but built on the backs of the people. It is also the perspective of Western Medicine that they might utilize bodies as test subjects to further their innovations. We know many friends who participate in medical studies in order to survive under capitalism. It's a chill way to not have to succumb to wage slavery for a while and we support them, but we are also starting to get worried. We do not support a system that would use them as lab rats, putting their (later) life in jeopardy so that they might access their basic needs. There are ways to understand the impacts of a substance on the body that do not require the instrumentalization of those bodies or other bodies.

Now we face the inherited crisis of gate-keeping around the knowledge and tools we require to take care of our own health. With the Martin Shkreli's of the world, the system begins to expose itself, but it has always been this way. We deny the poor people of the world access to basic shit like penicillin without blinking - or worse, without thinking about it. Scapegoating one rich bad guy who deprives other rich people of medicine is easier than holding the rich people of the world accountable to the fact that access to basic health services could be a possibility for all, but it is not. Put another way, it is perhaps unethical to be wealthy (healthy?) when your wealth depends on the poverty (illness?) of others.

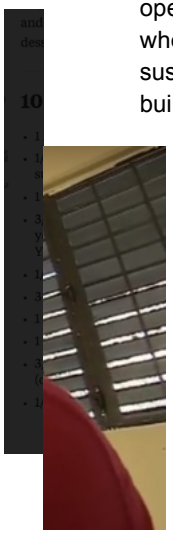
Due to the collapse of the capitalists' monocultural approach to treatment, professional doctors and the palaces that house them have been forced to incorporate broader diversity in their approaches. This has led to the absorption of 'alternative medicine' within the standard clinical practices. But even so, these 'alternatives' become branded, and their natures are therefore determined by those who might prioritize the stakeholder or investor's interest over the health of the individual in question, or the community at large.

P-M-S.LIFE
POWERMAKESUSSICK@RISEUP.NET

Across the island in Las Marias people lined up at the Centro de Apoyo Mutuo Bucarabones Unido (CAMBU) space for Mutual Aid disaster relief guerrilla field medics as we prepared to hold community-requested clinics out of two classrooms. For the next 2 hours, under the light of solar lanterns held in the air above us by community members, we provided auriculotherapy, wellness checks, care for people suffering dehydration, exacerbation of chronic medical conditions, trauma and anxiety, blood sugar issues and colds and flus.

The Centro is a space providing aid and solidarity in the community by the community – a spontaneous, locally rooted mutual aid project.

Autonomous Centro de Apoyo Mutuo spaces are up and operating as community kitchens and gathering spaces where gardening, cooking, workshops, film screenings and sustainable infrastructure projects are conceptualized, are built, are installed, are open sourced as a liberated means of survival.



Another one of our medic mobilizations concentrated efforts mostly on HIV/AIDS prevention, safe water outreach/education, breastfeeding in disasters and also addressed other health needs with a team of nurses, a lab chemist, lactation counselors and a medic.

We provided health education materials, triage, screening, and assisted 100 patients one of the first days we were here, based out of a little church 1/2 way up a mountain in a little community called Quebrada Prieta. This community lacked potable water: one woman was using the water from her pool to wash and clean, most are drinking from the river that drains from the rain forest. We were able to provide lab testing, exams, and assist a home bound, double amputee diabetic patient with a host of diabetes supplies.

Another day we were in Vega Baja, close to the ocean. We saw 89 patients in a pop-up clinic inside of a restaurant called El Right Field de Tommy. Since the storm, this restaurant had been providing free rice and beans every Tuesday to residents of this severely affected neighborhood. Yet another example of mutual aid in practice.

SELF-CARE CAN'T CURE SOCIAL DISEASES

ACTION DIRES YOUR TEARS

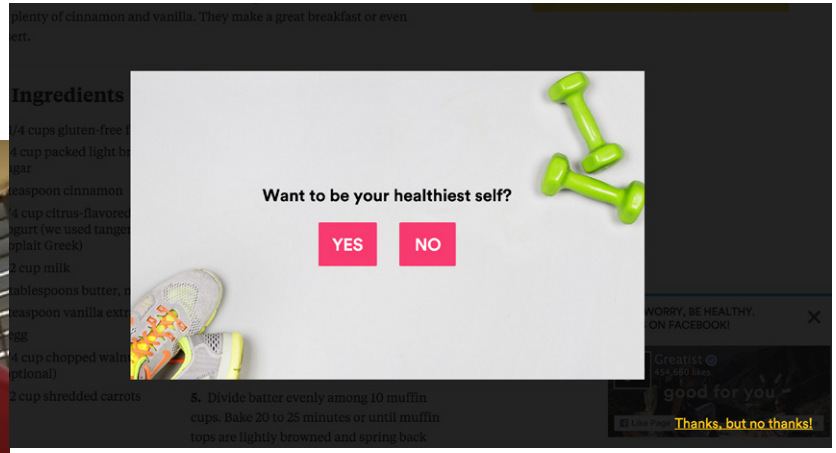
P-M-S.LIFE
POWERMAKESUSSICK@RISEUP.NET

We set up a wellness center after Irma in a building a church let us use. The clinic treated emotional and physical trauma, provided acupuncture, reiki, massage, herbal teas and tinctures, diabetes care, and treated dehydration. After responding to a call and assisting somebody to get replacement diabetes medication, this person began to talk about his days as a paramedic prior to retirement. He then handed over to us numerous boxes full of needed trauma care items (a perfect example of the mutual part of mutual aid) that we were able to then introduce into our community clinic as well as to utilize in the dozens of medic mobilizations that launched from the space.

While in Puerto Rico, medics accompanied supplies distro teams. Neighbors would request a pop up clinic and then contact one another and arrange transport among one another to bring friends in need to access medical care. We linked up with doctors who understood the need and provided necessary medication.

Almost every single case that we treated was for an exacerbation of chronic medical conditions. People with existing heart conditions, respiratory issues, diabetes and other conditions were experiencing an aggravation of their condition due to not having power and existing in sweltering dwellings and not being able to utilize things like breathing machines, nebulizers and concentrators. Many of the elderly people who are homebound suffered from depression from not having access to television or radio programs that they were used to watching on a daily basis.

Much of what constitutes the self-care culture that we witness today (meditation, long soaking baths, yoga, eating fresh vegetables, and the like) has roots in a variety of cultural practices that put healing in the hands of the people, in a manner that is both accessible and affordable, if not fucking free. With the gates kept so tightly closed, or the cctv cameras always set to on, the importance of these practices as free tools of the community is lost, and they are now largely accessible only by the bourgeoisie in the commodity form. These alternatives are incorporated into the other medical professions, where many studying healing go into debt for their education, creating a feedback loop wherein they now charge inaccessible prices for their expertise or treat the people under their care haphazardly or hastily, thus excluding or penalizing a huge population of those who need care.



On the fringe, there is limited access to classist institutions of accreditation, so we transmit knowledge without it. Sometimes in clandestine workshops, sometimes in zines with no authors, but sometimes this info just gets passed down the way it always has - from mouth to ears and between bodies. The fear of witches, and the abjection of the endemic knowledge that Ehrenreich and English describe was also a fear of uprising. This is how we know that the Church understood that health was a foundationally intersectional place for us to build our own collective autonomy able to outlast the hegemonic powers that would give us ‘rights’ and take them away. It still is.

SELF-CARE CAN’T CURE SOCIAL DISEASES

ACTION DIRES YOUR TEARS

P-M-S.LIFE
POWERMAKESUSSICK@RISEUP.NET

They were right to be afraid. If we have the knowledge of how to take care of each other, and a means to access the technology or the tools we need, we could spend less time being sick and more time caring for each other or fighting back. This would threaten to render the current systems of power not only irrelevant, but non-extant. This is why medical knowledge is guarded, because it is quite literally, the power to decide “who will live and will die, who is fertile and who is sterile, who is ‘mad’ and who sane.”

> *The witch was a triple threat to the Church: She was a woman*, and not ashamed of it. She appeared to be part of an organized underground of peasant women*. And she was a healer whose practice was based in empirical study. In the face of the repressive fatalism of Christianity, she held out the hope of change in this world.*

When people go to the doctor these days they tend to spend the majority of their time either waiting on treatment, or with triage and nurses. You wait, and get your vitals checked, maybe you rack your brain for all of the possible longterm problems your current symptoms might be indicative of so that you can ask your doctor about it. Whatever you do, it is all in anticipation of the main event, for your moments with the head-honcho: the doc. The separation of the bodily assessment, in addition to the fact that it is based in “measuring” your vitals with machines instead of with longer, or repeated empirical observations is strategic, and stems from a period of medical history in which the practice was overtaken by the patriarchs of the social elite. It is strategic and divisive, in order to maintain the prime sovereignty of the doctor, of professional medicine, and of the classic patriarchal regime that continues to fear a people’s medicine. A medicine which, once able to address illness and ailments, could be synonymous with a people’s movement for liberation.

People’s medicine takes prevention as seriously as emergency treatment. It acknowledges that it pains the body of an individual, as well as the collective psyche, to be continually sick or unwell. In this sense, the women*, witches, and free agent nurses and midwives who Ehrenreich and English write about would be - and those practicing this legacy of care and healing are - the enemies of the medical-industrial complex because they are ready to go through all lengths to help others help themselves and each other. In essence, reducing our reliance on pharmaceuticals and other advanced medical equipment and technologies.

P-M-S.LIFE
POWERMAKESUSSICK@RISEUP.NET

Mutual Aid Disaster Relief is a grassroots disaster relief network based on the principles of solidarity, mutual aid, and autonomous direct action. MADR envisions strong, vibrant, resilient, connected, and empowered individuals and communities as part of an awakened civil society that will restore hope following crisis, and turn the tide against disaster capitalism and climate chaos, in favor of a more peaceful, just, and sustainable world.

MADR is on their “Building the Movement for Mutual Aid” training tour right now, and folks from PMS had the opportunity to meet up with them in Richmond, VA and Minneapolis, MO. So much of the work that they do and their approach is aligned with our as PMS and also a movement for health autonomy more broadly. Like us, they are a dispersed network of folks who are able to support one another in their solidarity efforts. It was nice to take a break from the theoretical nitpicking and hear these folks, and everyone present, explicating some of the tactical approaches and things to keep in mind when we’re engaging in solidarity work.

They have stops in NY, Connecticut, Pennsylvania, Ohio, Michigan, Indiana, Illinois, Wisconsin, and Minnesota. We recommend checking them out if they come to your town; you can find more info about the dates and locations on their website at mutualaiddisasterrelief.org/events .

We’re including here some little report backs from different mutual aid disaster relief medic affinity groups’ activities that they’ve shared with us. We hope you enjoy!

SELF-CARE CAN’T CURE SOCIAL DISEASES

ACTION DIRES YOUR TEARS

P-M-S.LIFE
POWERMAKESUSSICK@RISEUP.NET

P-M-S.LIFE
POWERMAKESUSSICK@RISEUP.NET

REPORT: MUTUAL AID DISASTER RELIEF

Approaches to medicine like this, start with movement, food and emotional and energetic dynamics. The wellbeing of one body affects, and is affected by these factors on the level of societies large and small. A people's medicine sees healers as advocates, as companions, as supporters, as comrades before they are 'experts in their field'. Habits, movements, and diets always refer to the landscapes we occupy. To be clear, that means our earth. The soil, water, and other creatures we commune with, both socially and consumptively. This is the basis of health that is 'for the people'.

We see illegalist herbalism as a foundation of healing "for the people"

HERBALISM is not liberatory on its own. In recent years, with the rise in popularity of herbalism, special interests have cashed in on the what has in many parts of the world's history been a radical tradition. In the West, this tradition is rooted in the role oft-ascribed to the category of woman, as one of caring for family and community while not seeking direct monetary compensation. When we queer the 'family', when we dissolve the geospatial borders of our communities, this tradition is in and of itself rebellious. Since the rise of the Christian cult, this tradition has been systemically suppressed, because it could not be easily controlled. The weeds just keep growing, don't they?

Today we are at risk of losing these rebellious traditions to the forces of capital. Many well intentioned struggling herbalists must sell their medicine as alienated commodities marketed to the upper crust of society to survive. To break even, they target those who have the luxury of spending 15 dollars on a tincture which will last them a month or less. Those who take the clinical approach to care usually see only well-off patients who have plans that would cover naturopathic practitioners. While some remediation like pay-what-you-can ameliorates some of these barriers, a more fundamental shift towards illegalist herbalism is needed.*** We want it to be very clear that we advocate for stealing tinctures from your local coop (especially if you know you can pass for looking like someone who might not steal) to share with your friends, your POC buddies in need, and really all those ailing under capitalism. This is not only a radical practice, but an effective *radicalizing* one.

*** For more on this, see the tenets of illegalist herbalism on the body of this publication

SELF-CARE CAN'T CURE SOCIAL DISEASES

ACTION DIRES YOUR TEARS

P-M-S.LIFE
POWERMAKESUSSICK@RISEUP.NET

We learned this much: That the suppression of women health workers and the rise to dominance of male professionals was not a "natural" process, resulting automatically from changes in medical science, nor was it the result of women's failure to take on healing work. It was an active takeover by male professionals. And it was not science that enabled men to win out: The critical battles took place long before the development of modern scientific technology.*

From a historical perspective, we almost always see that the primary method for squashing an uprising has been for the powerful to negotiate with the least threatening elements of a movement (often those with authoritarian tendencies themselves) while inflicting repression, suppression, and other forms of violence on the remaining elements. This makes it difficult for us to learn from our failures as well as our successes, or to know that much of this has happened before and will happen again.

The memory of this repression scars us today: what business do we have healing ourselves if we're not doctors or nurses? The doubt and self-censorship festers like a cancer spreading to the lot of our interactions. It is the friendly fire, the weapon used against the basis of our body sovereignty - of life and wellbeing. And now, the credibility police, aka the state, plants the seeds of social rupture through divisive discourses. In-fighting kills, too.

We're living in late capitalism, and its power seems inescapable.**** As soon as a community understands its own needs and capacities, its self-determination is undermined by an outside force. This is the same for social identities. When we begin to understand that the care we take of one another and from the stuff growing in our backyard is more effective and complete than the care we receive from the medical-industrial complex, repression measures become more explicit, more totalizing. The vision of responsibility we see in a transition from institutional medicine is immobilizing, because it re-submerges us into the often-unrecognized labor that has either been forced upon us, or has worn us out for centuries. But we have overcome this before and we will overcome it again.

P-M-S.LIFE
POWERMAKESUSSICK@RISEUP.NET

**** Thanks, Ursula, RIP.
note: "Kill Capitalism, Not Weeds" by @liquidmirrors

ILLEGALIST HERBALISM: we argue that this path is more fecund, more joyful and that it moves towards liberation. This is not a path towards personal financial gain, though we hope to be wealthy in our freedom. This is the path of the abuelitas, the crones in our relations, who whispered secrets at night when untrustworthy men were not around. This is nothing new, this is our history and we intend to reclaim it.

SOME TENNETS OF AN ILLEGALIST HERBALISM

☼ We have no respect for capital.

☼ We steal what we need. For white and/or able-bodied people it can be easy to take all we need from CO-OPS, health food stores and even gentrifying apothecaries. We, who can steal and get away with it, do it not out of SELF INTEREST (read: "self-care") but out of a strive for liberation, dispersing our LOOT to people who are not able to steal as easily.

☼ We do not need licensure- WE must support herbalists who are facing state repression from regulatory bodies.

☼ We support broader liberatory struggles that are both attacking what we oppose and those that are building a new world out of ashes. (Standing Rock, Indigenous land defense, Olympia blockade, la ZAD, anti-authoritarian street medics in general, and others)

☼ We share knowledge freely. The collective knowledge gathered from thousands of years of deep connection to the land is not to be commodified. Share and steal expensive textbooks freely, openly discuss different relationships to plants, the land, and each other.

☼ Although we must make sacrifices to survive under the capitalist system, we remain committed to solidarity with our comrades who seek paths which allow them to live more freely outside of the systems that would prevent them from doing so.

☼ We are committed to organizing free clinics to make herbalism accessible. Both as a place for treatment and as a center to transmit knowledge.

SELF-CARE CAN'T CURE SOCIAL DISEASES

ACTION DIRES YOUR TEARS

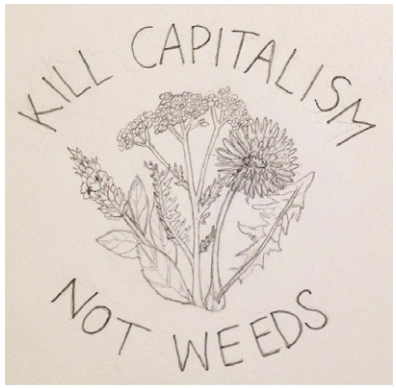
P-M-S.LIFE
POWERMAKESUSSICK@RISEUP.NET

SOME TENETS OF AN ILLEGALIST HERBALISM

P-M-S.LIFE
POWERMAKESUSSICK@RISEUP.NET

drawing by @liquidmirrors

This all makes it difficult to remember that we have been executed not only for aiding and abetting or fighting back, but for birthing and healing, for standing side by side while another is in pain. It is also hard to remember that we have defended and taken care of ourselves before, and that some of us may have died, but we also used to kill presidents, kings, and prison guards alike. Fighting fascists, rapists, cops, and patriarchs is a practice of self-defense and therefore inseparable from a movement for health autonomy. There is no escaping this. There is no being neutral.



On the other hand, the powerful - the so-called heads of state and otherwise - excitedly scribble, etch, or carve (or coerce others to do it for them) stories and notes of their conquests every chance they get. It is not so much that their memory is more adept as it is that they can openly store their plans, safely spread their data, and publicly celebrate their 'winnings'. We may not have this advantage*****, but we have each other. And revolutions weren't made on Twitter, they are made with bodies. Sometimes you have to get off your iPhone and into the streets, or the forest as the case may be. ;)

But in the same way that we have always resisted, we have always been healers. We will continue to heal. We have the tools to heal one another and it is not always hard, or expensive (especially if you steal the medicine). As individuals, we will not live forever or be spared from pain and suffering. Collectively, we can struggle to ensure that we will have the support that we need.

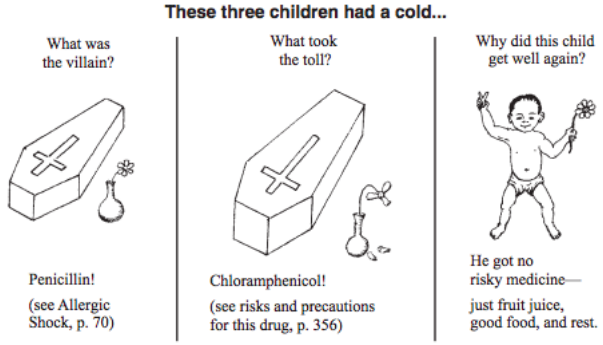
*****While those who benefit by association with the rise of Western Civilization--white people--may not have access to a historical narrative of resistance, this is not necessarily the case for others. Indigenous peoples throughout history have their own narratives of struggle--these are mobilized in ways that retain and reproduce their own powerful counternarratives. It would be smart to pay attention to those counternarratives while we still can.

SELF-CARE CAN'T CURE SOCIAL DISEASES

ACTION DIRES YOUR TEARS

P-M-S.LIFE

POWERMAKESUSSICK@RISEUP.NET



DOG SHIT STATE CIRCUS

by

CASPAR HEINEMANN

P-M-S.LIFE

POWERMAKESUSSICK@RISEUP.NET

SELF-CARE CAN'T CURE SOCIAL DISEASES

ACTION DIRES YOUR TEARS

P-M-S.LIFE

POWERMAKESUSSICK@RISEUP.NET

☼ SETTING UP AN HERBAL SUPPORT CLINIC AT A BLOCKADE OR OCCUPATION☼

Every occupation or TAZ will be different. Based on the weather, needs of participants and risk involved, different herbs and support will be needed. Below are some general suggestions for herbal support which could be helpful at your commune. This blockade took place during the wettest, coldest part of Olympia's winter. On top of this, since people were cramped together in stressful situations, immune systems were worn down quickly. People developed coughs, sinus infections and general exhaustion. These circumstances are unique, if this would have taken place on a mountain pass during the summer for example, the herbal needs would have been significantly different.

Herbal Medical Needs at the Olympia Commune

☼ Immune support ☼ Echinachia ☼ Elderberry syrup ☼ Reshi ☼ Cough medicine ☼ Osha ☼ Mullien ☼ Elcampane ☼ Yarrow ☼ Adrenal support ☼ Rhodhola ☼ Ashwaganda ☼ Tulsi (Holy Basil) ☼ Sleep Aid ☼ Valerian ☼ Passion Flower ☼ Milky Oats ☼ Skullcap ☼ Yarrow ☼ Calendula Salve ☼ Lemon Balm

How to aquire herbs:

We acquired herbs through two main ways, expropriation (stealing from yuppie businesses) and from donations from local/regional herbal community. Some of us (with white skin privilege) used it by going to both fancy apothecaries (who don't support those communities disapproving of capital) and yuppie herb suppliers and liberating herbs by distributing them to our comrades at the blockade. We do not think its morally or ethically wrong to take from businesses that don't support their communities and we encourage other comrades to do the same.

So once you've got your clinic set up, then comes the part about providing one another with herbal support. Please be mindful that plants have affects on your body and central nervous system. Organize with folks who might have some pre-existing knowledge about how to use plants, share knowledge with one another and learn from the plants themselves. Maybe it seems hard to imagine playing 'doctor', but maybe we don't have to see it that way. Focusing on doing what you can to support your comrades will make the idea that its insurmountable to setup a clinic a lot less of a barrier. See you in the streets! xo

P-M-S.LIFE

POWERMAKESUSSICK@RISEUP.NET

oh! what again

the sinking ship theory comes to spite the maypole lunch crew

without glasses i spin in circles around the periphery and knot

my hair with dandelions the agitation in my chest is nothing

but a dead soldier combat training exercise defeating itself

this obstacle course of a daily routine mixed in brandished

panic attacks i spell it p-a-n-i-c-k because it sounds more magick duh

metallurgy of museums pink washed sky apricot sunset of distant

communist full moon dance all the elements in correct order

around the table the synchromystic fascists keep knocking

at my door at the exact same time every night i guess

it's my fault i can't sleep with all these aliens i keep landing in my head

what the fuck is a billion dollars in the mouth in the face of a dying sun

love to read things backwards to avoid the hidden messages

imagine the state as dog shit on the bottom of your favourite shoe

and think about the water source you need next

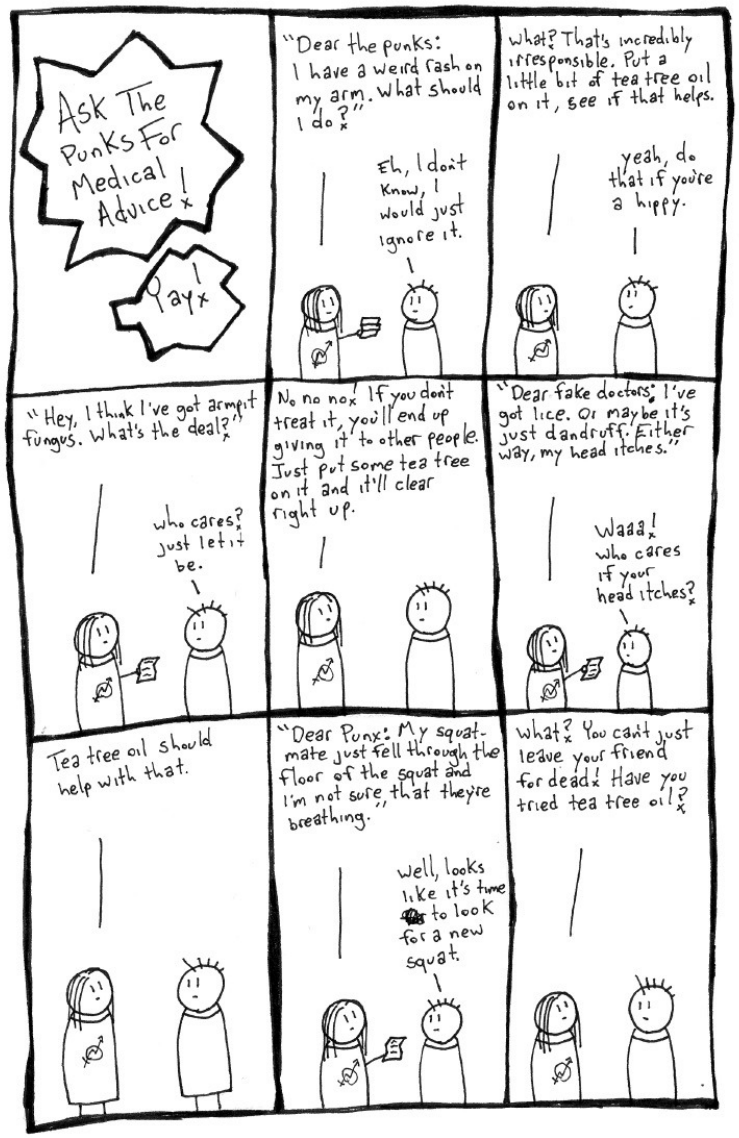
imagine it cleaning everything away

now your foot is cold and soggy but

i'm so excited to help us find a billion burning suns to dry off under

SELF-CARE CAN'T CURE SOCIAL DISEASES

ACTION DIRES YOUR TEARS



From Super Happy Anarcho Fun Pages by Strangers in a Tangled Wilderness <3

P-M-S.LIFE
POWERMAKESUSSICK@RISEUP.NET

pleasing. Use your imagination to create something beautiful if you can't see anything – to focus on the form it takes, to return to the item(s) over and over. This can help with grounding and create more space in your body. Orienting helps you deescalate stress when it arises. It allows for awareness of your surroundings and the settling of your self. It allows your system to let go and recognize that you are not under immediate threat and thus more easily move through whatever tension you may be holding. (this and more somatic exercises can be found in the zine "Soaring Beyond the Walls")

AFTER

Enivornment: Immediately following potentially traumatic situations, make calming warm environments for folks to rest in. Do not ask too many questions! People need to process and forcing them to use their analytics mind can further exacerbate the trauma.

"Do not retraumatize the victim": Sometimes when we are providing care to folks who have experienced violence or the loss of bodily autonomy in any form, we might be jump into touching their body in order to move a limb or asking really direct questions about an experience. It is important to be mindful not to retraumatize the victim. In other words, ask before you provide care in a gentle manner. Don't assume that folks are chill with being touched. Try to avoid asking folks to explain a potentially traumatizing situation immediately after it has happened. This can leave folks feeling confused, or worse, attacked. Sometimes it might be useful to get documentation of an event close to when it happened, but as medics it is better to prioritize the wellbeing of the affected person over the weight that any 'evidence' or 'narrative' might carry. There will be enough time for them to come forward with information if they choose to do so, so no need to rush it.

Reflect: Find some time after an action to talk about how things went. Make space for everyone who participated and wants to share, to talk about their experience, where they were, what happened, what they saw and heard, what they think about it and how they feel about it. This way the story becomes more complete and better to understand.

Be accountable to other medics: Not only people with physical injuries need support, but the supporters require help as well, and often need to mindful, or reminded, of their needs and limitations.

Greeters!: Greeters can do a lot to ensure that folks don't feel isolated and unclear about what is going on. If folks are coming for the first time, it feels good to feel welcomed and oriented in some kind of way. Greeters can also cross-check for potentially unsafe people. It is a good idea for communication between security (when necessary or in force), greeters, and emotional support folks. In our atomized and isolated lives, those with pain, stress, anxiety, depression or an acute injury often feel helpless. Welcome everyone into healing spaces so that they feel like healing is a possibility.

Active Listening: Listen with your whole body. Pay attention to the cues that the person you are listening to is giving that are not being said, as well as those you might be giving off. This can include many things like the relative position of the two of you (i.e. Is one person sitting and another standing?), facial expressions, and other environmental cues. This is helpful when providing care, but it is also important to decompress for yourself and not internalize too much of what you are hearing.

LARA method: This is a great de-escalation method that you can use in the case that you are engaged in a verbal dispute with someone whose views differ from yours strongly enough that they might inspire rage or tension within you, like in the case that a racist comment has been made. Feel free to try to use this method where appropriate, but we recognize that other methods are sometimes necessary or appropriate in the case that an individual might advocate violence towards oppressed peoples. It stands for Listen, Affirm, Respond, Act. 1) LISTEN with an intent to understand. Listen for common underlying principles, cultural values, or emotions in what is said. Listen for the person's underlying needs. Observe body language and tone which may provide additional meaning. 2) AFFIRM some common aspect of what was said, or simply a feeling expressed (i.e. "you care strongly about x"). Affirming is not agreeing, but it is acknowledging what is shared. This can also be done by repeating or rephrasing 3) RESPOND to the issues that were raised and the underlying needs. Ask questions about what was said. 4) ADD information to the conversation. Note that the last step is the one that we might otherwise start with in a conflictual discussion.

P-M-S.LIFE
POWERMAKESUSSICK@RISEUP.NET

Orienting: This is great to do in the case of a super high stress situation (like, say, a police raid) if you're starting to lose your bearings, but you still might have a moment to orient before removing yourself from the situation. Stopping to notice your surroundings, move your eyes and neck around to scan your environment, to take note of 1 or 2 things that are visually

BECOMING UNDIAGNOSABLE; BECOMING UNGOVERNABLE

To become ungovernable is to recognize and form a life beyond the social controls, expectations and infrastructures associated with achieving success competitively under capitalism or any statist paradigm. To become undiagnosable is to recognize and reject the social controls and expectations associated with terms of diagnosis, and their prognoses. To become undiagnosable is to reject the divisions that form between us on behalf of these labels. Both mean refusing to be silent, complacent, or bought-off. Both mean creating the life you want to live, and the means to survive it, with others, in sickness and in health, from the ground up.

He has anxiety; they have depression; she has a learning disability. We: a generation of addicts. A formal diagnosis can come without warning, rupture the silence of a waiting room, and can change a life forever. A diagnosis can, on the one hand, introduce a whole world of new information about the processes of life, thought, or desire that you were not aware of before, helping to alleviate pain or confusion. On the other hand, a diagnosis can stand in as a name, functioning to distinguish you from others, and to justify others' treatment of you, whether that be dismissive, considerate, or anything in between. In this sense, diagnosis can often be confining to the individual and community, as they warp the interest or responsibility that each persons feel for others, and for creating, imagining or revising social practices to address these thought and behavioral tendencies.

Becoming undiagnosable suggests a world we could inhabit. Here, there are measures able to be taken, and familiar with by all, such that there is no particular hierarchy to the illness and body. All bodies that live are relevant, and some are suffering more than others right now. Becoming undiagnosable means creating a world where there is time to meet everyone's needs.

Diagnosis is not just a problem of language and socially emergent

SELF-CARE CAN'T CURE SOCIAL DISEASES

ACTION DIRES YOUR TEARS

P-M-S.LIFE
POWERMAKESUSSICK@RISEUP.NET

distinctions though, it is also the swallowing-of-a-pill that ends up being a submission to the authority and 'expertise' of the provider. We know the medical system is broken. Outrageous costs, corrupt pharma businesses, malpractices and negligence, for-profit health insurance. From all angles, healthcare industries are wanton for money or power. We know that medical technologies are a huge aid to the possible futures of autonomous health-care. We know that 15 minute exams for 1 of 5 red flags and trial and error through prescribing pharmaceutical drugs is not the kind of health care anyone wants. Becoming undiagnosible also means demanding treatment that takes into account the magnitudes of force and power that each of our bodies has weathered. Honoring that survival means that we demand health care which addresses mental, physical and social health concerns, even if that means we have to assume the role of care-givers ourselves.

Becoming ungovernable and undiagnosible means each of us must take the needs of our communities seriously; that we all become care-givers ourselves as we are able. Becoming ungovernable means dissolving into the swimming pool of mutual responsibility and aid, undoing the linearity and isolation of our lives.

P-M-S.LIFE
POWERMAKESUSSICK@RISEUP.NET

ACCOUNTABILITY

PMS is forming an accountability model of mental, physical, and social health that can function multi-locally, without place-based fixity or institutional support. It can be used by anyone, anywhere. PMS will present this model and our research.

HOW TO BE YOUR OWN DOCTOR

The basics of how to take care of one another. We will learn when we need to seek professional health and when we can take care of one another, and how to respond to trauma in response to both physical and emotional distress.

HERBALISM & PLANT IDENTIFICATION

Here will learn about herbs and plants local to Prague, collecting strategies and ways to use the plants to benefit our health. Please bring a small clean glass jar to take medicine home in.

THE SPACE WE INHABIT

A series of questions and exercises that help us ask what spaces give to us, what they keep us from receiving and how is this different for people with different needs?

SAFE(ER) space: Though no space is ever SAFE under capitalism and the state, it is good to identify safe(ER) spaces that folks can be taken to that has as much privacy as possible. Sometimes folks need to talk things out with a friend, or with the health team in a private space that feels safe to them. Identify this option in advance so that you always know where you can take folks at the end of a walk if they need more space.

"Owl Eyes": Often people, especially if they have a history of trauma, do not know how to come forward in need of help, and tend to isolate themselves more when they need help the most. A good part of doing emotional support (and perhaps being a comrade in general) is to be keeping an eye out for folks on the fringes, who look confused, who are getting really quiet, and to reach out to them to check in on how they might be doing. Some of us like to call this keeping our 'owl eyes' out for one another.

Consult with herbalists: Continually ask new members of communes about their experience with herbalism, welcome those with knowledge into healing spaces, especially indigenous healers. Make space and time available for communards to meet with herbalists either in group sharing sessions or one-on-one. Find places in the community where you can expropriate herbs, and seek donations from healers in the area.

SELF-CARE CAN'T CURE SOCIAL DISEASES

ACTION DIRES YOUR TEARS

P-M-S.LIFE
POWERMAKESUSSICK@RISEUP.NET

P-M-S.LIFE
POWERMAKESUSSICK@RISEUP.NET

SOME LESSONS FROM SOME MEDICS AT THE OLYMPIA COMMUNE & OTHER CAMPS

☼ Basic Emotional Support Strategies (for medics) ☼

Let's start with CONSENT: Make sure you are getting consent from folks before providing care whenever possible. Familiarize yourself with the principle of 'solidarity not charity' as a way to inform the emotional support you might provide. That means being sensitive to the tools and practices that the individual (or community) in question might already be using. Honor and strengthen those practices and offer information about alternatives if it makes sense or it is requested of you.

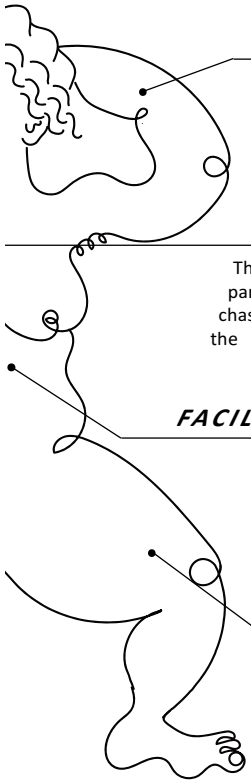
BEFORE
Discuss where you are at and what your limits are before participation in any action with your close friends, affinity group, or whomever you plan to buddy up with and act alongside.

Make an understanding for yourself who will support you in unforeseen circumstances and communicate with them. This can include determining who will be with you if more than one person is needed for support.

Establish a way for medics to check-in with one another about the work that they are doing, and when they are taking breaks.

DURING
Change of environment: If folks are panicking or experiencing a high degree of anxiety, a good first step is usually to suggest a change of environment. If you're inside, perhaps suggest going outside. If you're outside, suggest going in. If this is not necessarily an option (say, for example, that you are at a blockade), offering to accompany the affected person on a short walk is a great idea

In September of 2017, PMS organized a three-day long gathering called Becoming Undiagnosable that included workshops, skillshares, meals, activities and presentations on strategies for building autonomous health networks from a feminist perspective in Prague and for all those in attendance. It was organized in collaboration with the autonomous social center Klinika and took place in and around (and with the support of) Tranzitdisplay. It was fun, but we learned a lot and are probably more interested in doing stuff like this more off the cuff in the future or maybe we just still want to try out bits and pieces of it here and there. Some of the stuff that took place is listed below and there's some images on the next page as well. If you're interested to hear more about it or you would like for us to bring a similar event near you, get in touch with us, there might even be some PMS co-conspirators already living in a town near you. ;)



SELF DEFENSE

Self-defense is a principle of being in the world. We'll learn some practical self-defense tactics and discuss how physical training can enhance our social and mental approaches to the forces that constrain us.

POLITICIZING DEATH

The banalitites of the everyday divorce us from death as a part of our material world - the food we eat, the stuff we purchase, and the land we inhabit. This discussion will explore the healing aspects of keeping death present in our minds.

FACILITATION & CONSENSUS BUILDING

The basics of conflict resolution, consensus-building, and the art of facilitation. Facilitation involves guiding a group towards a shared goal in an equitable manner that encourages both creativity and action.

THE DECOLONIAL SQUAT

Through a series of group exercises, we will intend to denaturalize the figure of the chair and reclaim the ancestral posture of the squatting to eat, defecate, study, give birth or recreate.

SELF-CARE CAN'T CURE SOCIAL DISEASES

ACTION DIRES YOUR TEARS

P-M-S.LIFE

POWERMAKESUSSICK@RISEUP.NET

P-M-S.LIFE

POWERMAKESUSSICK@RISEUP.NET

that we had re-entered the anti-civ debate. Without entering into the debate now, I'd like to comment that it was to my pleasant surprise that the terms of the discussion, at least in this context, centered around our health. Folks were weighing in on the impacts destroying infrastructure might have on those of us who are dependent on some technologies in the house of modern medicine for our survival. Some folks use wheelchairs or other forms of ~technologically improved~ vehicles to get around, or folks who regularly take prescription medication in order to get the fuck out of bed, or folks who have to take hormones to prevent self-harm, and all of the other ways that we are reliant. We were stoked that people were airing this out.

It is rare that we can have an open discussion on what health autonomy might look like in the expanded sense, or what it might look like post-rev. We're left with some hard-hitting questions that never seem to go away, that never seem to keep calm and carry on, but maybe through another kind of lens in this case. To what extent is the prefiguration of a world that we want to live in at odds with the destruction of the world that we currently live in? Are they at odds at all? How can we ensure that the beautiful and vulnerable elements out there don't get wiped out by the forces that be, or by our own efforts to destroy those forces? What will happen to my hormone injections after we have eradicated the medical-industrial system? What aspects of the technologies it took to create that which I survive and thrive on, can we preserve without preserving the logics that incited their development? What are we actively doing now to prefigure a world where folks with different abilities and needs will thrive?

If you're sick and your symptoms are vague,
You might have the commune plague

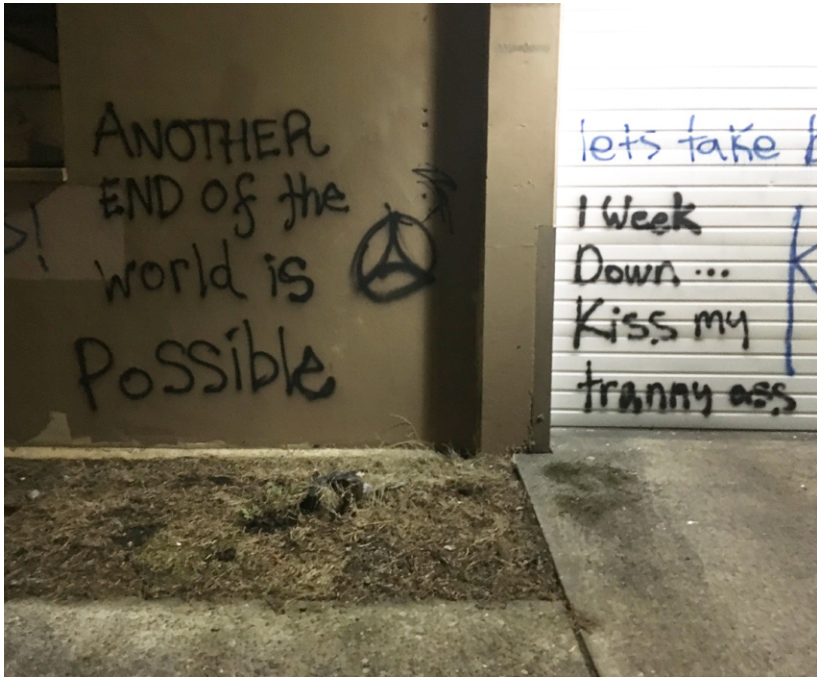
- a jingle from the Olympia Commune

you can find more information about the blockade at pugetsoundanarchists.org among other places

SELF-CARE CAN'T CURE SOCIAL DISEASES

ACTION DIRES YOUR TEARS

wear pink arm bands and just meet at the 6 hour mark with all the medics to checkout who could be on duty at any given time. Posters were made to illustrate that there'd be no tolerance for certain behaviors, as a kind of buffer. The idea was that if folks were needing extra help deescalating a situation, pink arm band folks would be there to support and follow up afterwards, but only other folks couldn't handle a situation themselves. At meetings we regularly went over some of the basics of emotional support. There were a few other incidents that required de-escalation that people were able to handle autonomously without this support from the group. All in all, I think we could do better in the future.



We came late to the facilitated intertendency discussion following the blockade, a little frazzled from driving for hours on too much coffee. A comrade let me know that folks were discussing whether or not 'we' needed a coherent image of the future in order to move forward, but that it had actually become a conversation about the role of technology in that future, in the present, in our movement. As I was getting my bearings and after the rest of the group had finished up agreeing that we "didn't want to discuss space travel anymore", it became clear

P-M-S.LIFE
POWERMAKESUSSICK@RISEUP.NET

REPORT: DEATH WORKSHOPS

On a material level, we are the substance of things long since dead, and we will become part of new life. On the level of consciousness, memories, cognitively housed, generate affect and action. Space and atmosphere receives the energy of these modes of life, and translate it, sometimes perceptibly, sometimes as if it fades into nothing. Alienation is not a material phenomena unless you are starving or forced into social isolation. Rather, it is a perceptual one.

We cycle through wellness and illness throughout our life. We see others in low points when we are in our ecstasies. When we work to undo the linearity and isolation of our alienated lives, we begin acknowledging the different experiences we've had in our social networks as richness and potentiality, as opposed to differences through which comparisons are made, and enmity drawn.

As much as social alienation is palpable every time anxiety makes a person thumb for their phone and scroll, the reality is, we are never alone. A table you write on was once a tree, or many trees, somewhere. The food you ate 3 hours ago grew in soil and was harvested by someone, somewhere. Whatever your name is, tens, hundreds, even thousands of others were named the same thing, or does it matter? Wherever your family (chosen or not) is from, tens, hundreds and thousands of others may appreciate some of the same practices, traditions. or myths you appreciate. The transformation of all these lives and histories (into food, furniture, oil, media content, etc.) is what we can witness, to remind us of our a position of interconnectedness, and shared fates.

The boundary of a healthy community has death as part of its shape. The sign of a sick, failed or non-existent social organization is one where the practices and desired conveniences push death as a phenomena, and as a process in-the-works (death-making) outside of its shape. We see this clearly when we see the depression, desperation and basic pain that many elderly people feel as their bodies deteriorate and the care is left to the hired-help, all while their families carry on

living with tinges of guilt. It is instead a reality that lives farther away. We see this when droves of people become enraged over deforestation and habitat destruction, but even so these people may not have the ability or know how to protect the (non-human) life in their community-of-needs.

Much of this fear of approaching death comes from the history of power and security within the professional medical system itself. This system has tacticly convinced us that we are ill-equipped to provide adequate care around illness, aging and mental wellness. Rejecting this history of disempowerment doesn't mean undoing or ignoring the extraordinary information we now have access to about our bodies and our environments through the use of medical technologies or research. But we take this with us and communize it, free it, in order to proliferate health. How can we rewild healthcare? In this way, we have to also undo the linear life's ignorance of death, other than that morbid fascination with our own, or with the dread around the possible death of loved ones, or heaven forbid, celebrities. Death is everywhere. The brightest spring morning comes with it death, aging and senescences all around, and to recognize that is to witness and strengthen the ties of life which are always already interdependent.

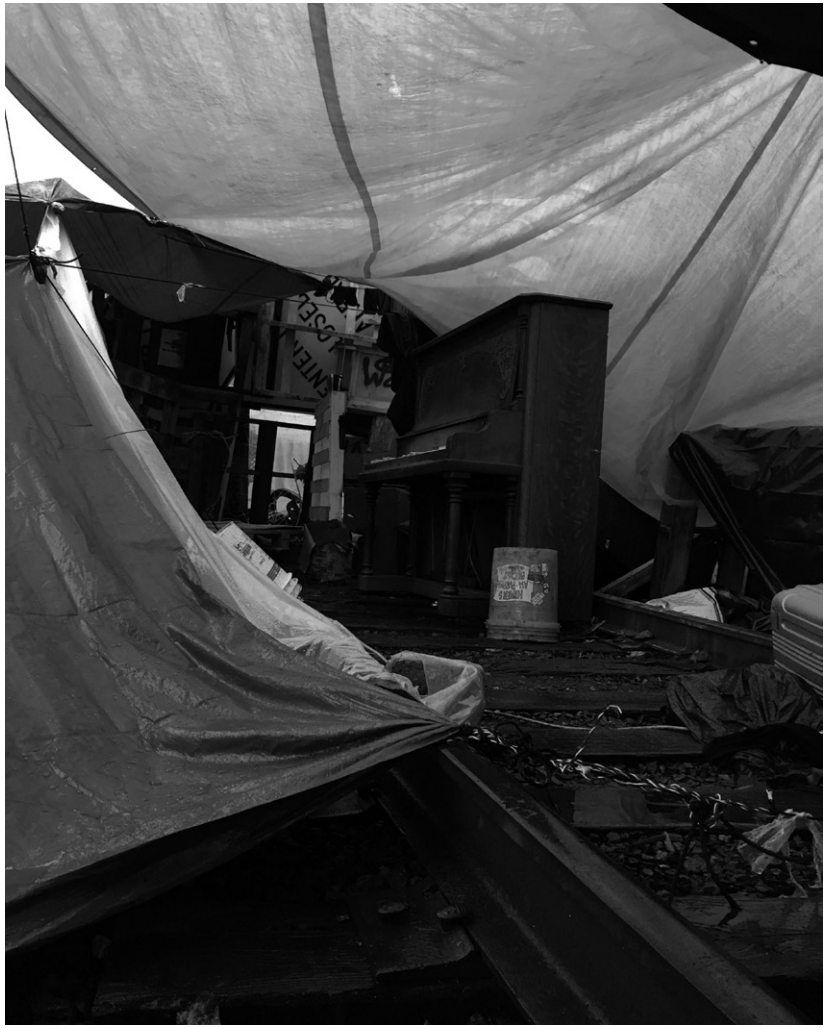
As a group, we've been really curious about getting folks together to talk about death and dying and how to politicize one's death in ways that transform our lives. One of these workshops, held in Prague as part of the Becoming Undiagnosable event, was carried out with a group of around 20ish people. The workshop began with a guided meditation, asking those involved to call to mind the death that had to happen in order to make the room we sat in, the lunch we ate earlier. We reflected on the death that was ongoing, perhaps not a tragic or visible death, in the communities we had left at home.

P-M-S.LIFE
POWERMAKESUSSICK@RISEUP.NET

We discussed this and discussed what an end-of-life care worker might encounter and services they offer. As we thought together, we discussed different processes of death and subjects of death that we had encountered over the course of our lives. The group was encouraged to reconceptualize death from something unfamiliar and perhaps feared to a central aspect of human and non-human bonding and solidarity. We asked ourselves what facing death would mean for a community, and what attitudes and new relationships to time and goals would emerge from this altered perspective. Later we focused on our own mortality in practical ways: what do we want shared about our values and visions when we have passed? How would we imagine ourselves to be celebrated? Where would we direct

It didn't take very long for the space to be crowded with folks shouting for him to leave. In the midst of this, he grabbed one of the communards who he had initially been arguing with and in no time they were both on the floor rolling around. Now everyone was yelling and somehow the fellow managed to pepper spray himself in the face ;) , catching some comrades in the mist. Shortly thereafter he called the PIGS and some folks from a support space nearby had to shoulder much of the work of interfacing between him and them. It was, all in all, a mess. He was out of there, sure, but not without a scratch.

At the GA that evening it came up and somewhere in that conversation we decided there'd be an emotional support team that would meet regularly with the medics. Later we decided to



SELF-CARE CAN'T CURE SOCIAL DISEASES

ACTION DIRES YOUR TEARS

In the future, what would be good for everyone at an encampment like this would be to have a team of dedicated people who know how to use tarps committed to keeping the space dry. I feel like a lot of people's issues at the camp had to do with being wet. People were bringing new mattresses and new blankets and that's great, but then they wouldn't be soaked within 12 hours if the tarp situation wasn't such a clusterfuck.

One thing I saw people do that I wish they did more of was to just go out and get some big ass tarps and put them over everything. That made somewhat of a difference, but it didn't prevent mattresses from getting soaked. I think if there had been a team of people creating dry spaces, or at least like dryer spaces, those mattresses and couches would have been usable, people would have been more comfortable, people would have felt less cold. The number one thing that could have been different for me in terms of health at the camp, would have been more and better tarps.

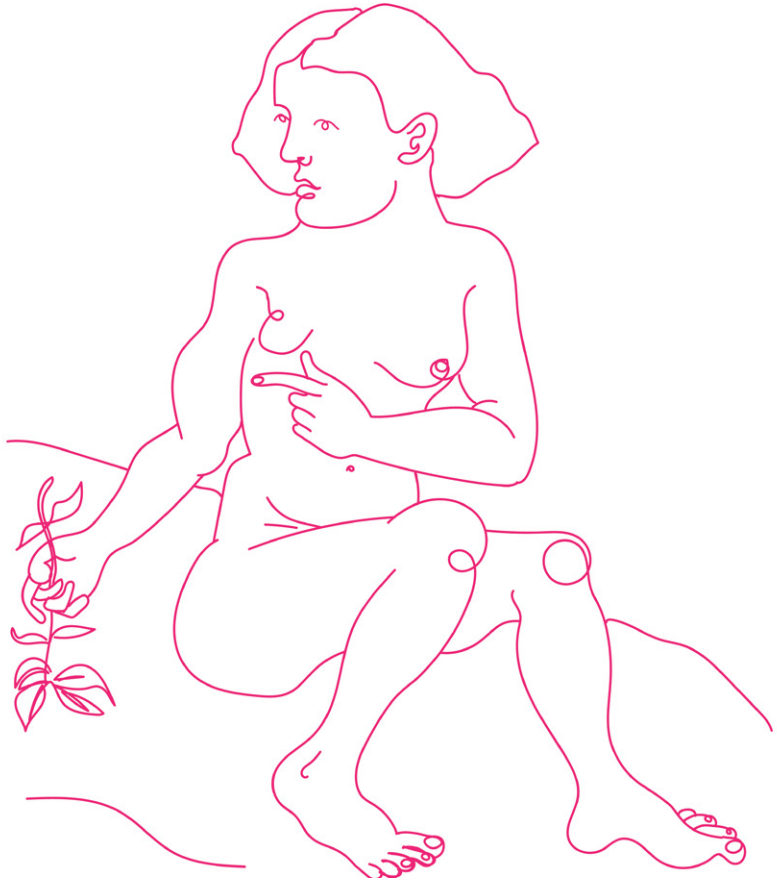
One morning, I woke up in the tent and noticed that the board set atop the tracks that we were sleeping on had broken over night, likely from the water seeping up from underneath. The first thing I heard upon waking was the sound of some folks telling really loud jokes nearby. I listened in and unfortunately heard one of the most repulsive jokes I'd ever heard. I asked a friend if we could go for a walk. We went to get some coffee and sit in a dry place to clear our heads and thaw the chill in our bones. We talked about how we personally might want to handle shitty behavior in the future and also what we might suggest to the larger group.

We got back and a friend went to nap while I stood around the barrel fire for warmth with some folks. There was a church group coming to donate some fried chicken with mashed potatoes that was leftover from some kind of t-day celebrations. A couple folks started yelling right in front of me. I asked what was up and someone said that the dude with burning man goggles had made a racist comment to the folks giving us food. I got up much closer to listen because there weren't many folks around and he was just starting to yell at someone and get into an argument. As it turned out, he definitely was rambling off racist shit, trying to cause a scene, and claiming that it is not racist to say [xxx]. Me and another person calmly advised him that this behavior would not be tolerated, that he should probably reconsider, and when that wasn't working, that he might consider heading out for the time being to think about it.

P-M-S.LIFE
POWERMAKESUSSICK@RISEUP.NET

our possessions and assets? We took some moments to begin filling out advanced directives together. These are very fun and easy to do with friends. We've included a very basic sample for you on the next page. In closing, we asked ourselves what steps might be taken in our own lives to alleviate some of the fears that we currently have around our own death or that of loved one, and how that might open up space in our lives, for the present, and for the living.

We've done a few iterations of this workshop since then have taken into account the feedback we've been getting, or have experimented with different ways of talking about these sensitive subjects (like making a toast as a way to share something you're mourning). We've done it a few times now and are really excited about how powerful the experience seems to be for those involved, and all the feedback we've received. It inspires us to keep moving forward with it, so if you want to talk about death with us, please get in touch! xo



SELF-CARE CAN'T CURE SOCIAL DISEASES

ACTION DIRES YOUR TEARS

P-M-S.LIFE

POWERMAKESUSSICK@RISEUP.NET

ADVANCED DIRECTIVE

IN CASE OF BEING TOO SICK TO SPEAK FOR MYSELF, MY REPRESENTATIVE(S) WILL BE: _____

WHEN I DIE, I WANT MY BODY TO BE:

☐ BURIED IN:_____
☐ INCINERATED, AND THE ASHES_____
☐ OTHER: _____

THE WAKE WILL TAKE PLACE AT:

☐ MY HOUSE ☐ A FUNERAL HOME ☐ AROUND A BARREL FIRE
☐ OTHER:_____

THE RITUAL'S MOOD WILL PREFERABLY BE:

☐ INTIMATE ☐ SPECTACULAR ☐ DRAMATIC ☐ FESTIVE
☐ SOLEMN ☐ SOBER ☐ OTHER:_____

I HOPE THAT _____ CAN BE TAKEN CARE OF BY_____

IF _____ HAPPENS TO ME, I WANT _____ TREATMENT.
TREATMENTS THAT I DO NOT WANT INCLUDE _____

STUFF THAT SHOULD HAPPEN IF I DIE:

_____
_____
_____

STUFF THAT SHOULD NEVER HAPPEN FOR ANY REASON: _____
_____
_____
_____

MY MOST PRECIOUS BELONGINGS WILL BE GIVEN TO:

1.-_____ to _____
2.-_____ to _____
3.-_____ to _____
4.-_____ to _____
5.-_____ to _____

THE FOLLOWING ITEMS SHOULD BE:

A) DESTROYED B) BURNED C) BURIED D) DELETED E) KEPT
F) MOVED TO _____ G) USED AS _____
_____ _____
_____ _____
_____ _____

NAME:_____SIGNATURE:_____

P-M-S.LIFE

POWERMAKESUSSICK@RISEUP.NET

At least a few people probably did not feel welcome at the camp because it was a very drunk and high space. People were drinking a lot, people were smoking a lot of weed, people were doing other drugs, people were chain-smoking cigarettes non-stop. To me, that is what it is and I don't think it is ever going to be any other way. No one is trying to police one another and no one is trying to enforce rules on anyone else. I think had that happened, it would have created more controversy than would be worth it.

You are never going to completely eliminate alcohol or drugs from any space. You can try and you're going to alienate a lot of people, and I would come down on the other side of that. I have no problem being in sober spaces, but as far as an open blockade goes, I would prefer that not to be a sober space. I think it probably impacted the demographics, but I definitely would have taken the side of most of the unhoused kids in that situation.

SELF-CARE CAN'T CURE SOCIAL DISEASES

ACTION DIRES YOUR TEARS

can. These trains happen year round! Spring Break On The Tracks sounds SO GOOD!!

Things I liked were the pallets to walk on, tents that were specific group spaces folks could retire to when they couldn't be in the larger group anymore, and how people watched other people's backs. I like to think that I created accessible space. But the smoking was out of control. People shouldn't have to hold their breath to enter, or be unable to sit in half the space (including by the fire!!) because people are smoking. That's a health problem. We need a separate tent 25 feet away for better accessibility.

I feel events like events this can be heartening, joyful, and challenging. A large group environment can make people more aware of and bonded with their community, including the houseless folks who joined the action. It can provide opportunities to bond and grow--I know I learned a lot just sitting around and having conversations! Because of this action, I have a deeper sense of belonging in town because I had the chance to be comrades with folks in a concrete way.

I found all the medics to be totally sweet and ready to help out whenever. I don't really know who was and who was not a medic at the camp because I never went to medic meetings, but everyone who identified themselves as one seemed to be really helpful and available. There were a lot of people who were providing emotional support at the camp. For me, I saw it pretty much as I would expect, confined to preexisting friendships and relationships, but I personally wouldn't turn to a stranger for emotional support anyway.

Just like at any blockade or camp there's always going to be two competing perspectives of the housed and unhoused, there are a lot of people who kind of tread the line between those. I was unhoused during the camp, but I had a lot more access to housing and warm places to stay than a lot of people at the did and still do. So, I feel like from the perspective of the unhoused, the camp was probably a great place to get healthier and to get access to more resources than you otherwise would on the streets. From the perspective of the housed, the camp also provided a place to stay up late chain smoking and drinking all night, which they chose to do. So arguably, if your two options are to hibernate in one's room or hang out at the blockade, a lot of people chose that second option. Thus the general late night blockade scene was probably great for a lot of people's emotional health, but probably not great for their physical health.

P-M-S.LIFE
POWERMAKESUSSICK@RISEUP.NET

UPDATE: THE ACCOUNTABILITY MODEL

The nettles that grew halfway between the road and canal M reasoned would be the least toxic. She collected them with a towel wrapped around her hand to protect from the stings of folic acid that covered the stems and leaves. Stinging nettle is a mineral and iron rich plant that grows commonly, across many borders and close to water; M took it daily because her auto-immune disease often made her energy low. She was quietly singing to herself while she gathered, the sound of traffic close by and transport boats passing by in the water. Her phone made a beep, M pulled it out of her pocket and swore, *Fuck i'm late.* She put the nettle in her backpack, threw it over her shoulder and clambered up the canal bank to the road to catch the bus.

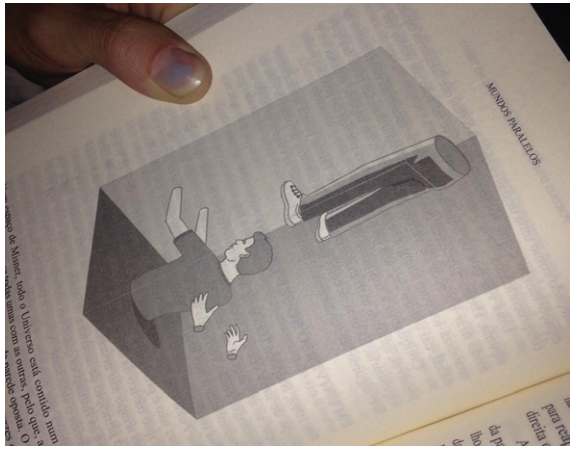
R was sitting quietly at their desk. The check-in was set to begin in an hour. Until then they were trying to write on their computer. I can't believe I'm doing this again. They were writing an obituary for a friend who had killed themselves. Her care-group was throwing a wake the next evening and R had volunteered to write a poem about her life. R was just stuck looping on where the holes of accountability were. R wasn't trying to find blame in the model's system, or her care-group, but it was impossible not to think about. They spaced out to the screen and realized suddenly there should be music — but even this felt loaded they quickly realized. She and R had played in a band together years ago. R spent the next half hour looking at photos on the screen from years ago, a bit grainy, everyone looking so young. R trying to pull through the hopeless feelings, pulled on their shoes and began to walk to meet the others.

B counted the money, satisfied that her client had paid the correct amount, sat him on the bed and put a blindfold on him. I know you've been thinking about this since we met last time. After finishing her session B changed from her work clothes and left the hotel which was in the city centre. Her care-group was meeting soon but she was walking slowly, enjoying the sun.

P-M-S.LIFE
POWERMAKESUSSICK@RISEUP.NET

She turned down a street to see it full of city workers on ladders pushed against the lampposts. She walked underneath to see that all of them were installing small surveillance cameras, barely perceptible unless focused on. B frowned and made a mental note to post a notice about this on the larger network. She walked further down the block to her bike, unchained it and started the ride across the city to the meeting.

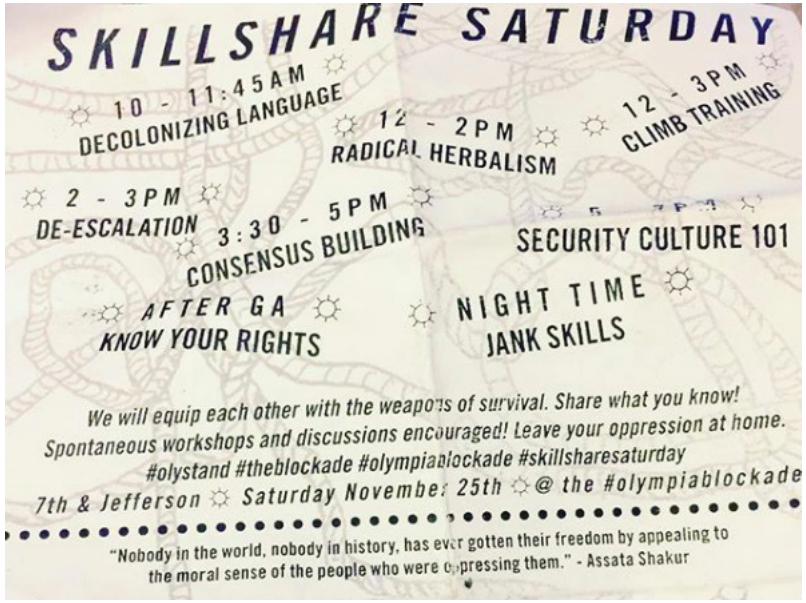
Anger and anxiety filled J's chest. He was sitting in his apartment with his housemates reading a letter from the landlord that the building was being bought by a real-estate company. In two months they would not know the stability of their situation, if the rent would raise or if the housemates and him would even be able to stay. J struggled with anxiety; he could feel his diaphragm tighten and his throat close. I need to get some air. It was twenty minutes until the care meeting anyway but since he was meeting through video chat with the rest of the group he knew he should take a walk before having to be inside again. He left the apartment and went down the block. Smiled when he looked through the chain link fence at the nettles growing in an abandoned lot. M had taught him recently to identify them through the video chat—she had held the pixilated leaf close to the computer's camera lens.



M: So how do you feel?

R: I've been having a really hard time recently. Well that's not totally true. Some things are okay, but I feel lonely. I am living alone right now and working a lot answering phones for a customer service job. I talk to people all day but feel so disconnected. I am making a new friend in my neighborhood though, we have passed each other on the street and I invited her over for tea, so that felt nice.

conditions, actions would be more sustainable because more people could stay longer--and our overall community health would be improved from within. The less vulnerable we are in the first place, the less likely we will find ourselves in crisis. And we know how cops like to mess with people's heads--especially those who are most easily harmed! I should mention that if we're going to be able to develop stronger networks of emotional support like that at actions or on an extended basis, people who cannot do that work need to support their friends who are doing it with lots of love and care.



As someone with multiple disabilities, it can be a challenge to participate in large events on uneven ground. Also, my balance problems mean I really couldn't get by people who wouldn't clear the entry, so--functionally speaking--they were unwilling to physically allow me to be in the space. In fact, I saw someone almost knock someone disabled over pushing past them! These are not okay things to do. It felt really great to be a host to people in a space that was mostly accessible to people with disabilities and could support people who were exhausted. It was awesome that able bodied people could take over and let me nap if I needed to, and that we had different hosts different nights. The space wouldn't have existed without those two things.

The time of year definitely screwed up my chance to be at the blockade itself for longer than, say, half an hour. I can't walk in mud and I can't sit in the wet and cold like able-bodied people

I definitely got sick, I was also pushing myself really hard and staying up late and having anxiety. Mental health got really pushed for a lot of people. In the blockade the year before, someone there had a real manic break because they pushed themselves too hard. They were under a lot of pressure and I think that's a big risk. It's really difficult to be in that environment, there is a lot of stress. It is awesome that people are so down and want to do stuff and that's great, but they end up stretching themselves too thin and it actually does some damage. To quote someone else "It was miserable to be there, but I was happy to be there." It did feel nourishing by way of spirit, but it also was extremely draining.

In terms of accessibility, the space that was the main entrance was accessible and there were people in wheelchairs there multiple times, but I think that for one the train tracks are hard to deal with and then there are the physical barricades. Once the blockade grew into the streets it became more accessible you had less mud and water and more solid ground that you could walk on easily and have places for people to sit down. One thing that wasn't so great was that people would crowd around entrances; you could go around other ways, but that would be really inconvenient.

Occupations are just not very accessible places. I think that people should do as much as they can to make them accessible, but it is also a dangerous situation that is not really 'safe' for anyone. I think it is great to focus on making it so that anyone can get to the medical spaces and maybe at least one social space for example. Having the more critical stuff accessible would be ideal, while then barricades themselves —well— it is understandable that you are trying to make barricades, you know, they are kind of hard to navigate.

P-M-S.LIFE
POWERMAKESUSSICK@RISEUP.NET

I was mostly hosting at a nearby community space that offered folks associated with the blockade the chance to use the restroom, warm up, and decompress. I saw a lot of people relaxing, taking naps, and generally being accommodating to each other. There was peer support and a lot of laughter as people decompressed together. People protected each other by walking in groups. Some deescalation went great, and some folks are still learning.

While I saw people supporting each other, I didn't see a mental health committee. I feel like if Olympia had a collective who were trained to provide mental health support for anxiety and other

J: How do you feel?

R: My stomach is in knots. I am pretty sure it must be connected to nerves, but its difficult to eat. I'm having trouble keeping on weight, my arms look thinner don't you think? Grief diet. Sleeping poorly, way worse than what I was describing last time we met. The only upside is that my knee pain has started to get much better. It's because of those exercises that you showed me B, its really helping the muscle pain. But yes, I think I would like to get some kind of medication to help me sleep—herbal or even some pills at this point.

B: How do you feel?

R: I start crying for no reason at all—just leaking all over the place. A friend died recently. I don't really know how to deal with it. I feel so mad at her and then sad and then mad again—it just goes in a cycle. Mad because she killed herself, and mad at myself. I am trying to think of ways to help with the grief, but I also feel like I can't imagine escaping it right now.

What is the Accountability Model?

Between Summer 2017 and now, PMS has been drafting an Accountability Model that communities can use to build autonomous healthcare networks from the ground up.

We understand accountability as a kind of mutual responsibility, or answerability held between friends and comrades. The Acountability Model is a tool for developing effective processes for communities to build their own working care-groups and dissolve dependences on institutional medicine. Right now, the Model has two main components: a broad intake questionnaire, which brings together mental, social, and physical health care inquiries. Separating these aspects of health from one another, - such as in the form of the physician, the physiologist, and perhaps the community at large - isolates interrelated aspects of wellbeing from one another. The goal of the intake interview and the model itself is to bring these inquiries back together so wellness can be targeted deeply, and achieved in a way that can be sustained.

The other element of the model are short guides and suggestions on how to maintain a care-group, addressing things like how to approach urgent responses, parameters for setting
up accountability within a group, how to make agreements in advance, tips on how to be safe with personal information, how to follow up with one another over time, and how to be proactive

P-M-S.LIFE
POWERMAKESUSSICK@RISEUP.NET

in building health resources. We hope that if this tool proves useful for folks, we can get a better sense of what kinds of tools or suggestions would be helpful or how the model needs to adapt and change.

How we've been sharing it?

Since it's first draft and translation into a sharable, printable broadsheet, the Accountability Model has been discussed at workshops, conferences, and informally amongst friends and between comrades in a few cities like Prague, Lesvos, Berlin, Brussels, Olympia, and Minneapolis. We are hoping for assistance and interest in translating, mutating, printing, and circulating this resource wherever it might be useful. We see this model as a tool to be used however its users see fit, and the suggestions we've made merely guides. We hope that it can be relevant and adaptable to a variety of contexts. Most notably, we hope that it can be useful in cases where access to stable resources is not present (i.e. in the case of forced mobility). We find that long-standing communities form around the basic needs of existence. Serving the needs of our bodies, from treating our illnesses to ensuring access to nourishing food and water. The model is one means to help us bond through discovering the needs that each of us have as people, and identifying how these are interrelated to the needs of others near and far. We see these care-groups as intervention against isolation.

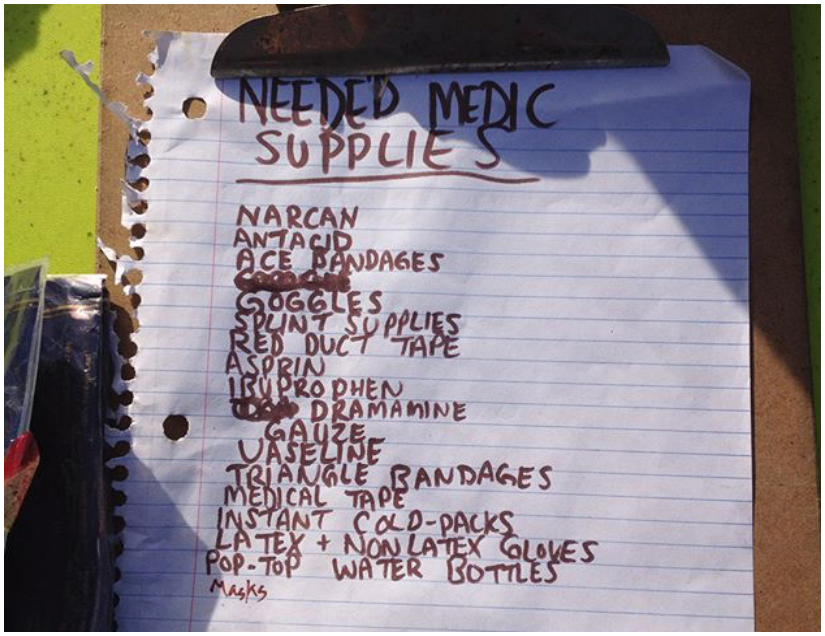
P-M-S.LIFE
POWERMAKESUSSICK@RISEUP.NET

there was a whisper under the surface, or under the pallets that this could all end at any moment. This was a reality that was well-prepared for, but not something to dwell on, detrimental to the joy swirling around like the black flag. Anyway, we got straight to work fixing the tarps in the area we would later rest in, unpacking the supplies we brought to share, and huddling with others on a relatively dry and very soft couch, for warmth. A very nice comrade offered me black waterproof pants. :)

The following day, meeting folks in the daylight, it became apparent that there was an unmet need for communards to have some help processing everything that was going on, and a lot was going on all at once all the time. People new to me, searching for a friendly face (or more appropriately, a listening ear), were relatively quick to share in the ways they felt anxious, unsettled, or threatened. Sometimes when you go off script it's hard to get all the pieces to make sense. When resisting various forces of domination, you may be met with repression taking many forms: (police)violence (or the threat of it), surveillance, criminalization, incarceration, among other things. We've got to do what we can to be prepared for that. But also, when we are erecting our own occupations, or opening up gaps in the totality of state control, it is important to learn how to take care of one another against all the everyday shit that bubbles up from inside, too. No matter what efforts we make to combat the UGLY shit*, no matter how much rhetoric we throw around, it is still the case that misogyny, queerphobia, transmisogyny, racism, prejudice and a whole bunch of other shit has the potential to rear its head. Not to mention all our anxiety, depression, alienation, fear, and all the other feelings we can't even bear to put to words. This is how we lose people. This is how shit falls apart.

Health in the camp was rough, to be honest. It was really cold out, it was really wet a lot of the time, so just being in the cold and the wet was physically exhausting even if I wasn't doing a lot. Often I was just moving around a lot of the time just to stay warm. I definitely feel like the issue of drenched foot was a big thing to be looking out for. People were constantly being in wet clothes, sleeping in wet beds and couches; people were sharing food and drinks and smoking cigarettes or weed together. You're also just in the elements, so people's immune systems are working a little harder. As for what I saw of people from the houseless community —they already are living on the streets or in not ideal situations— their health was impacted differently.

*patriarchy as a form of social organization preceded the state, and if we aren't careful, it will follow it as well.



Every 6 hours we made a general call to the camp, “Medic Meeting by the barrel fire!”. Here, anywhere from 2-10 people would meet and share updates on overall camp health, questions we had for each other, and bring new medics into the folds. During the meeting we would make sure that some of us would be present through the waining hours of the night, in case of a raid or other physical confrontation. We would also, though not enough, check in on our own emotional well being. Some members would also introduce medics and comrades to the basics of emotional first aid, others would introduce the basics of harm reduction. Our intentions for these meetings, which occurred naturally and organically, were to create cohesion trust and share info with medics over long periods of time. Some medics noted that these meetings could have been much more helpful if we would have prioritized checking in with how each of us were doing and to acknowledge and hold up medics with disabilities.

We arrived on Monday night at the blockade after walking several blocks through drippy rain soaking our blankets. We had left our tent in the backseat of our rideshare, but communards welcomed us, pointed us to spot we could occupy somewhere beneath a tarp and atop some wood that was itself balanced atop the tracks. Fresh socks, and waterproof clothes were offered as well as some black-clad homies to dance with in the front while the speakers blasted. Folks were wiling out; spirits were high, but

P-M-S.LIFE
POWERMAKESUSSICK@RISEUP.NET

Some stuff that could happen:

We would love to spread the resource so that it can be practiced in communities interested in experimenting with an autonomous, sensitive, and committed approach to health care in common. We welcome any further collaboration or feedback on how to make this model more useful. Here are a few recommendations on how to experiment with the model and see how it can work in your context:

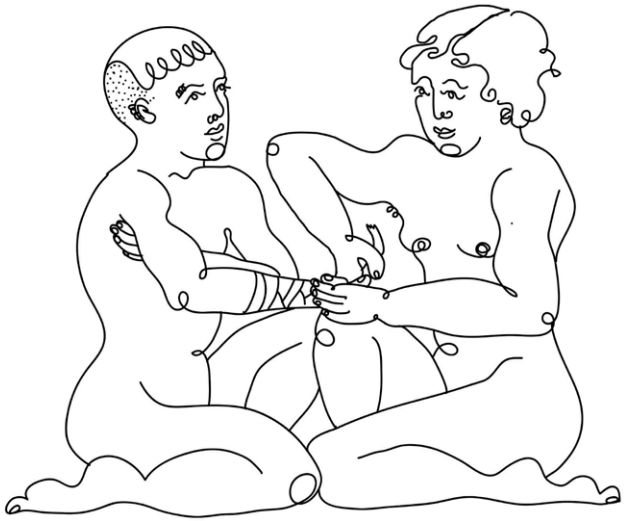
☼ Perhaps the most useful, set up your own care-groups and start using it! Let us know what worked for you, what didn’t, what you changed, how you used it.

☼ Arrange a meeting with local or familiar doctors, nurses, physical therapists, massage therapists, body-workers, sex workers, etc. and see how they might alter or use the model

☼ Hold a workshop using the model as a guide: discuss the how and why as a group, collect some resources together, experiment with what it might look like to go through the intake interview

☼ Have a translating session where you translate portions of the model into another language (we are especially looking to have it translated into Arabic right now)

☼ Ask your parents or an older generation, or folks with different needs of some kind, or people with children and families, how they see the model being useful and ask them what might make it better for them.



SELF-CARE CAN’T CURE SOCIAL DISEASES

ACTION DIRES YOUR TEARS

P-M-S.LIFE
POWERMAKESUSSICK@RISEUP.NET

P-M-S.LIFE
POWERMAKESUSSICK@RISEUP.NET

REPORT: HEALTH AT THE OLYMPIA BLOCKADE

On the night of November 17th, 2017 at the intersection of 4th and Jefferson, some folks in Olympia set up barricades, tents, and tarps and other materials that would continue to grow over the next several days establishing the Olympia Commune. The commune was strategically located along a line of tracks preventing a shipment of ceramic proppants from being sent to Wyoming and North Dakota to be used for fracking. The commune was also on occupied Squaxin and Nisqually land. There have been a diversity of reports coming out of the experience; here we would like to focus on the implications this occupation might have for a movement for health autonomy. There are a number of voices contributing to this text, and where possible an effort has been made to separate them into different parts while preserving the identity of those involved.

On the night of the 17th, we all found each other. After the initial barricades were built, sturdy and strong, many of us came together to create a loose collective of medics, healers, herbalists and emotional support people who wanted to support the communards. At around 10pm of that first night, inside the confines of the barricades and under a hodge-podge tarp fortress we established an area for medics to find each other and to store supplies. Initially our medical supplies pertained to the immediate threat of a raid by the OLYMPIA PIGS. Thinking that we may only have a few hours before a raid, we prepared Milk of Magnesia, gauze, and eye protection for communards in defense of the commune. For the remainder of that night many of us stood guard and checked in every 6 hours. We stayed warm by huddling by each other near burn barrels filled to the brim with dry wood,recently expropriated. The sun rose at around 4:30AM, the pigs never came, we dug in for the long haul. The commune now consisted of over a hundred people who came and went, many staying awake for hours with little to no sleep over days, in the cold rain of Cascadia's winter. The communards needed holistic care, beyond first aid, beyond herbalism, beyond medicine, beyond the "essentials."

Looking back, some things we could have established from the beginning, but didn't establish soon enough:

1. Acknowledge that we are on stolen land and to hold up indigenous healers. Some of us have come across instances in which indigenous healers are pushed out of occupation "healthcare" settings because of western understandings of "knowledge". At the beginning of any occupation,or TAZ (Temporary Autonomous Zone), its a good idea to establish "guidelines" for how new people can come on board with the understanding of holding up native healers and practitioners.

2. Establish accountability to each other as healers and medics. Because of privilege and the inherent nature of internalized ablest tendencies, some healers who participated in the commune felt like there was a lack of support for their disabilities as well as too many power imbalances.

3. How do do healers at a TAZ help ensure physical resources we collect are there for times of need and at the same time keep resources open for all. We ran across the "problem" of supplies being taken from our supply bins when we were not around. I think its wonderful that people were able to take what they wanted/ needed but right before the pigs raided camp we noticed that all of our "GRAB BAGS" were almost empty of essential street medic supplies forcing us to repack them in the hours before the raid. How do TAZ healers establish boundaries, or not, between what supplies anyone can take any time, or should some supplies be limited to only people acting within the collective of healers. This problem has been experienced by communards at previous occupations. I remember a particular instance where at standing rock (LAKOTA/Dakota/Nakota Territory) certain medic collective's resources were limited to those who had a relationship with those "running" the clinic. In one instance, a Dakota elder was looking through supply bins and a white medic yelled at him and accused him of stealing. It turned out that he was a medicine man looking for medicine for a sick friend. This illustrates that we can never know the intention of those who take medical supplies from collective spaces, often times these supplies are acutely necessary and those taking them either don't have the capacity or don't see need to explain themselves. At a TAZ, given that there might be limited physical resources for communards, it is important to establish how healers of all types can negotiate these boundaries.

SELF-CARE CAN'T CURE SOCIAL DISEASES

ACTION DIRES YOUR TEARS