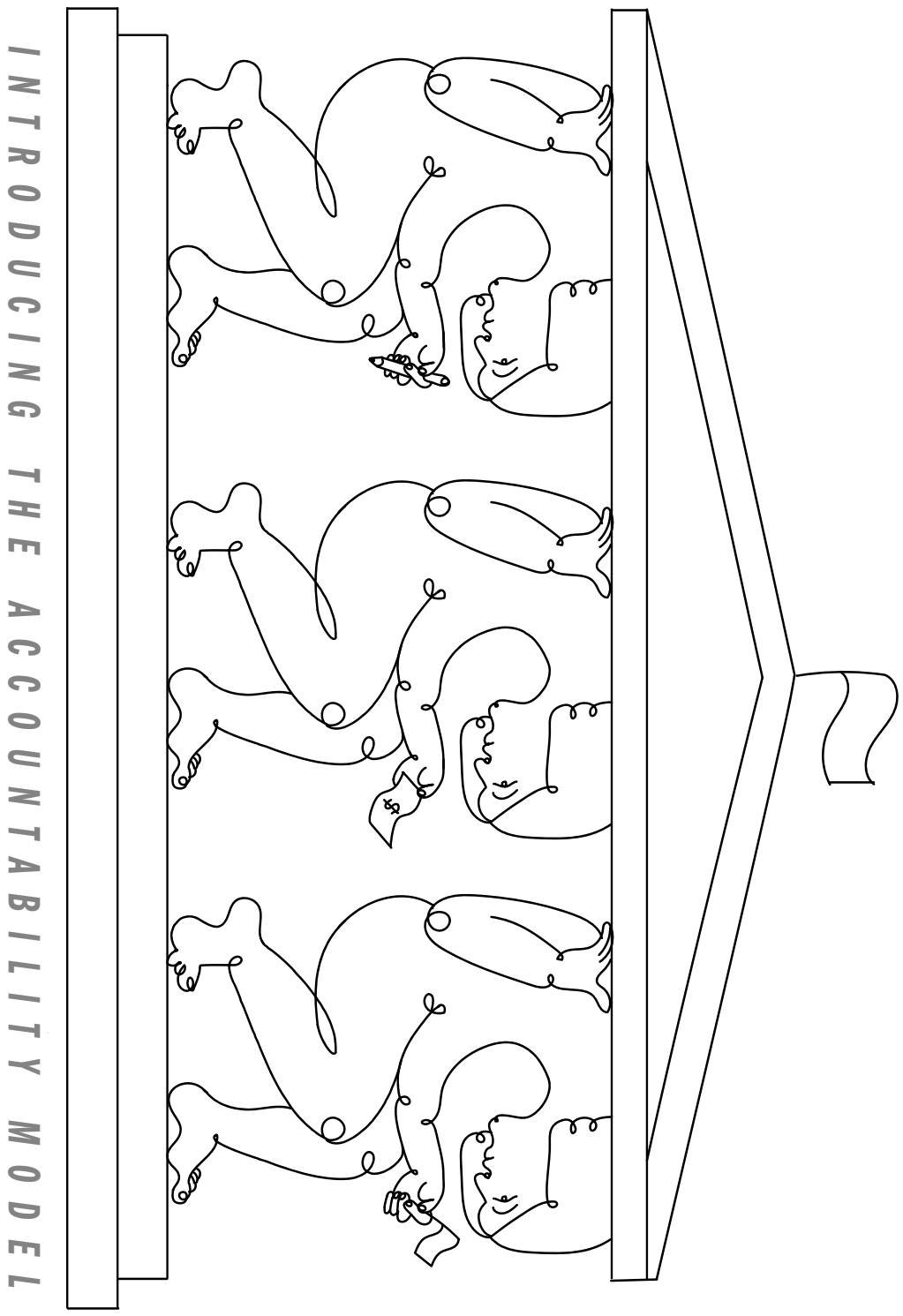
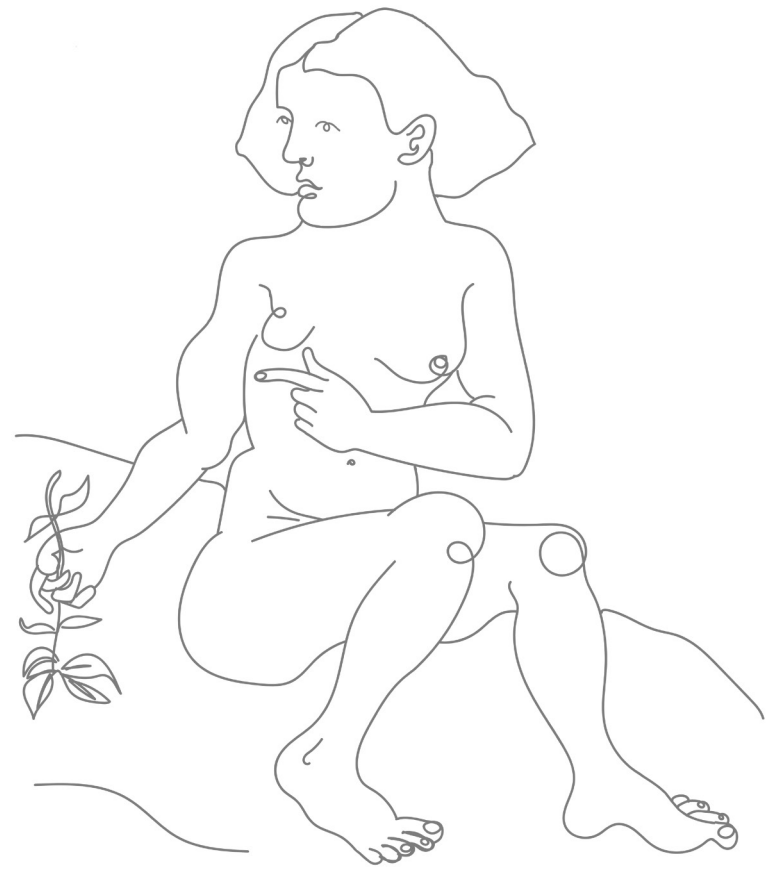


INTRODUCING THE ACCOUNTABILITY MODEL



PMS is open to collaboration, new accomplices, good memes, your health-related report backs, folks who want to distribute or translate our zines or this document, suggestions for free clinics to visit, and much more. Get in touch if you would like to do research or work with us at powermakesussick@riseup.net or navigate that browser to p-m-s.life or powermakesussick.noblogs.org. xo

What is the Accountability Model?

WHAT IS ACCOUNTABILITY?

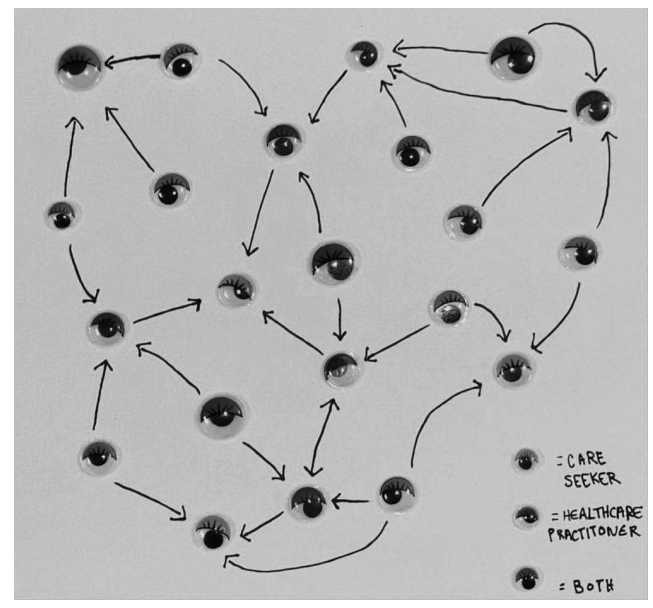
Accountability is a heavy word that speaks to a sense of being able to be called upon, an 'answerability', or the deeply rooted sense of mutual responsibility that is held between friends, family, and comrades. When we strengthen our accountability to one another, we strengthen our (already present) sense of embeddedness and interdependence on one another.

WHAT IS THE MODEL?

The model is a tool that can be used within communities to shift the responsibility for one another's health back into our own hands, thus weakening our dependence on outside structures, such as those from the state, capitalist markets, or the medical industrial complex. It is conceived of as a 'model' for how small groups might come together to support an individual, with each person in the group being 'accountable' for a different aspect of an individuals health and wellbeing. Groups would be comprised of three 'health practitioners' and one 'care seeker'.* The 'health practicioners' would be individuals from the 'care seeker's life who can stand up into roles where they become responsible for, or accountable to, the mental, physical, and social health of the 'care seeker'. Here when we say 'accountable', we mean that each of the three persons would be bottom-lining one aspect (mental, physical, or social) of the treatment plan developed by the group. They come up with a plan together, connecting the care seeker with local resources, and follow up on how the plan is progressing. We have developed the model in a way that we hope it can be used by anyone, anywhere, who wants to build more intentional structures for support in their lives, especially if they are lacking, or not satisfied with, care from more traditional avenues.

After an exhaustive intake interview establishes what the primary areas of concern are for the Care Seeker, the group develops a plan to address the focus issues through time. The group makes consensual agreements on how to best move towards healing for the Care Seeker and how to best communicate. All decisions are made collectively, with the Care Seeker present and advocating for themselves, with the knowledge of what is best for them. Following the initial interview, a 'health card' is generated that can move with the Care Seeker and serve as an evolving record of their wellbeing which can be used to interface with existing healthcare structures, such as hospitals, doctor's offices, etc.

Although we have made a variety of suggestions for how often to meet, and how to best organize follow-up care, we hope that the model can be tailored to the particular needs and desires of each team. We have taken a lot of inspiration from the integrated model of health implemented by the 'Group for An Other Medicine' at the Solidarity Clinic of Thessaloniki, and are inspired by the flexibility and DIY-ethic of the 'Mind Maps' project developed by the Icarus Project in NYC. By encouraging members of our community to account for our health, we anticipate that we can map out, recognize, and rely more heavily on the forms of support and care that already exist within our communities. Our friends know about and care about us more than the psychotherapist in his office. We believe that validating and supporting this form of health care is the crux of our future-in-common: it is through these therapeutic and supportive ties that we discover a motivation to place our time and energy into another, ourselves, and our ecologies, instead of in the state's many regimes of authority and control over our (individual and social) bodies and minds.

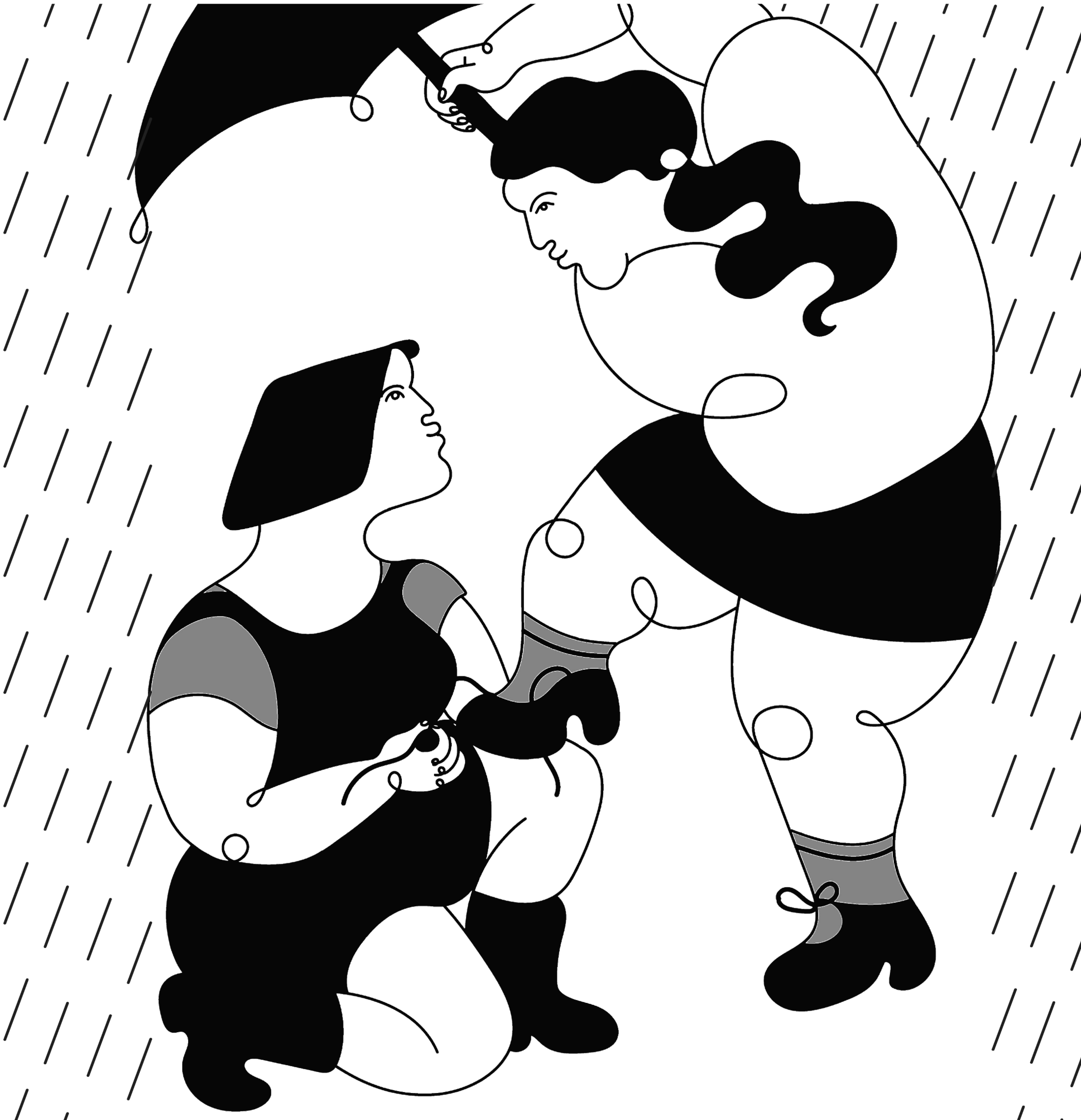


How can this document be used?

Take this document as a practice guide. Throughout this sheet, we will be describing ways to set up your own care group, and include discussions of the functions of this kind of group. This guide contains information on how the accountability model has thus far been organized by PMS, parameters for setting up accountability within the group, a sample of our intake form for your use, tips on how to be safe with personal information, tips on how to follow up with a care group, and a guide on how to create long-standing connections to other resources.

This guide is a draft; it is open to growth and revision. We would be happy for this document to be translated into other languages so that it can be used more widely. PMS believes that accountability around community health care can take many forms, and have many elements. We would love to see offshoots and experimentation with these guides, and, more than anything, we would like to hear about how the model is being applied in different communities. As the use of this comprehensive community-based approach to health and care expands, we hope to continue to update this text. We would love it if groups shared their use of the model, and checked back with us for future updates as well as to provide feedback. We are happy to answer any questions that you might have throughout the process as well.

* We are intentionally implementing these terms instead of 'patient' and other terminology, following from the Group for Another Medicine in Thessaloniki, Greece



SELF-CARE
CAN'T CURE
SOCIAL DISEASES
ACTION DRIES YOUR TEARS
MOST OF US ARE NOT DOCTORS

PHYSICAL

PRESENT CONDITION

- ☼ Is there a specific area of concern you would like to focus on?
- ☼ How would you rate your overall health, on a scale of 1 to 10?
- ☼ Height? Weight?
- ☼ What are your current medications? Supplements? Health practices?
- ☼ Are there any other acute symptoms you are experiencing now? When did you first notice this? ☼ ☼ Any sudden pain? Fevers or chills?
- ☼ If you had to describe the pain, would it be burning, numbness, sharp, itching, throbbing, electrical, rawness, stabbing, or something else?
- ☼ Did this pain begin with a specific event?
- ☼ When are your symptoms worse/better?
- ☼ What activities make your symptoms better/worse?

PERSONAL HISTORY

- ☼ Have you had any major surgeries or procedures?
- ☼ Do you have any diseases or chronic conditions, diagnosed or self-diagnosed?
- ☼ How do you feel about your current weight? Do you have concerns regarding body weight?
- ☼ Describe the health issues affecting your siblings, parents, and extended family.
- ☼ How has this history affected your health practices or habits?

SLEEP

- ☼ How many hours of sleep do you get a night? Any concerns about this?
- ☼ Where do you sleep? Are you able to lie down to sleep?
- ☼ What position do you fall asleep in?
- ☼ Is it difficult to fall asleep? If so, do you know the cause?
- ☼ Do you have a routine that you use in order to help you fall asleep at night or stay asleep?
- ☼ Do you wake up feeling rested?

DIET

- ☼ Describe any ideas, intentions or concerns regarding your diet or habits around eating?
- ☼ Describe your typical diet. How many meals do you typically eat per day?
- ☼ Do you have anxiety about food and eating habits? ☼ Do you have history of disorded eating?
- ☼ What is your caffeine intake per day?
- ☼ What types of beverages do you consume on a daily or weekly basis?
- ☼ If you know it, what is your Ayurvedic body type?
- ☼ If you know it, what is your body constitution type in TMC (Traditional Chinese Medicine)?
- ☼ How many times do you have a bowel movement in a day? in a week?
- ☼ Do you have any digestive issues?
- ☼ How many times do you typically urinate in a day? Any issues with urinary system?

SEXUAL & HORMONAL

- ☼ Describe your current sexual activity. Does your sexual life feel healthy to you overall?
- ☼ Do you engage in safe sex practices? Any concerns or intentions about this?
- ☼ Do you use any form of birth control? Any concerns or intentions about this?
- ☼ Do you and your sexual partner(s) practice consent? What does this look like for you?
- ☼ Are you currently pregnant? Any issues? How far along?
- ☼ Anything you would like to say about past experiences of pregnancy, abortion, stillbirth, or birth?
- ☼ If you menstruate, describe any issues or concerns regarding your menstruation cycle.
- ☼ Does any part of your menstrual cycle create physical limitations in your everyday life?
- ☼ Do you identify as the same gender that you were assigned at birth?
- ☼ If not, please describe what arises from this difference (associated emotional and physical feelings, bureaucratic issues, personal or familial problems, dysphoria, etc).
- ☼ If yes, how do you relate to that gender identity? ☼ How does this affect your health?
- ☼ Do you experience aggression, or other strong reactions, from others because of your gender presentation?
- ☼ Are you experiencing menopause symptoms? Do you have any concerns around this?
- ☼ Are you taking hormones? If so, what dosages?

HABITS

- ☼ Do you exercise? What kinds of activities?
- ☼ What is your alcohol consumption? How much alcohol do you consume per week?
- ☼ What is your drug consumption? How does this influence your health?
- ☼ What are your smoking habits? How many packs do you smoke per day?
- ☼ Are there any substance habits you would like to change or would like support with?
- ☼ What do you do when you want to relieve stress?
- ☼ Do you engage in health-conscious activities other than exercise, such as: meditation, stretching, joy-walks, or anything else intentional and focused?
- ☼ How much time do you spend in front of screens?
- ☼ In the past month, have you felt especially down, upset, or hopeless?
- ☼ How did these feelings change your behavior? Did your interest in engaging in activity change as well?

SOCIAL

IMMEDIATE / SELF

- ☼ How much time do you spend alone? How does this feel?
- ☼ How much time do you spend socializing? How does this feel?
- ☼ Do you have a safe place to sleep?
- ☼ Do you have issues with outdoor or indoor air quality where you live or work?
- ☼ Do you live alone or with a partner or partners, friends, family, parents, elders, housemates, other?
- ☼ How do you spend your free time?
- ☼ What are some activities you enjoy doing or that feel life-giving?
- ☼ How often do you engage in these activities?
- ☼ What supports you to OR prevents you from engaging in these activities?
- ☼ How do you feel when you are unable to do them?

INTERPERSONAL

- ☼ Do your immediate relationships feel safe right now?
- ☼ Are you in any pressing conflict with those around you?
- ☼ What forms of oppression or repression are present in your immediate environment or place?
- ☼ What impact does this have on your overall wellbeing?
- ☼ Who is already involved in your care? How are they involved?
- ☼ What do you do to take care of others? How does providing this care feel for you?

COMMUNITY & ENVIRONMENT

- ☼ What aspects of your identity influence your life in significant ways or are significant to you? (for example: race, ethnicity, religion, ability, gender, sexual orientation, income, etc.)
- ☼ What can you say about how this impacts your general wellbeing?
- ☼ What aspects of your identity do you feel locate you in physical or social space?
- ☼ Where is your community?
- ☼ Are you in any conflict in any of these locations or communities?
- ☼ Do you witness conflict or violence in any of these locations or communities?
- ☼ Can you access 'natural' or green environments? Do you tend to any plants?
- ☼ Are there any animals around you that you have a special relationship with (i.e. pets, etc.)?
- ☼ In your community or neighborhood are there public places to gather and assemble?
- ☼ Do you ever experience harassment, doxing, or violence of any kind from members of your community or otherwise? If yes, please describe. Do others in your community experience these harms?
- ☼ What forms of transportation are accessible to you (public transportation, sidewalk, vehicle)?
- ☼ What kind of food can you access nearby? Can you access fresh produce?
- ☼ What forms of oppression or repression can you see in your community?
- ☼ Are there avenues for resisting these forms of repression and oppression in your community? Are there forms of fighting back against, or healing from, these harms that could contribute to your personal health or the health of the community?
- ☼ What might prevent you from participating in these activities, or otherwise contributing to the health of your community?

WORK

- ☼ Describe your current employment or ways of making money, if any.
- ☼ If so, how much time do you spend working?
- ☼ Is this your main occupation? How long have you been at this job?
- ☼ How do you feel about this work? Is it enjoyable? Unenjoyable?
- ☼ How do you feel that your work affects your health?
- ☼ Do you need to perform this work for survival?
- ☼ What are the relationships amongst you and your co-workers like?
- ☼ Where is the work located? Is it far from home?
- ☼ Is the work legal? If not, do you need support or protection as pertains to your work?
- ☼ How is your work similar to or different from the activities that you find nourishing and live-giving?

MENTAL

IMMEDIATE / SELF

- ☼ How have the events that have unfolded for you in the past week made you feel?
- ☼ Do you have any specific intentions, goals, or hopes in relation to your mental health?
- ☼ Have you ever been diagnosed with a mental health condition, or suspected you may have one? How do you feel about the diagnosis?
- ☼ What are some areas of your life that you would like to improve on? How do you want to change or grow to be living to your best potential?
- ☼ What do you consider to be your personal strengths?
- ☼ What do you like most about yourself?
- ☼ Are there certain people in your life with a heavy influence your emotional wellbeing? Can you tell us about them?
- ☼ Are there people in your life you can call when you are having a hard time or crisis?
- ☼ Are you currently receiving psychiatric care?
- ☼ If so, is it improving your situation? How is it going?
- ☼ What kind of support from others do you think would improve your mental health? In the short-term? In the long-term?
- ☼ Is there anything you would like to and are comfortable sharing about your relationship with trauma?
- ☼ Talk about your relationship with grief. Where do you think your body holds grief? Do you want to grieve more?

COGNITIVE FUNCTIONING

- ☼ How do you feel about your cognitive functioning? Do you want support around this?
- ☼ Does your cognitive functioning affect you ability to work, be in relationships, or complete daily activity?
- ☼ Is there grief about loss of cognitive functioning?
- ☼ Describe any difficulties in cognitive functioning. Dizziness? Brain Fog? Memory issues?

HABITS

- ☼ What are the habits or practices (exercise, meditation, etc.) that you participate in that regularly influence your emotional wellbeing?
- ☼ What are the substances (medications, herbal supplements, drugs, tinctures, vitamins) that you take regularly to influence your emotional wellbeing?
- ☼ Have you, or are you experiencing, impulses that feel destructive or harm-inducing?
- ☼ Have you, or are you having, suicidal thoughts?
- ☼ Do you practice any religious or spiritual faith or do you belong to a spiritual group?
- ☼ Is there any way that others could support you in participating in the activities that make you feel healthier? Or help you obtain the substances that make you feel healthier?

RELATIONSHIPS

- ☼ What sorts of relationships in your life feel especially meaningful to you right now?
- ☼ Are you in a romantic relationship, or romantic relationships at the moment?
- ☼ Do you and your partner(s) talk openly about your feelings and expectations from the relationship and from one another?
- ☼ Do you feel dependent on your partner(s) for financial support or emotional stability or physical health?
- ☼ Do you feel as though you have a healthy understanding of the different relationships in your life and the boundaries you need and want to have with different types of people?
- ☼ How do you establish boundaries around taxing or draining relationships? How much responsibility for the wellbeing of others do you tend to take on?
- ☼ Are there some aspects of your life that you keep just for yourself, or do you tend to share details widely with most of the people in your life?
- ☼ What activities do you partake in that help you manage the stress of being alive under capitalism and colonialism, and all its their connected miseries?
- ☼ How does political anxiety or apathy impact you? Is there anything that helps?

"Organization, far from creating authority, is the only cure for it and the only means whereby each one of us will get used to taking an active and conscious part in the collective work, and cease being passive instruments in the hands of leaders." – Errico Malatesta

HOW TO BUILD ACCOUNTABILITY IN A GROUP?

Accountability within health proposes different stakes that we are not accustomed to unpacking and making decisions about. This could mean understanding our needs and wants, making space to listen and discuss those of others, and communicating our boundaries and expectations. To help facilitate this, we suggest beginning by outlining the scope and intentions of the group process and ensuring that everyone consents to participate in an informed way. The form below demonstrates a sample 'advance directive' meant to establish basic agreements, that you could use or adapt to fit to the needs of your team.

After the intentions have been agreed upon, it is great to clarify and agree on the elements of the process. For, this we suggest creating some guidelines for the group, or things that you can remind one another of, as things become more difficult. The nature of autonomous organizing means that you're going off-script and taking responsibility for your life into your own hands. Things are going to get difficult, especially when health concerns are involved, so it's a good idea to have guidelines in place in advance. Here are some basics that we like and use ourselves (inspired by aorta.coop):

☼ No one knows everything; Together we know a lot ☼ Embrace Curiosity ☼ Prioritize the wellbeing of the group and those in it, over productivity ☼ Acknowledge and honor the difference between intent and impact ☼ We agree to be honest about our capacities, and they can change as we move forward ☼ Keep it confidential, or some things shouldn't be repeated outside of this meeting ☼ We can't be articulate all the time ☼

When we are accountable to others it gives us a force outside of ourselves to answer to. Self-care can't cure social diseases, but forming affinities, based in healing, can mitigate harms created by our environment. For the health and wellbeing of oneself and those we are close to, we suggest familiarizing oneself with tools for consensus-building and anti-oppressive communication. In the particular context of this work, it is important that initial interview be conducted when the members of the group have sufficient time and energy. However, it is important to recognize that this work is difficult and hard. We hope that the members of the team would trust one another enough to understand and respect that each person is allowed to have boundaries, and that they might even amount to stepping away from the process. Our boundaries can change, as long as we communicate directly with the group, in order to prevent burnout and to make sure that folks are consensually participating. This is a very difficult aspect of this work, but one that we must do our best to understand. At the same time, it might be a good idea to suggest that, whenever possible, if we do need to take time away or step down, we will do what we can to find a replacement so that the care seeker is not left having relied on a team that can no longer meet their needs.

We suggest that all in the group acknowledge that the information gathered from the original intake interview is subject to change, and to leave space for that change to occur over time. The care-seeker will have the ability to choose whether or not they would like to answer a question, and may request that sensitive or special information be conveyed in a manner that is more comfortable to them (i.e. to only one person in the group) at their request. There can also be multiple versions of the 'health card' generated by the group following the initial intake interview, perhaps one that is used for internal use and another one that can be shared with other health care institutions. Because by doing this work we are attempting to make each other feel safer by taking on a shared responsibility of care, it is going to be important to be mindful of our commitments and capacities as we move forward.

The team is [name], [name], [name], [name]. The goal of our participation in this process is to be present to the health care needs of [name], the care seeker. The team will conduct the intake interview process on [date], over the course of three hours, or however much time is needed up to [amount of time]. We will hold a follow up meeting every [amount of time]. The health practitioners will be available by [contact method] in cases of emergency and immediate need to consult with the care seeker. The team agrees that [specify] forms of therapy or prescription are unacceptable/ acceptable for the care seeker, and the team will work together to find mutually agreeable forms of care. Disagreements between the team will be settled through [method], or consulting with [name], as a temporary or permanent mediator. This agreement lasts for [duration] period, with the potential to be renewed for a new term.

Each member signs: [name], [date], [*]

**preferred method of communication and contact info: e-mail, phone number, twitter handle, etc.*

WHAT ARE SAFE PLATFORMS TO USE?

We have drafted this tool to be able to function simultaneously for those who are rooted in a specific location as well as those who are mobile, or for team members from dispersed locations. Increased mobility in the anthropocene means folks will need to use the internet at some point, perhaps to have meetings over video conferencing, to work on shared documents together, or to send one another updates. Remember that in many regimes, providing so-called 'unlicensed' care is not legal. There are a lot of reasons why communicating sensitive personal information (or sometimes communicating at all) over long distances can be a dangerous thing for anyone participating in forms of resistance, with precarious legal standing, or basically any person living under powerful regimes (which is basically all of us, right?). Thus we advocate the use of the following platforms:

☼ Video Conferencing: Jitsi, www.meet.jit.si/
Jitsi is an encrypted video conferencing platform that has a lot of features that can be useful for these types of meetings, such as requiring a password to enter the meeting or recording the meeting to review at a later time.

☼ Meeting Notes & Editable Group Text: Cryptpad.fr
We like Cryptpad because it is a lot like Google Docs, but it is encrypted. You can share documents from Cryptpad, and make them public, but by default you would create a drive with your own login that you could share with other members of your team.

☼ Team Organization: Slack, slack.com
A real time collaboration chat tool organizing group discussions by task or topics into 'channels'. Slack has data encryption for information in transit and in rest. To be honest, we don't really use it, but we have a lot of friends in other groups who love using this tool.

☼ Texting: Signal, signal.org
An end-to-end encrypted communications application for Android and iOS. It uses the Internet to send one-to-one and group text, voice, video, document, and picture messages anywhere in the world.

'Accountability' is unfortunately often left off the roundtable of revolutionary theory and discourse. We see it as a kind of basic social responsibility. When we move through public space and we begin to see or feel a person around us fall, we are compelled to reach for them, or, recognize their state of momentary failure, by expressing some concern. We do this without question. To understand our own place within accountability is to recognize that when we look out into space, we are always also looking for a person who may be about to fall.

In a republic, political 'accountability' is often understood in somewhat legal terms. Because the sovereign, politician, or civil servant is purportedly acting on behalf of their subjects, they are seen as being 'accountable' to them so long as those subjects refrain from extending outside the limits of what is acceptable, as they do not 'disturb the peace', or they do not break the codes assigned by the given sovereign. Giorgio Agamben helps us understand that this relationship of sovereign to subject always exists within a 'state of exception' wherein the sovereign is able to redraw the lines of who is included and excluded. In other words, the sovereign is ultimately able to determine which subjects they need be accountable to, which often means that they are accountable predominantly to those who do not pose a threat to the dominant order. Similarly, an employee might be 'accountable' for performing the duties assigned to them by their employer on the basis that the employer will provide them with their means of sustaining life (in the form of a wage or salary, etc.).

This top-down manifestation of accountability doesn't feel good, and its foundation is a relationship of indebtedness. We consign ourselves to perform certain tasks or fulfill our duties under threat of no longer receiving the benefits or for fear of a punishment that might deprive us of the stuff of life. What a bummer! Thankfully, we have had the privilege of witnessing forms of accountability that do not operate on such punitive logic. We have witnessed groups self-organize to take care of one another, and to do it joyfully and tirelessly. Much of the political aspirations, and social politics we see on the right and the left alike follow from what we understand to be a masculine fantasy of exit. [Footnote: See Sarah Sharma's lecture "Exit and the Extensions of Man" from Transmediale, Berlin, 2017] From Brexit and Grexit, to 'ghosting', to the sci-fi fantasy worlds of nihilism, apocalypse or retreat, some find themselves in the position of always looking for, or preemptively securing, a way out. But the reality of all systems of social, biological, and informational reproduction holds no space for this kind of exit; the air of the environment we breathe circulates into and around the food we eat. We pass the chemical or affectual lineage of these various integrations on to our kin, our peers, and those we care for.

To care for one another means to celebrate and affirm, rather than disavow or deny, the socially embedded nature of our lives. We commit ourselves to a pursuit of health that is based in joy and resilience, in and for community. In this way, we show ourselves that it is possible to take care of one another's bodies, minds, and social well being. When we practice this, then the state, the sovereign - or the other institutions that try to make decisions about the lives of others - begin to lose their relevance. If we could take care of one another in this way, we could stop turning bodies and environments into sites for exploitation and instead see the wealth that's already all around us.

"What if accountability wasn't scary? Take a breath and let that sink in for a second. What if accountability wasn't scary? It will never be easy or comfortable, but what if it wasn't scary? What if our own accountability wasn't something we ran from, but something we ran towards and desired, appreciated and held as sacred? What if we cherished opportunities to take accountability as precious opportunities to practice liberation? To practice love? To practice the kinds of people, elders-to-be, and souls we want to be? To practice that which we can only practice in real time?" - Mia Mingus

HOW TO FOLLOW UP AFTER THE INTAKE INTERVIEW?

After the initial interview, continued check-ins are critical for improving the health of a care seeker. Following the initial intake questionnaire, the areas of concern and the aspects of health that the group wants to focus on will be identified. As part of the initial meeting, the group can decide as a team what tools, methods, and local resources each member will be responsible for researching and locating. We suggest that the group hold a second meeting within two weeks of the first meeting to assess what resources each member was able to locate and find. At this point, a plan will more clearly materialize for the group in terms of how to best proceed with care. In this meeting, the group can also more easily determine what is still wanted and needed from the group, and how often and how best to check in with one another regarding care moving forward.

We suggest having different communication modes for follow-up in the case of emergencies, urgent questions, long-term concerns and meeting planning. For urgent concerns, have a system of designated emergency contacts. This can be organized in any way that makes sense to the group, but one way would be by category of issue (specific health practitioners for specific issues) or by time (specific health practitioners available at specific times). This allows for the responsibility of being available to be shared and dispersed so that it does not fall too much on one person. We suggest there is also a conversation around communication platforms for acute and chronic concerns. (Examples of acute concerns: bone breaking or major injury, psychotic episode, threat of physical abuse, relapse, incarceration, threat of houselessness, etc. Examples of chronic concerns: flare up of chronic condition, long-term mental illness, substance addiction, identity-based oppression, run-ins with the law, etc.) For planning meetings, non-urgent issues, or casual conversation we suggest using whatever platform is most comfortable, and for urgent or emergency situations having a communication network in place that uses a chat format (such as a group Signal chat) that is connected to the devices of the team which will, in a best case scenario, be delivered more or less immediately to the entire group. Implementing a phone tree method (each person calls and passes along information one after the other) for immediate communication during emergencies is also a good solution if this method is available to the group. The specific follow-up questions for each group will depend on what areas of focus are important for that team. If it is desirable, in follow-up check-ins the group could also simply go through the initial intake questionnaire again to see what changes or improvements have been made. If a more concise follow-up is desirable, here are some suggestions for what questions could be asked (for each acute, chronic, and flaring condition), or whatever the group chooses to focus on:

☼ What are ways that you've tried to resolve this issue?
☼ What seems to be going well? What is making it worse?
☼ What would you like to try that you haven't tried yet?
☼ What forms of treatment do you have access to?
☼ Do you know already what you need from the care team?
☼ Desires and goals for confronting this condition?
☼ Preferred treatments and why?
☼ Unacceptable treatments and why?
☼ What I would like clarified as I pursue treatment is...
☼ Who can I call on for support on this issue?
☼ Their contact information is...
☼ Please contact my supports if...
☼ Please do not contact my supports if...
☼ What I need others to do for me is...
☼ What I can do for myself is...
☼ I will feel that this condition has improved when...

HOW TO CONNECT WITH HEALTH RESOURCES?

Connecting resources starts with taking a closer look at your immediate community. Who takes care of you now? What does that care look like? What is their capacity? Who or what do you take care of? Why? Can you point to 5 people in your social network who are doctors, nurses, care-givers, herbalists, physical therapists, or good listeners? Maybe you know someone who cares for an elderly family member? Maybe you just have close people in your life who you trust that are aware of the resources in your local community? If yes, are these people you think you could ask to participate in a community care group which supports one another's health needs? If they are working, are they prepared to be considered community resources and accomplices, as opposed to professionals for hire?

Ideally, we could find welcoming, comprehensive resources anywhere we go, as could all people traveling, working or seeking refuge. This is not yet a reality because of limited facilities and material resources available in different places, but also because it is difficult to think of helping others when we ourselves feel unwell so often. We live in a sick world, and as a result, it is difficult to find the extra time and capacity to take matters into our own hands.

We created this model and guide to help overcome the crisis of self-care and its limits. PMS is creating an informal resource network, identifying clinics, physicians, and spaces of sanctuary and refuge in as many places as they exist or are needed. We've started mapping some of the resources available to us in our familiar places, and we encourage all to contribute to this info-mapping by sharing details about resources in your own communities and neighborhoods. Create your own resource maps and lists of needs. Establish responsibilities based in interest and skill. This is how health autonomy grows, and this is how we will live and thrive. Here are some questions you might ask of yourself and the group to get you started.

In your day to day life...
- ☼ Who is providing you with emotional support and how?
- ☼ Who do you call when you are feeling unwell?
- ☼ Who in your life calls you when they are feeling unwell?
- ☼ How do you talk about care in your close relationships?

Do your friends, family or comrades know...?
- ☼ A nurse/aide/caregiver for those with special needs or the elderly?
- ☼ A sex worker who is familiar with responding to the emotional needs of their clients?
- ☼ Anyone experienced in guiding individuals through emotional trauma or addictions?
- ☼ A barber, a bartender, a barista who consoles their clientele?
- ☼ An herbalist or natural healer?
- ☼ A physical therapist?
- ☼ A doctor?