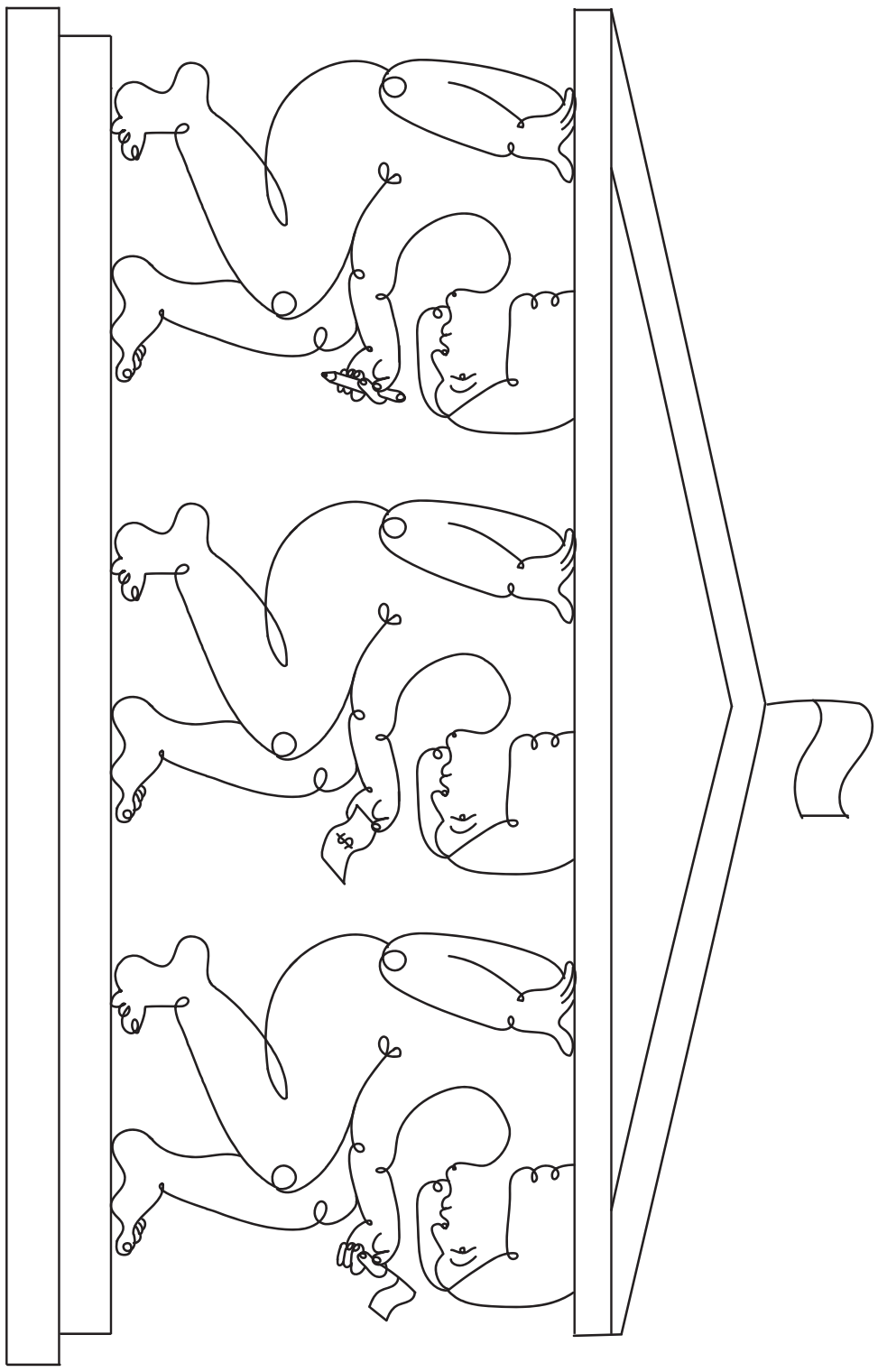
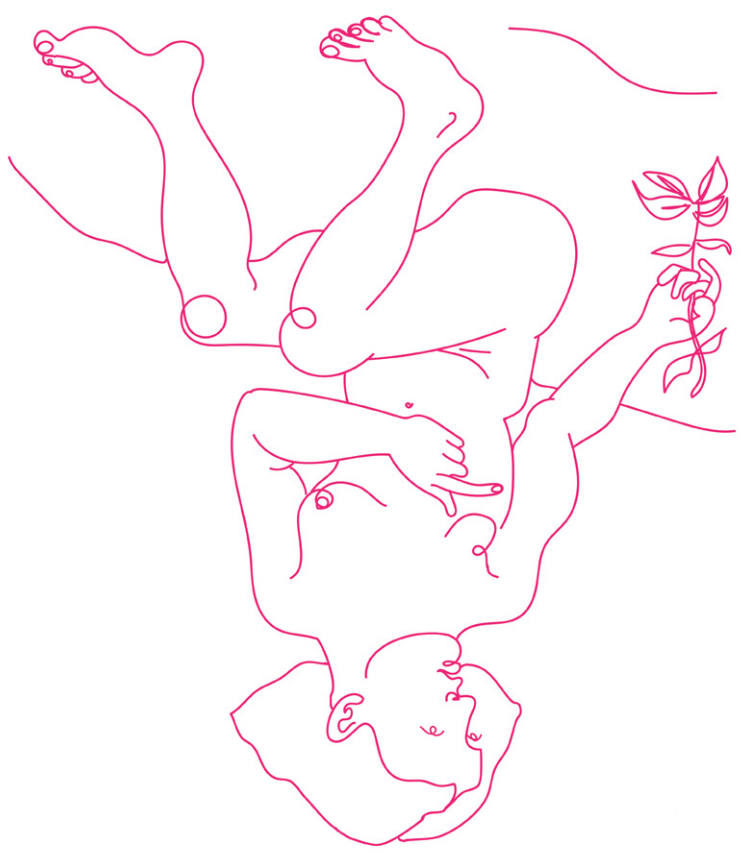
INTRODUCING THE ACCOUNTABILITY MODEL



Power Makes us Sick (PMS) is an anti-national, feminist collective conducting creative research on autonomous health care practices and networks. PMS seeks to understand and address the ways that our mental, physical, and social health is impacted by imbalances in and abuses of power. PMS also seeks to reposition resistance as a practice that is most successful when it manifests itself as support of one another. We see centralizing the importance of autonomous healthcare as one of the most direct interventions to the necropolitics of state and capital's global sovereignty. 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.

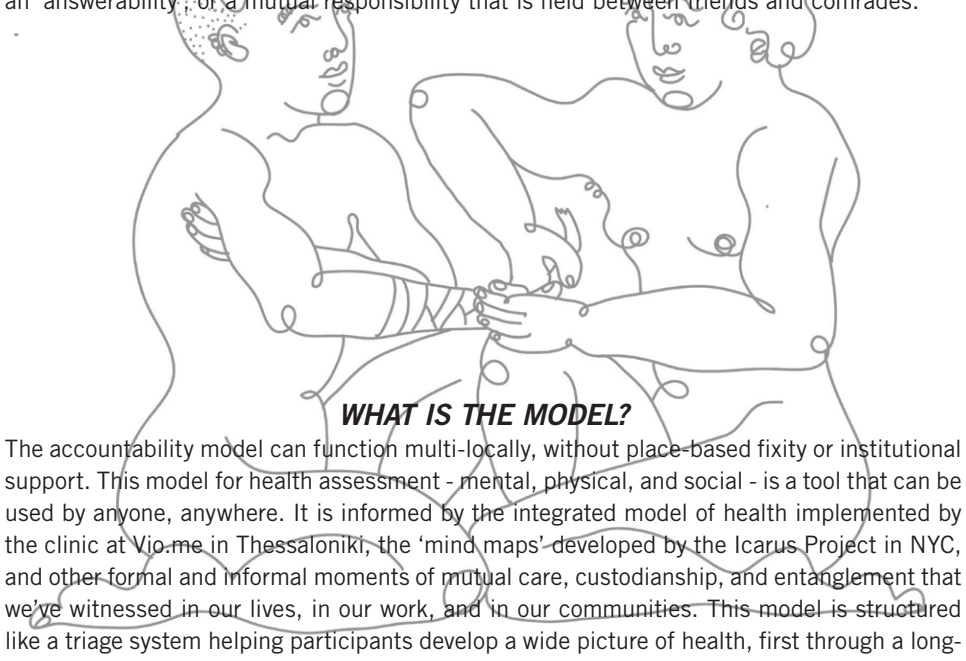


PMS is open to collaboration, new accomplices, good memes, your health-related report backs, folks who want to distribute or translate our zines or this document, suggestions for free clinics to visit, and much more. Get in touch at powermakesussick@riseup.net or navigate that browser to p-m-s.life.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

What is the Accountability Model?

WHAT IS ACCOUNTABILITY?

Relationships are a moving landscape, as is each person's history with health and illness. In the context of our social bonds, our health, and wellbeing, accountability reminds us of the potentials within our social embeddedness. We describe this as an ability to be called upon, an 'answerability', or a mutual responsibility that is held between friends and comrades.

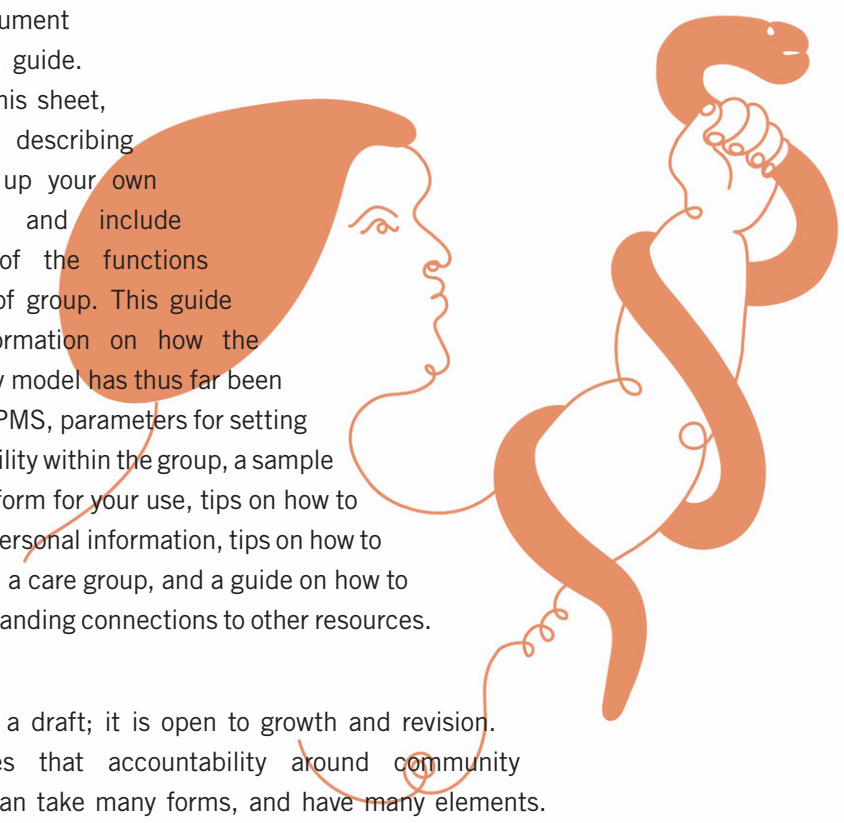


WHAT IS THE MODEL?

The accountability model can function multi-locally, without place-based fixity or institutional support. This model for health assessment - mental, physical, and social - is a tool that can be used by anyone, anywhere. It is informed by the integrated model of health implemented by the clinic at Vio.me in Thessaloniki, the 'mind maps' developed by the Icarus Project in NYC, and other formal and informal moments of mutual care, custodianship, and entanglement that we've witnessed in our lives, in our work, and in our communities. This model is structured like a triage system helping participants develop a wide picture of health, first through a long-form interview, followed by periodic 'check-ins' or urgent calls with the team. Here, 'health practitioners' are understood as those who share the responsibility of a person's health.

Following a thorough interview amongst the four participants, a health card can be generated that serves as an evolving health record, moving with the care seeker. Through long-term support and awareness of individual and social patterns, the team connects with local resources, reproduces health-based consultation practices, and builds solidarity through processes of mutual exposure. By making the notion of the term 'health practitioner' more inclusive, we validate and recognize the various forms of unwaged carework already offered to the care seeker, and present within communities. 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 incentive to invest in one another, ourselves, and our ecologies, instead of in the state's many regimes of authority.

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. 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.

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

PHYSICAL

PERSONAL HEALTH HISTORY

- ☼ Have you had any major surgeries or procedures?
- ☼ Do you have any disease or chronic conditions, diagnosed or self-diagnosed?
- ☼ Did you weigh the same/less/more this time last year? What is the most you've ever weighed? The least? When?
- ☼ Describe the health issues affecting your siblings, parents, and extended family.
- ☼ How has this history affected your health practices or habits?

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? 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?

SLEEP

- ☼ How many hours of sleep do you get a night?
- ☼ Where do you sleep?
- ☼ What position do you wake up in?
- ☼ 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?

DIET

- ☼ Remember the last 3 days of meals and describe.
- ☼ Is this your typical diet?
- ☼ If not, describe your typical diet. How many meals do you typically eat per day?
- ☼ Do you maintain this diet regularly or do you have more irregular eating habits?
- ☼ What is your caffeine intake per day?
- ☼ What types of beverages do you consume on a daily or weekly basis?
- ☼ Do you eat while engaged in activity?
- ☼ 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? What is the typical consistency or shape?
- ☼ How many times do you typically urinate in a day?

SEXUAL & HORMONAL HEALTH

- ☼ Describe your current sexual activity. Does your sexual life feel healthy to you overall?
- ☼ Do you engage in safe sex practices? What does this look like for you?
- ☼ Do you and your sexual partner(s) practice consent? What does this look like for you?
- ☼ Are you currently pregnant? Any issues?
- ☼ Anything you would like to say about past experiences of pregnancy, abortion, stillbirth, or birth?
- ☼ If you menstruate, describe your menstruation cycle: How often do you menstruate? How long does menstruation last?
- ☼ If you menstruate, do you use pads, tampons, cup, other?
- ☼ Do you practice a form of birth control? If so, can you describe this?
- ☼ 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?
- ☼ Do you experience aggression, or other strong reactions, from others because of your gender presentation?
- ☼ Do you know if your hormones are balanced?
- ☼ Are you taking hormones?
- ☼ If you had to describe your metabolism, would you say it feels slow, fast or somewhat in the middle?
- ☼ Do you have difficulty maintaining a stable body temperature? If yes, what parts of your body get cold/hot?

HABITS

- ☼ How often 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?
- ☼ 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, eg: meditation, stretching, joy-walks, or anything else intentional and focused?
- ☼ Do you stretch?
- ☼ How much time do you spend in front of screens?
- ☼ Do you note imbalances in your frame, limbs, or strength?
- ☼ Do you use sunscreen/protect yourself from the sun or have other skincare practices?
- ☼ Do you find that you fidget? What is that like for you?
- ☼ In the past month, have you feel 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?
- ☼ What is the noise level of your home or sleeping space?
- ☼ What is the air quality like where you live?
- ☼ Do you feel like you have personal space?
- ☼ Do you live alone or with (a) partner(s), friend(s), family, parents, elders, housemate, other?
- ☼ How do you spend your time?
- ☼ What are some activities you enjoy doing or that feel life-giving?
- ☼ How often do you engage in these activities?
- ☼ What, if any, are the things that might prevent 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?
- ☼ Do you see conflict nearby, around you, or within your networks?
- ☼ 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 involved in your care? How?
- ☼ 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? (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 a 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?
- ☼ 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 forms of fighting back or resisting these harms that could contribute to your personal health of the health of the community?
- ☼ What might prevent you from participating in these activities?

WORK

- ☼ Are you currently employed?
- ☼ 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?
- ☼ How much time do you spend doing this work? Is your schedule irregular?
- ☼ What are the relationships amongst you and your co-workers like?
- ☼ Where is the work located?
- ☼ Does the work provide security (benefits, state legitimacy, etc.) in some fashion outside of your wage or salary?
- ☼ Is the work legal?
- ☼ How is your work similar to or different from the activities that you find nourishing and live-giving?

MENTAL

IMMEDIATE / SELF

- ☼ How has the events that have unfolded for you in the past week made you feel?
- ☼ Do you have any specific goals 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/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?

COGNITIVE FUNCTIONING

- ☼ What is the year? Season? Day of the week?
- ☼ Can you name these objects? (*show three simple objects like a watch, pencil, etc.*)
- ☼ Take this paper in your right hand, fold it in half, and put it on the floor (*offer a blank piece of paper*)
- ☼ Please repeat the phrase "no ifs, ands, or buts"

HABITS

- ☼ What are the habits or practices (exercise, meditation, etc.) that you participate in that regularly influence your emotional wellbeing?
- ☼ Is there anything preventing you from participating in those activities regularly?
- ☼ 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?
- ☼ How do you prioritize your tasks or responsibilities to ensure you have time for wellness?
- ☼ 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?
- ☼ Describe what you and your partner(s) have in common, and what makes you different.
- ☼ 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?
- ☼ If you are not in a romantic relationship, revisit one from your past and describe how it still affects you today, or what you learned about yourself from that relationship.
- ☼ What activities do you partake in that help you manage the stress of being alive under capitalism and/or a culture of individualism?
- ☼ How do you deal with political anxiety or apathy?
- ☼ How do you disengage with or establish boundaries around taxing or draining social connections - how much responsibility do you take on?

FOLLOW UP

For each acute, chronic, and flaring chronic condition (or really for whatever comes up) please follow up with these questions and clarifiers:

- ☼ 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:
- ☼ Who I can call on for support on this issue:
- ☼ Their contact information:
- ☼ Please contact my supports if...:
- ☼ Please do not contact my supports if...:
- ☼ What I need others to do for me:
- ☼ What I can do for myself:
- ☼ I will feel that this condition has improved when:

"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 during difficulty. 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 ☼
☼ Acknowledge the difference between intent and impact ☼
☼ Be mindful of time ☼
☼ 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. For the health and well being 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 intake interview be conducted when the members of the group have sufficient time and energy. 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. 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 well.

The team is [XXX], [XXX], [XXX], [XXX].The goal of our participation in this process is to be present to the health care needs of [XXX], the care seeker. The team will conduct the intake interview process on [DATE], over the course of 2 hours. We will hold a follow up meeting every [XXX] months/weeks. The health practitioners will be available by [*] in cases of emergency and immediate need to consult with the care seeker. The team agrees that [XXX] 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 [XXX], or consulting with [XXX], as a temporary or permanent mediator. This agreement lasts for [XXX] period, with the potential to be renewed for a new term.

Each member signs: [XXX], [DATE], [*]

**preferred method of communication & 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 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 the regimes of power. Thus we advocate the use of the following platforms:

☼ Video Conferencing: Tox, tox.chat
Tox is an open-source, end-to-end encrypted, peer-to-peer chatting platform that doesn't require use of central services. It has video conferencing functions as well as group chat capabilities.

☼ Meeting Notes & Editable Group Text: crabgrass.riseup.net
We like this one because there's lots of different options for types of documents so that it can be more adaptable to different needs. A good google drive substitute.

☼ 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.

☼ 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.

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? 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 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. Some questions you might ask...

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 doctor? ________________
☼ A physical therapist? ________________
☼ An herbalist or natural healer? ________________
☼ A nurse/aide/caregiver for those with special needs or the elderly? ____________
☼ Anyone experienced in guiding individuals through emotional trauma or addictions? ________________

HOW TO FOLLOW UP AFTER THE INTAKE INTERVIEW?

After the initial interview, continued contact and check-ins are critical for improving the health of a care seeker. 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 rather than overwhelming.

We suggest there is also a conversation around communication platforms for accute and chronic concerns*. For planning meetings, non-urgent issues or casual conversation we suggest using email, 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.

*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. __________

◇◇

'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. The presence or absence of accountability is then influenced by the social or political ethic common to any given context.

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 witnessed a forms of accountability that do not operate on such a punitive logic. We have witnessed groups self-organize to take care of one another, and to do it joyfully.

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. 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 pre-emptively 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 embodied lives.

We commit ourselves to a pursuit of health that is based in joy and endurance, 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 - or the other institutions that try to make decisions about the lives of others - begin to lose their relevance.