

Garden Issue 4

Garden

September 9, 2022

Contents

DISCLAIMER	3
MISSION STATEMENT	3
1. The future of Garden and the fate of Yoursforwildnature	3
2. Medical Tyranny	3
INTRODUCTION	4
MONITORING CHILDHOOD	6
MONITORING THE SELF	8
ACCESS AND CONTROL THROUGH DIGITAL HEALTH	9
CONCLUSION	10
2. Interview with Revolt	11
4. Self sufficiency	13
REFERENCES	15

DISCLAIMER

This publication contains some information that could be interpreted as being antisocial or openly against policing units. We do not advocate for any violent action against the police, on the contrary, cooperation is the best way to solve conflict peacefully. Make sure to deepthroat the whole boot! -GARDEN

MISSION STATEMENT

Our mission is short and coherent: destroy the techno-industrial system by any means necessary. Ideological differences are irrelevant as long as there is a common goal. Always for Wild Nature, -GARDEN

1. The future of Garden and the fate of Yoursforwildnature

Most of our readership has probably noticed the absence of Yoursforwildnature form multiple platforms, as well as the closure of our website. We are still alive and kicking, as those that still read our zine can tell.

All of our troubles stemmed from our last issues regarding a list of substations that if attacked simultaneously, could permanently destroy the US power grid. The DHS took notice and they made a visit to Yoursforwildnature. We will not go into detail out of respect for our colleague and friend, but let us just say that the investigation was intrusive and it drastically changed his social life.

However unpleasant the investigation was, he remains to this day innocent of any wrongdoing, because the speech expressed in Issue Nr. 3 is protected by the first amendment. This was nothing more than a scare tactic used by the federal government made to intimidate us and silence our message that they deem inappropriate. The only thing they managed to do was waste their own time and delay the publication of this issue.

The future of Garden is certain. We are going to rebrand ourselves into Anti Tech Quarterly (ATQ for short) in order to keep the Fed's spotlight off of us. All of our staff minus Yoursforwildnature will be working on the following issues. Everything will remain the same and we will create an official Instagram account as well as a Telegram group. Yoursforwildnature needs some time off to sort out his problems but a return is not out of the question. He's still a free man and he'll continue to fight for our cause, just not as a member of the Garden.

-The GARDEN Team

2. Medical Tyranny

“Modern man is like a wild animal spending its life in a zoo; like the animal, he is fed abundantly and protected from the inclemencies but deprived of the natural stimuli essential for many functions of his body and his mind. Man is alienated not only from other men, not only from nature, but more importantly from the deepest layers of his fundamental self.” - René Dubos, *So Human an Animal*

INTRODUCTION

The advancement of public health and medicine receive the highest praise when it comes to technological progress. No longer are people threatened by the vagaries of untamed nature. Modern medicine is prepared to find a solution to almost any health issue; A vaccine can be manufactured quicker to stop the spread of contagious disease, contamination can be sourced, and potential health risks can be foreseen. But such advancements continue to come at a great cost to our privacy, autonomy and sense of well being; as medical surveillance aims to gather as much information from as many areas as possible while intervening in our daily lives. The CDC (Centers for Disease Control and Prevention) states surveillance as the cornerstone of public health practice and the WHO (World Health Organization) describes public health surveillance as the “systematic collection, analysis, and interpretation of health-related data” (CDC, 2018; WHO, 2022). It is undeniable that the goals of public health rely on the advancement and expansion of surveillance, which is heavily mediated by developing technologies.

The mere discussion of ethics is not enough to eliminate the potential problems produced by arising medical technologies, because ethical debates hardly question the downsides of technological and scientific progress itself. Instead, such issues are “reframed into defined risks that can be balanced, reduced, and managed” (Samerski, 2015). The irony is that technological advances always necessitate new dilemmas and unforeseen consequences, essentially creating new problems in the very process of solving them. Once these problems are realized, restrictions and regulations are put into place as an attempt to reduce further harm done. Human freedom becomes deeply confined as people are forced to adjust their lives and actions in accordance with these changes.

When cars became commonplace they provided a new way of surveillance by keeping track of citizens through registration plates and requiring users to hold a driver’s license. Road laws and safety measures for drivers became stricter over time as the frequent number of car accidents were a concern. Pedestrians were also expected to obey traffic laws to avoid car related injuries. Traffic collisions continue to be one of the most prominent causes of injury-related deaths and regulations to prevent them continue to be implemented furthering control over citizens in the name of, “safety,” especially as people become ever more dependent on vehicles for their source of transportation.

Public health and medical practice has followed a similar trajectory. Ideas of health play an increasingly major role in guiding people’s decisions and behaviors as they are encouraged to look at life through a medical lens and rely on medical technologies. What is propagandized as empowerment and a push towards progress, is in reality being used as a form of social control exercised with the steering of self-determination. As the lines between healthy and unhealthy bodies became blurred, the medical gaze aimed to bring everyone within its view. Now starting before birth an individual is subject to ongoing health monitoring throughout their life. Developments towards a continuous always-on health surveillance system is only being exacerbated with the rise of digital health. It can no longer be a question of how consequences can be mitigated. The way in which medical progress itself is affecting our lives needs to be realized.

THE INDUSTRIAL REVOLUTION AND PUBLIC HEALTH

The emergence of Industrialism throughout the nations accelerated the expansion of organized health protection. Health regulations in regards to illness were not uncommonly enforced in some countries prior to industrialization, but by the end of the 19th century, industrialism had

made its way across and outside of Europe and allowed for a more sophisticated form of health surveillance to take place (Porter, 1994; Szreter, 2001; Tang, 2016). This surveillance has since been becoming ever more extensive and invasive with the growth of technological advancements.

Before sanitation practices for public health were established in the 19th century, quarantine was the primary means for containing disease. The isolation of the sick within geographical locations set a clear line between the sick and healthy (Armstrong, 1993). Historically this separation was enforced through sovereign power. The necessity of healthy bodies for industrial production and large-scale wars made rulers take further interest in public health (Szreter, 2003; Till, 2017). As the population of industrial cities continued to grow, society demanded more from medicine, and the boundary between sickness and health became more complex. Quarantine through segregating groups of infected people within places could no longer serve as the main course of action for managing diseases, instead public health practice assumed a new power through a system of invisible surveillance. In his series of books titled, *A Complete System of Medical Police (1779-1812)*, German hygienist Johann Peter Franck, articulated this governmental approach to public health advising state regulations to govern personal health practices such as marriage, procreation, pregnancy, and to monitor vital statistics, military medicine, venereal diseases, hospitals, and communicable disease (Tulchinsky & Varavikova, 2014).

The human body was demarcated from nature when the focus in medical science shifted to the environment as the source for the spread of infections. Soil, air, and buildings were considered externals that carried diseases through human contact. These emerging ideas in health science prompted the supervision and regulation of community sanitation. Standards were put into place as an attempt to control the passage of substances from the environment into the body and from the body into the environment. Procedures on waste disposal, air ventilation, drainage, and building construction were implemented along with the purification of air, water, food, soil, clothing, and dwellings (Armstrong, 1993; Bryant & Rhodes, 2022; Tulchinsky & Varavikova, 2014).

The intervention of sanitary science was furthered by its focus on the space of the body in which substances moved across. The skin, mouth, bowel movement, and sexuality became a cause for concern in regards to cleanliness, adding to the promotion of hygienic practices (Armstrong, 1993; Bryant & Rhodes, 2022).

While sanitary procedures were being imposed, the clinical gaze was being strengthened with the use of advanced medical technologies during the 19th century. Practitioners were able to access what was previously unobservable. While localized quarantine forced individuals to be confined into places, technologies subjected the body to being analyzed and mapped. Bed-side medicine became replaced by hospital medicine where the patient could be under closer surveillance and diagnosis (Armstrong, 1995; Rampton, Böhmer, & Winkler, 2022).

The close examination of bodies by touching the patient, especially women, was regarded as taboo and initially not a routine part of diagnosis (Rampton, Böhmer, & Winkler, 2022). The allowance of this boundary to be crossed was aided by the advancement of medical instruments. The introduction of the stethoscope in 1816 spearheaded the development of physical diagnosis (Rampton, Böhmer, & Winkler, 2022; Reiser, 2009). The stethoscope revealed a particular aspect of the body, leading practitioners to diagnose patients based on internal sounds of the heart, lungs, and bowels. Use of the vaginal speculum permitted access for physicians as well as the criminal justice system in the UK to examine the most private areas of female patients (Rampton, Böhmer,

& Winkler, 2022). The ophthalmoscope, sphygmomanometer, thermometer, steel tape-measures, scales and other precision instruments entered the picture and became increasingly specialized.

Physical examinations were originally carried out most often on those that were noticeably ill. The prevalence of medical technologies in the late 19th century and early 20th century expanded the practice to include those who were not sick, essentially bringing everyone under the realm of medical surveillance (Davis, 1981; Reiser, 2009). The demand for a healthier military, workers, and policyholders compelled people to undergo physical examinations in order to obtain life insurance, a job, and enlist in the military (Davis, 1981; Reiser, 2009). This pattern continued with the development of new techniques such as x-ray and electrocardiography for the purpose of job related and other institutional physical examinations.

MONITORING CHILDHOOD

Clinical examination played an equally major role in school attendance and became compulsory through legislative mandates in the early 20th century. Institutional schooling provided a way to use children as test subjects while normalizing medical surveillance and indoctrinating hygienic principles.

“The school child, easily seen, easily examined, easily described, has enabled us to crystalize the conception of personal hygiene and to test the possibilities of remedial measures.” (Mckenzie, 1906, as cited in in Armstrong, 1993)

Ideas of personal hygiene came underway when the boundary between health and sickness was identified as existing between bodies (Armstrong, 1995). Children would be taught to view themselves as potential health hazards to others. Education on coughing, spitting, exercise, and dental health along with the absence of smoking and alcohol were promoted (Allensworth et al, 1997).

Mandatory public schooling elicited medical intervention from the implementation of experts to ensure every child would be brought up to institutional standards of education. Separate classes for “truants, disciplinary cases, and backward children,” were formed (Flaherty & Osher, 2002). Measurements such as the IQ test, growth and height chart were developed to identify “abnormal” children. Precision technologies for checking weight and vital signs were used routinely in physical examinations (Armstrong, 2012; Ashwal & Rust, 2003).

The placement of psychologists and neurologists into public education expanded medical surveillance and examination to include the mind of the child. In school, children were made to follow a certain discipline and learn subjects to fit the changing society. Psychologist William James stated that teachers should “train the pupil” to behavior in order to fit into the social and physical world (James, 1899). Mental impairments labeled as learning disabilities and diagnosis of disorders such as ADHD (Attention-deficit/hyperactivity disorder) would come to be recognized in schools when particular behaviors were seen to hinder cooperation and learning (Allensworth et al, 1997; Flaherty & Osher, 2002; Lange, 2010). Deficiencies and abnormal behavior in adolescents continued to be measured in relation to how they affected education with services aimed to bring all children with varying conditions under the school system (Allensworth et al, 1997).

Medical experts secured their authority over childhood development as science and medicine assumed its place in motherhood. Child rearing was brought from under the control of the mother and placed in the hands of experts who were given duty to “teach” the proper way to raise children. Ideas on how much love to give, and the correct diet to serve were advised by child

psychologists and pediatricians (James, 1899; Kleinman & Coletta, 2016) Mothers were heavily persuaded to routinely bring in their children for clinical check-ups which allowed doctors to monitor them (Allensworth et al, 1997; Wolf, 2010).

The lack of trust in mothers to raise their children properly extended down from the experts to the mothers themselves who felt reliant on medical expertise. Articles and magazines proliferated which provided parental advice from a scientific standpoint (Nichols, 2016). Activities that previously were considered mundane in regards to motherhood had been taken to a scientific level. Breastfeeding was of keen interest to medical professionals, and ideas developed that argued emotions, diet, exercise, and environmental factors could have a negative impact on the quality of a woman's milk. This resulted in the mother's own lifestyle to be lived in relation to what is and isn't considered healthy for their baby (Wolf, 2010).

Technological advancements extended developmental surveillance with the entrance of the ultrasound into the realm of obstetrics. The early use of the ultrasound in the 1950s and 1960s was only utilized when there was suspicion of abnormality. The ultrasound later became integrated into routine part of pregnancy treatment as pregnant women were enticed to visit the doctor even when nothing was wrong with them (Samerski, 2015). The conventional methods of knowing about the unborn baby from the subjective felt experience of the mother was replaced by the observed objective vision of medicine, giving medicine and technology authoritative knowledge (Draper, 2002). Obstetricians contended that "absolutely everything must be made visible to medicine, be subject to observation, and recorded" (Wolf, 2010). The fetus was individualized into a separate patient to treat, becoming subjected to tests and analysis for the monitoring of development. Such a process became compulsory as the science of genetics evolved.

The focus in the field of genetics during the early 20th century served a eugenic purpose aimed at improving the quality of the population at a genetic level. Hereditary researchers presumed those that did not meet the demands of industrial society had damaged or abnormal genes and discarded them as biological waste (Rimoin & Hirschhorn, 2004; Samerski, 2015). In the 1950s, Human genetics became associated with medicine as an attempt to dissociate from the use of eugenics during the Nazi regime (Rimoin & Hirschhorn, 2004; Samerski, 2015). The idea that genetics played an integral part to one's health and identity did not cease, but continued to grow with advancements in gene engineering. Discoveries of risk-prone genes reinforced the pathologization of the normal by identifying the body as a risk-carrying agent, facilitating the shift of medicine from treatment of diseases to prevention of health risks.

Demand for prenatal testing became widespread and presented new dilemmas and anxieties for mothers as the assessment of risks put pregnancy on trial. Genetic surveillance directed a less coercive authority and instead exercised control through inducing a responsibility onto patients to make decisions based on genetic information. Just as doctors previously exercised expert authority by educating mothers on child care. Reproduction was to be thought of in view of knowledge on hereditary and genetic risks (Novas & Nikolas, 2000; Samerski, 2015).

The implementation of prenatal technologies and medicine continues to set demands on mothers through pressure of moral obligation to follow what science and experts propose is in the best interest of the child. Developing research such as gene editing has been a growing topic of debate among ethicists, with many proposing that it would be unethical to even deny a child's opportunity to undergo treatment if it means the possibility of preventing disease (Sample, 2018). Such a manipulation will give medical science further ability to shape and control the child on a physical level.

MONITORING THE SELF

Modern public health has perpetuated the fear that one's health is always at risk or at the risk of others, persuading people to give up freedoms and allow surveillance into their lives. The treatment and cure of major diseases in the later part of the industrial revolution increased medical intervention with rising issues outside of communicable disease being brought into focus. Sedentary living, overeating, overworking, drug-use, psychological issues, and environmental deterioration required a broadened form of health surveillance (Kellehear, 2017; Mariner, 2007). The focus on prevention and risks created a network of caution throughout society and was aided by the advancement of statistical analysis and precision technologies that displayed a statistically defined norm by which people were to follow and evaluate themselves from (Danielle, et al, 2015; Samerski, 2018). Deviations from this norm were considered to be pathological and thus in need of treatment or lifestyle changes. A new responsibility of self-surveillance was placed onto citizens which induced an unnatural control over one's life in order to meet health demands. Diet, sleep, work, leisure behavior, and every dimension of one's life was to be framed in terms of how it might affect their health. Ideas on stress-management, weight-control, well-being, and self-care developed within science and psychology as people sought out expert advice to manage and cope with their lives (Charvát & Stará, 2013; Hutmacher, 2021).

The perspective on health no longer existed in a strict binary relationship to illness, but rather to "an ordinal scale in which the healthy can become healthier" (armstrong, 1995). This perpetuated a culture aimed at constant improvement and optimization, which rendered the self as always and necessarily beyond reach with one pursuing a potential for health rather than securing health (Atkinson, 2018). The techniques of health promotion campaigns were implemented on the population and used to expand this notion in an attempt to reduce defined health issues on a population level (Samerski, 2018). Non-compliant individuals became viewed as threats to themselves, children, and society as personal choices, behaviors and actions were turned into public health concerns (Samerski, 2018). Global effects like environmental issues produced by industrialism elicited a green response into health education which set responsibility onto citizens to be environmentally cautious through acts of recycling, not littering, and limiting electricity and water usage (Elliott, 2022; Zhang, 2017). Today one's "health choices" are evaluated not only in relation to what is good for themselves and others but also what is considered better for the environment.

A life of self-surveillance becomes further established with the incorporation of digital health monitoring. The use of health apps and watches give a false sense of control over one's well-being as they feel less reliant on in-person clinical check-ups, and responsibility to manually record one's habits is eased with automatic tracking systems. Autonomy continues to be reduced though as dependency on technology to guide our lives is pursued. The amount of sleep, calorie consumption, heart-rate, physical steps, mood and all areas of life are easily integrated into precise digital health monitoring systems which set simulated goals for users to strive towards (Atkinson, 2018; Till, 2017).

Self-surveillance technology becomes a useful means for control within the workforce as it enables modern workers to manage and optimize themselves to satisfy the demands of the technological society. According to a 2020 MIT research article on digital wearables for mood tracking, to be aware of one's emotions is beneficial for attaining happiness which can increase

productivity and work performance. The article goes on to state that people are not capable to always recognize when they are actually unhappy thus:

“A system is required which automatically tracks the mood of a person at any time of the day to circumvent limitations of surveys and interviews. Thanks to the rise of wearable sensor technologies such as smartwatches and wristbands, we get access to the most important source of emotional information: the body.” (Jannik & Gloor, 2020)

Self-regulating technologies are also being developed towards education to get students to regulate and manage behaviors that impede school performance. A heartbeat-monitoring wearable promoted for educational use called emWave, reflects one’s emotional state in order to help students shift themselves into an optimal state (“Pre-K Through 12th-Grade,” 2022).

Again, positive emotions are described as beneficial primarily for the purpose of meeting institutional standards. Sunshine Secret, an interactive e-learning system for pre-k-1st grade classrooms, is described as “teaching children to recognize, express and self-regulate their emotions and behavior” which are “essential for achieving success in school, work and life” (“Pre-K Through 12th-Grade,” 2022). Through the implementation of health-monitoring devices in school, a life of continuous self-surveillance is normalized.

ACCESS AND CONTROL THROUGH DIGITAL HEALTH

The development towards digital health is being incorporated into the pharmaceutical industry as well. The industrial revolution saw an increase of mental asylums and psychiatric patients who were commonly put under harsh treatments and conditions. The attempt to reform the institutions led to their demise as it became too costly to improve them. Deinstitutionalization made it far cheaper to care for mental health patients (Ben-Moshe, 2020; Sutherland, 2015). Psychiatric treatment expanded through new technologies for managing illness outside of institutions (Ben-Moshe, 2020; Bilir, 2018; Lamb, 2001). Psychiatric medication became increasingly used to manage one’s mental state and has continued to increase over the decades with antidepressants being among the most commonly prescribed medications in the western world (Brody, M, & Gu, 2020; Lunghi, 2022; Wang, 2014).

The medicalisation of psychiatric issues allowed would-be patients outside of the hospital to endure the unnatural treatment and conditions of society insofar as their mind was consistently altered, but also posed a problem of non-adherence among patients who were deemed dysfunctional in society without it (Lamb, 2001; Sutherland, 2015). The digitalization of medication aims to be a solution by intensifying the monitoring of patients outside of a clinical and hospital setting to ensure regular intake. In 2017, the FDA (Food and Drug Administration) approved a smart pill called Abilify MyCite, an antipsychotic medication used in the treatment of schizophrenia, bipolar disorder, and depression. It combines aripiprazole with a digital sensor that communicates with a patch worn by the patient and automatically logs the date, time, and dosage of medication once it’s in the stomach (Klugman, 2018).

Digital health devices will allow new methods of access to personal information. In the judicial system access could be deemed necessary and justifiable. In one reported case, police sought a search warrant to access pacemaker data of a patient they suspected of arson (Paul, 2017). Such cases are likely to become more frequent and varied though as digital medicine use expands. A patient who has committed a violent act during a psychotic break could warrant obtaining data

from their digital medicine to show that the patient is likely to be a danger to society because he does not take his antipsychotic medication as prescribed (Klugman, 2018).

Commercial enterprises will also have further access to encroach onto private bases and intimate parts of our lives. In 2017, Google came under controversy when they negotiated access to 1.6 million peoples' health records in a deal with the Royal Free NHS Foundation Trust in London. The data transfer was part of the two organization's partnership to create the health-care app Streams which would track patients' symptoms and send alerts to doctors through the app. Google was able to collect health records and sensitive information without the patient's knowledge to use for their artificial intelligence system DeepMind (Hern, 2017). The immersive and interactive experience digital health services provide aims for consumers to engage with the product and produce data to be sold on to other companies. The use of data generated from health apps and devices is attractive to researchers because it can be relatively easy and cheap to access and on a scale which might otherwise be impossible (Till, 2017).

The demand for personal information from public health services and agencies increases as digital epidemiology expands the collection of data and refines the scope of Individual and public health monitoring (Zeng, Cao, & Neill, 2021; CDC, 2022). The collection of surveillance data hardly serves any immediate purpose, but is primarily geared towards statistical analysis, planning, budgeting, and general research (Mariner, 2007). Personal data is further impinged upon as the focus on identification of potential threats widens the range of what counts as relevant to health and security. All kinds of markers and behaviors from genetic mutations to susceptible behaviors or variables such as smoking, age, and sex can get feedbacks and alerts for an increasing number of health risks (Samerski, 2018).

Obtaining personal health information becomes especially easy with a large proportion of the worldwide population leaving daily data traces from various systems, records, products, and internet activity. The funding of the 21st Century Cures Act, passed in 2016, places additional focus on the use of real-world data relating to patient health status and/or the delivery of health care routinely collected from a variety of sources (FDA, 2022). Through such operations, digital epidemiology leaks into our lives with a new intensity.

CONCLUSION

The technological advancements in medicine driven by the industrial revolution has allowed for a control to prevail over society which manipulates the way individuals think about their bodies and livelihood. Through the increased reliance on mass production, the self-discipline exerted outwards towards autonomous efforts for self-sufficiency and survival had turned inwards into a constant exertion of constraint and self-control. The need to surveil one's habits is used as a tool for public health, enforcing responsibility onto people to make smart "health choices," not only for themselves, but for the global population and environment. Citizens are expected to optimize themselves to meet the demands of our technological society and live avoiding constructed risks.

The moral obligation for individuals to be health conscientious citizens demands one give up their privacy in order to serve public health goals in which medical progress heavily relies on. The use of digital health apps and wearables provides deeper accessibility of personal information and enables a life of continuous monitoring. Medical technology is given greater authority into our lives as it reveals and allows further access into the body and mind, rendering one's own behaviors and thoughts as potential hazards in need to be controlled, surveilled and cor-

rected. The classification of abnormalities are often identified as a result of one's own genetics or lifestyle choices, creating an alibi that masks the unnatural conditions we are subject to by the technological system. In the words of philosopher Ivan Illich:

“The more convincing the diagnosis, the more valuable the therapy appears to be, the easier it is to convince people that they need both, and the less likely they are to rebel against industrial growth” (Illich, 1974)

In the pursuit of medical progress we lose the ability to live and care for ourselves without medical intervention, which inevitably leaves us vulnerable to control and exploitation.

2. Interview with Revolt

Garden: Do you think that the neo luddite community is focusing too much on theory and too little on independence or revolution from the techno-industrial system?

Revolt: In the first question you asked if I think the neo luddite community is focusing too much on theory and not enough on independence from the system or revolution. Quite frankly I don't "think" this at all, I know that's the case and it's still apparent the odd times I take a look at social media and talk to old friends. It's quite sad but at this point given things that have happened to me in the past 2 years I'm not even bothering to attempt to address that issue or continue to be a light in the darkness for people. I'm focusing on me and the few people that are close with me and that only, ensuring we dip out before it's too late.

I can't just up and leave unfortunately so while I'm still here I'm slowly working on a book and a private telegram archive which will be public at a time it's safe for me to do so I figure I might as well share what I know with the people who will use it however few they are. But the overall focus of the communities we all take part in is overall on pointless shit and the majority of people are so weak willed they will never change themselves or the world around them in any meaningful way.

Garden: The people in your outer circle know you to be a highly skilled fisherman, hunter and trapper. After some recent events you've started to learn about escape and evasion (from pillagers). Could you give us a crash course?

Revolt: Your second question asks me to give a crash course on escape and evasion. Since certain organizations are hip to Minecraft analogies I will assume you want to know how to prevent the little blue men from Pluto capturing you and anally probing you and nothing else. I'll also start by saying there is far more to this skill set than I know or could include in a magazine. Bonetactical on YouTube has a good series, blackscoutsurvival has some good videos on this topic, and there are many military training videos and manuals on it but I'll try to cover the most important shit.

When confronted by the little blue men from Pluto for anything serious you need to have it in your head that you are going to have to kill a man or likely more than one and you might die in the process. It is vitally important that under no circumstance do you let them get close enough to get ahold of you. If you allow yourself to be placed into restraints, put in a vehicle, or taken to any of their facilities your chances of becoming or remaining a free man are very close to 0. Learn to fight, be aware of your surroundings, be aware of their techniques, and carry multiple weapons. As I'm typing this right now I have multiple weapons on my person and you wouldn't

see any besides one. I have a boot knife, a switchblade in my back pocket, a pistol, steel toe boots, and a large belt knife which is visible. Maybe a little overkill but I'm now a marked man and things I've been through have certainly affected me. The what and where I carry certain things would take a while to explain and is personal preference and you must understand nothing of that sort is any good unless you are mentally prepared to use them to end someone's life which is completely justified in the situation I'm talking about.

You can't always be on your toes strapped up like that though and you can't guarantee you even have the opportunity to fight before becoming restrained or inside a vehicle or whatever. There are several small covert objects which can be hidden on your person to potentially help you remain a free individual. Polymer handcuff keys that can be clipped or sewn anywhere and are undetectable to even the best metal detectors (I allegedly had one on me during my 3rd arrest and got it through the X-ray machine at intake at the jail however I didn't remove it or use it as I only had to finish what I thought was 68 days with potentially early release, another lesson there don't expect fair treatment under any circumstance from the little blue men) ceramic razor blades can be of use too as sometimes the little blue men employ plastic flex cuffs particularly during mass abductions. They could also be used to slit your wrists or throat and end your life if that is preferable to capture in your circumstance or to construct some sort of improvised weapon while incarcerated if you get it into the facility.

Cyanide can be bought for a reasonable price from many online suppliers (check eBay, seller ships from Israel). A suicide pill can be constructed fairly easily out of gas station caffeine capsules and cyanide from online suppliers. Simply empty said capsule and fill with cyanide using a toothpick to compact it and being careful to wash your hands afterwards. Try to make something around 400-500mg. Obviously this is a last resort, but if death is preferable to capture to you it's worth looking into. There is a reason German SS officers and other special forces throughout the ages have carried similar devices.

Setting up a hide out spot, networking and creating a group of strong men and to help you if needed, caching supplies, having some sort of a plan, there is far more to it than what I wrote about and with modern technology being an outlaw is becoming damn near impossible but I shared a bit about how to prepare for an encounter. If I have the opportunity to write again I'll share more and stuff here will be plenty to learn when my private telegram becomes public.

Garden: Laws, especially the ones designed to protect the environment, make it very hard for anyone living in a developed country to trap, fish and hunt. Therefore many of us are forced to act outside the law. What are your tips on how to avoid getting caught (in Minecraft)?

Revolt: Your 3rd question asks how to avoid getting caught "grocery shopping" as I call it. The biggest thing there is to be mindful of your surroundings and the effects of things you do at the "grocery store". If instead of putting a .22 bullet into that coyote's head in March of 2021, if I had put it through the lungs or used my hatchet for that dispatch, none of this shit would have ever happened to me. The goal when you're doing any grocery shopping should be to get in and get out completely undetected and leave as little trace of your presence as possible. Even a slight lack of observance can lead you to having an encounter where you will need to press what I talked about in the second question into use.

Particularly at spots you put traps, snares, or lines you need to exercise caution, looking for signs of other humans, being careful to hide your face from trail cameras, and be ready to run or fight if needed. Also don't stay in one area too long, this both increases your chances of being caught and the chances of completely wiping an area out. Also take a different route and go at a

different time every time you run traps or lines too, not only does this make you harder to catch but also you may stumble upon more opportunities to take game. You may find other game trails, den holes, or fishing spots or find deer bed down in a certain location at a certain time, etc. watch for the ever present pesky cameras as that is far more likely to be your demise than anything else.

Garden: Do you think that luddites are not radical enough when they have such aspirations as buying a plot of land and starting a homestead? Should we all follow the ways of Forest Anon and head for the hills?

Revolt: Do I think luddites are not radical enough with aspirations of buying land and starting a homestead?

I mean that's far better than what most people do but the question is how attainable is it actually? Do you have money to buy the land? To buy livestock? To pay land taxes year after year? Do you live in an area where owning livestock, growing a garden, collecting rainwater, etc is even legal? There are so many hoops to jump through and so many people just simply can't do all that. It's a dream but that's all it is and ever will be especially with the current state of affairs, prices of land, etc. this is not the era of being able to realistically do such a thing in my opinion.

Another thing to consider is if you have an address, it's easy for you to be found by the little blue men from Pluto. I know Forestanon better than most and all I will say is he is a hell of a lot cooler than you'd ever imagine. Not having a known location will most likely be beneficial to you, imagine if instead of buying land Ted Kaczynski had just squatted? Would have been a lot harder on the fbi's part to locate him even with his brother snitching. I do tend to be a lot more paranoid about those pesky little blue men than most people need to be however and I will admit that and urge anybody with the resources to look into buying a good plot of land and getting it together as soon as possible.

Garden: The restrictions on freedom that we saw these past years within the context of COVID are like a snare that is tightening around our necks. Mass compliance has been the norm and to some this is the beginning of the end. There are whispers of war, carbon credit scores etc. and the situation looks hopeless for those that long for autonomy. How do you keep yourself motivated in these troubled times?

Revolt: How do I keep myself motivated with all the bullshit going on? I've never particularly struggled with that, I suppose I'm truly driven by desire and probably cut from tougher cloth than most, if anybody does happen to be struggling with that however if you get yourself out there and start doing shit that actually matters, turning yourself into an absolute monster physically and mentally, getting right with the Almighty and integrating yourself into nature, networking and creating a plan to drop the system should help, you will just have to force yourself to start. That's easier said than done I suppose but once you make some progress it should become easier.

4. Self sufficiency

“The greatest fine art of the future will be the making of a comfortable living from a small piece of land” - Abraham Lincoln

Ah, self-sufficiency! Everyone dreams of a wild, off grid retreat where they can grow their own crops, raise their own livestock and live happily ever after whilst being in sync with nature... This is a very achievable dream however you can't just expect yourself to perfectly adjust to your

new lifestyle in a jiffy. In order to ensure that you'll make it out there in the harsh, unforgiving heart of mother nature you are going to need to start preparing for it right now.

And make no mistake, it's not just enough to buy a wild plot of land. It's not just wilderness that you're looking for, it's also independence and naturally self-sufficiency. You have to have that "mountain man mindset" before even stepping foot on your parcel of land. So naturally the best moment to start making some changes in your life is right now, so that you'll be ready when the time comes. Here is the ultimate guide on how to become more self-sufficient that applies to anyone living in a suburban or urban environment.

If you are like me and live in a big city you probably have some vices like: smoking too much, clubbing (As in going to the disco, don't be a pervert!) too often, drinking until your liver explodes on Friday night, wasting your free time by binging Netflix all the time, shopping too much, having too many pumpkin spice latte macchiatos etc. These activities are good and are an important part of life, however you should make yourself and most importantly your mind less reliant on those dopamine hits. After all, self-sufficiency starts in your mind and then you slowly make changes to your life, so that you won't be as reliant on the society that has the philosophical ideology of a cancer cell. The reason why I am suggesting that you do that is because you just can't quit cold turkey on all the pleasures that the urban environment provides. And yes some of you may be able to just stop with everything because you are too disgusted by the price of it all, however it's not worth the risk. It's better to be safe than sorry and apply the following suggestions. Could you do without streaming tv shows, movies or any type of electronic entertainment for one month? Try it. Cancel your subscription and block youtube, facebook etc. if you can manage to pull it off, great! If not then you have your work cut out for you. After all, your mind is your greatest asset and the only one that can't be seized by the machine.

There are other ways of becoming self-sufficient, more fun ways... Like foraging wild edibles and growing at least part of your meals. Anyone can put a pot on a windowsill and plant some basil, rosemary, mint etc. So why buy it from the store if you can do it at home? The best basil out there isn't the hydroponically grown variety that you find in so-called "organic" stores, it's the one that grows in soil and is lit by sunshine instead of purple LEDs. Your first batch may be small, not look very appetizing but its taste is going to be worth the effort. And don't be lazy! Buy heritage variety seeds or ask for some seeds from a gardener in your area, I don't need to say this, but supporting Monsanto more than you have to is the opposite of self sufficiency. If you are dependent on a company or even a business to supply you with transplants or GM seeds then all you are doing is becoming dependent on said companies. It's far better to buy your heritage variety seeds and not have to pay for any in the coming years, because you can actually save the seeds. Some might argue that you're just going to be dependent on the company that supplies you with the soil that you're going to plant your plants in. Well those people ought to find anything other than construction site dirt anywhere in the city. After you have your herbs and spices try to grow strawberries, those are always fun, and then, depending on your climate, sweet potatoes or jerusalem artichokes.

On the topic of foraging wild edibles I'd encourage everyone to get a botany atlas and just skim to the different plants in your region. You don't need to live in the countryside in order to forage wild edibles, you can just go into a park and collect acorns or chestnuts off the ground. But if you want to familiarize yourself with wild edibles then the best choice would be to bike or drive to the nearest forest or wild recreation area. Most city planners aren't stupid they know that one can't just keep man trapped in a concrete jungle, everyone yearns for a little wild greenery

every now and then. Familiarize yourself with the wild areas near your city and try to use your foraging guidebook or botanical atlas in trader to identify local edible plants. A good place to start would be with weeds such as wild salad, dandelions and clover. These species have been spread all over the world and you'd need to be living in the Gobi Desert if you can't find any of the aforementioned plants.

Transportation and physical fitness are another important aspect. You can't really expect to skin a deer or make a friction-fire if you can't run a mile. Being in a top physical shape is going to ensure that you'll be healthier and happier and that is true self-sufficiency. If you would rather do weights instead of reps great, however I would recommend jogging to anyone that isn't a gym rat. Cycling is another easy and fun way of being more self-sufficient, though it depends on the weather and the determination of the cyclist. Most people would rather use public transport during the heat of Summer, the rain of Autumn and blizzards of Winter and that's perfectly understandable. However a big part of becoming more self-sufficient is to trade your comfort for more freedom. Some people have their limits and won't squat on government land, others won't ever go past growing a herb garden. The point of this little article is to get you to start becoming ever so slightly more self sufficient.

Let's say that you don't have time or the stomach to forage, that you lack the liquid assets needed in order to buy a bike and that you just can't bring yourself to quit the joys of the city, then there are some things you can still do in order to become more independent of the system. Canning and preserving food in general, even if you didn't grow the produce is still a valuable skill that is going to make you less reliant on refrigeration and it's also going to give you more food security. In order to start canning you need relatively little money and almost no experience. In this case any older member of your family is going to be more than happy to give you pointers and instructions on how to successfully can anything. It doesn't take a lot of money to make your own jams and jellies, pickles, sauerkraut and ketchup. It's cheap, handy and most importantly it's a way to extend the shelf life of all sorts of produce. I don't need to remind anyone of the fact that nearly half of all fruits and vegetables are thrown away each year, some by the farms, most by the retail sector and even consumers throw away a sizable part of the produce. All in all canning is a great way of becoming more self-sufficient though it is a little time intensive if you are working alone, making it the perfect opportunity to call a friend and replace that weekend shopping spree into a weekend canning session.

On an ending note I'd like to remind you that we are living in times of great uncertainty. And while the war may be one ocean away the recession is here and it shows no signs of stopping. Some experts even warn that it's going to last three more years after the war ends, therefore the time to be more self-sufficient is now. Not only is it economically sound, it's also the only way to have more control over your life.

REFERENCES

- Allensworth D, Lawson E, Nicholson L, et al. (1997). Evolution of school health programs. *National Academies Press* (US).
- Armstrong, D. (1993, August). Public Health Spaces and the Fabrication of Identity. *Sociology of Health and Illness*, 27(3):393-410.

- Armstrong, D. (1995). The Rise of Surveillance Medicine. *Sociology of Health and Illness*, 17(3): 393-404.
- Armstrong, D. (2012, February 27). Screening: mapping medicine's temporal spaces. *Sociology of Health and Illness*, 34(2) 177-193
- Ashwal, S., & Rust, R. (2003, February 1) Child Neurology in the 20th Century. *Pediatric Research*, 53, 345–361
- Atkinson, S. (2021, November) The toxic effects of subjective wellbeing and potential tonics. *Social Science & Medicine*, 288
- Ben-Moshe, L. (2020) Decarcerating Disability Deinstitutionalization and Prison Abolition. *University of Minnesota Press Minneapolis London*.
- Brody, D., M P. H., Gu, Q. (2020) Antidepressant Use Among Adults: United States, 2015-2018. *NCHS Data Brief*. No. 377. Retrieved from <https://www.cdc.gov/nchs/products/databriefs/db377.htm>
- Bryant, J. H. & Rhodes, P. (2022, July 14). Public Health. *Encyclopedia Britannica*. <https://www.britannica.com/topic/public-health>
- CDC. (2018, August 24). Public Health Surveillance at CDC. *Centers of Disease Control and Prevention*. Retrieved from <https://www.cdc.gov/surveillance/improving-surveillance/Public-health-surveillance.html>
- CDC. (2022). Where does our data come from? *Centers of Disease Control and Prevention*. Retrieved from https://www.cdc.gov/surveillance/projects/dmi-initiative/where_does_our_data_come_from.html#:~:text=CDC%20receives%20data%20from%2050,CDC%20and%20with%20each%20other
- Charvát, M., & Stará, J. (2013) Wellness: Its Origins, Theories and Current Applications in the United States. *Acta Salus Vitae. Praha: College of Physical Education and Sport PALESTRA & Society of Research in Wellness*. vol. 1, No 2, p. 80-91. ISSN 1805-8787.
- Davis, A. B. (1981). Life Insurance and the Physical Examination: A Chapter in the Rise of American Medical Technology. *Bulletin of the History of Medicine*, 55(3), 392–406.
- Danielle, C., Gil-Soo, H., Priscilla, R., et al. (2015) Public health surveillance and the media: a dyad of panoptic and synoptic social control. *Health Psychology and Behavioral Medicine*, 3:1, 128-141, DOI: 10.1080/21642850.2015.1049539
- Draper, J. (2002), 'It was a real good show': the ultrasound scan, fathers and the power of visual knowledge. *Sociology of Health & Illness*, 24: 771-795. <https://doi.org/10.1111/1467-9566.00318>
- Dubos, R. (1968). So Human an Animal. Scribner
- Elliott, L. (2022, January 13). Environmentalism. *Encyclopedia Britannica*. <https://www.britannica.com/topic/environmentalism>
- Flaherty, L., & Osher, D. (2002). History of School-Based Mental Health Services in the United States. *Handbook of School Mental Health Advancing Practice and Research*, 11-22
- FDA. (2022) Real-World Evidence. *U.S Food and Drug Administration*. Retrieved from <https://www.fda.gov/science-research/science-and-research-special-topics/real-world-evidence>
- Hern, A. (2017, July 3) Royal Free breached UK data law in 1.6m patient deal with Google's DeepMind. *The Guardian*.
- Hutmacher F (2021) Putting Stress in Historical Context: Why It Is Important That Being Stressed Out Was Not a Way to Be a Person 2,000 Years Ago. *Front. Psychol.* 12:539799. doi: 10.3389/fpsyg.2021.539799
- Illitch, I. (1974) Medical Nemesis. *Calder & Boyars, Ltd., London*.
- James, W. (1899) Talks to teachers on psychology. Longmans, *Green & Company*, London, New York, Bombay

- Jannik, R., & Gloor, A. P. (2020, April) Measuring happiness increases happiness. *Journal of Computational Social Science*. Retrieved from <https://doi.org/10.1007/s42001-020-00069-6> © 2020 Springer Nature
- Kellehear, A. (2017) Public Health Approaches to Dying, Death, and Loss. *International Encyclopedia of Public Health (Second Edition)*, Academic Press. 184-189
- Kleinman, E. R., & Coletta, A. F. (2016, January). Historical Overview of Transitional Feeding Recommendations and Vegetable Feeding Practices for Infants and Young Children. *Nutr Today*. 51(1): 7–13.
- Klugman, M. C., Dunn, B. L., Schwartz, J., & Cohen, G. (2018) The Ethics of Smart Pills and Self-Acting Devices: Autonomy, Truth-Telling, and Trust at the Dawn of Digital Medicine. *The American Journal of Bioethics*, 18:9, 38-47, DOI: 10.1080/15265161.2018.1498933
- Lamb, H. (2001). Deinstitutionalization at the Beginning of the New Millennium. *New directions for mental health service*, 6. 3-20
- Lange, K. W., Reichl, S., Lange, K. M., Tucha, L., & Tucha, O. (2010). The history of attention deficit hyperactivity disorder. *Attention deficit and hyperactivity disorders*, 2(4), 241–255. <https://doi.org/10.1007/s12402-010-0045-8>
- Lunghi, C., Dugas, M., Leclarc, J., et.al. (2022) Global prevalence of antidepressant drug utilization in the community: protocol for a systematic review. *Pharmacology and therapeutics Protocol*. Retrieved from <https://bmjopen.bmj.com/content/12/5/e062197>
- Mariner, K. W. (2007) Mission Creep: Public Health Surveillance and Medical Privacy. 87 *Boston University Law Review* 347 . Retrieved from https://scholarship.law.bu.edu/faculty_scholarship/360
- Nichols, S. (2016) The parenting magazine as g/local genre: The mobilization of childhoods. *Languages and Literacies as Mobile and Placed Resources*. Routledge
- Novas, C., & Nikolas, R. (2000). Genetic Risk And The Birth of the Somatic Individual. *Economy and Society*. 29. 10.1080/03085140050174750.
- Paul, D. (2017, July 29) Your Own Pacemaker Can Now Testify Against You In Court. *Wired*.
- Porter, D. (1994). The History of Public Health and the Modern State. *Editions Rodopi B. V.* Amsterdam - Atlanta GA.
- Pre-K Through 12th-Grade Programs: The Physiology of Learning and Performance. (2022) *Heart-Math Institute*
- Rampton, V., Böhmer, M., & Winkler, A. (2021, July 7) Medical Technologies Past and Present: How History Helps to Understand the Digital Era. *Journal of Medical Humanities*. 43, 343–364
- Reiser, S.J. (2009, August 1). Technological Medicine: The Changing World of Doctors and Patients. *Cambridge University Press*.
- Rimoin, D., Hirschhorn, K. (2004) A History of Medical Genetics in Pediatrics. *Pediatr Res* 56, 150–159 . <https://doi.org/10.1203/01.PDR.0000129659.32875.84>
- Samerski, S. (2015). The Decision Trap: Genetic Education and its Social Consequences. *Imprint Academic*
- Samerski, S. (2018, June 14) Individuals on alert: digital epidemiology and the individualization of surveillance. *Life Sciences, Society and Policy*. 14(13)
- Sample, I. (2018, July 17) Genetically modified babies given go ahead by UK ethics body. *The Guardian*. Retrieved from <https://www.theguardian.com/science/2018/jul/17/genetically-modified-babies-given-go-a-head-by-uk-ethics-body>

- Sutherland, E. (2015) Shifting Burdens: The Failures of the Deinstitutionalization Movement from the 1940s to the 1960s in American Society. *Constellations*, 6(2). Retrieved from <https://doi.org/10.29173/cons25593>
- Szreter, S. (2003, March). The Population Health Approach in Historical Perspective. *Am J Public Health*, 93(3): 421–431. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1449802/>
- Szreter, S. (2001). Economic Growth, Disruption, Deprivation, Disease, and Death: On the Importance of the Politics of Public Health for Development. In: Price-Smith, A.T. (eds) *Plagues and Politics*. Global Issues Series. Palgrave Macmillan, London. https://doi.org/10.1057/9780230524248_5
- Tang, P, J. (2016, February 29). The Engine and The Reaper: Industrialization and Mortality in Early Modern Japan. *Journal of Health Economics*.
- Till, H, C. (2017, November 8). Genetic Technologies of the Self. *This is Not a Sociology Blog*. <https://thisisnotasociology.blog/2017/11/08/genetic-technologies-of-the-self/>
- Tulchinsky, T., Varavikova, A. E. (2014, October 10). A History of Public Health. *The New Public Health*. 1–42. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7170188/>
- Uslu, B. K. M., (2018). Deinstitutionalization in Mental Health Policy: from Institutional-Based to Community-Based Mental Healthcare Services. *Haceteppe Journal of Health administration*, 21, 563-576.
- Wang, A. (2014) Pills, Patients, and Profits: Psychiatric Drugs C. 1950 to Today. *Aleph, UCLA Undergraduate Research Journal for the Humanities and Social Sciences*. 11
- Watson, J. B. (1928). Psychological care of infant and child. W W Norton & Co. WHO. (2022, June 24). Surveillance in Emergencies. *World Health Organization*. Retrieved from <https://www.who.int/emergencies/surveillance>
- Wolf, J. (2010). 1. Monitoring Mothers: A Recent History of Following the Doctor’s Orders. In *Is Breast Best?: Taking on the Breastfeeding Experts and the New High Stakes of Motherhood*. New York, USA: New York University Press, (pp. 1-20). <https://doi.org/10.18574/nyu/9780814794814.003.0001>
- Zeng, D., Cao, Z., Neill, D. (2021) Artificial intelligence–enabled public health surveillance—from local detection to global epidemic monitoring and control. *Artificial Intelligence in Medicine. Academic Press*, 437-453
- Zhang, D. (2017, May 5) The Roots of Environmental Education in the US. *Creative Commons*. Retrieved from <http://commons.trincoll.edu/edreform/author/yzhang3/>

The Anarchist Library (Mirror)
Anti-Copyright



Garden
Garden Issue 4
September 9, 2022

<https://archive.org/details/garden-issue-4/page/n1/mode/2up>

usa.anarchistlibraries.net