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One of the central claims of capitalism is that it is the best system to bring supply and demand together; when people need a good or service, the capitalist market will provide. However, the reality of the situation can be quite the opposite. An excellent example of this—from my perspective as a lay person whose experience with the pharmaceutical industry is one of a consumer for mental health purposes—is access to important medication such as EpiPens and HIV treatment in the United States. The former averages around $700 per pack of two auto-injectors and the latter, depending on its type and whether it is brand name or generic, can reach up to over $4,000 per 30-60 tablets or capsules; and more generally, according to Andrew W. Mulcahy, medications are 2.56 times more expensive in the United States than in 32 other countries. One could arguably trace the problem to the corporate business structure or the universalization of the profit motive, but more directly the problem is one of corporate-state scheming through stringent intellectual property laws. These laws keep genuine competition—supposedly a main selling point of capitalism—from taking place in the mar-

ket by granting exclusive manufacturing rights to specific entities—usually massive corporations but sometimes individual scumbags like Martin Shkreli. These entities can then drive the prices of medication to truly ridicouous levels. And in the context of insulin in particular, this price manipulation is so extreme that Lucas Kunce asserts that "[t]he cost of insulin isn't determined by supply and demand. It's really just 3 companies setting a price based on how many deaths and amputations the market will bear until people start rioting."

This is a problem that has the potential to affect all human beings, but, as with many socio-economic problems, it hits the working class—and particularly its queer and BIPOC members and those with disabilities—the hardest. This is obviously in part because of how expensive the medication is, but also because people of lower class backgrounds do not have access to high-standard housing, healthy food choices, low-pollution environments, etc. All of these can both create and accentuate health problems that require the aforementioned medications. And capitalists only care enough about workers to help them be skilled enough and stay alive long enough to produce and reproduce, giving thought to their health and medical needs only at a whim or by minimal, loophole-filled legal mandates. As Karl Marx writes, wages are simply "the cost required for the maintenance of the labourer as a labourer, and for his education and training as a labourer" plus "the cost of propagation, by means of which the race of workers is enabled to multiply itself, and to replace worn-out workers with new ones." But even putting aside (true) rhetoric about class, capitalism, and such, the simple problem of the matter is that there are people who need medication and that medication exists, but for abstract reasons invented by people in power the individuals in need cannot gain access to that medication with ease.

The obvious solution is to simply eliminate the entire institution of IP, opening the way to, as Laurance Labadie writes, "*free competition*, that is, free and equal access to the means of production,

to the raw materials, and to an unrestricted market, [so that] the price of all articles will always tend to be measured by the effort necessary for their production. In other words, labor as a factor in measuring value will become predominant."And—having eliminated all state-sanctioned monopolies, IP and beyond—not only would medication be massively more affordable but, according to Kevin Carson…

> licensing cartels would no longer be a source of increased costs or artificial scarcity rents. [Therefore, t]here would be far more freedom and flexibility in the range of professional services and training available. Some . . . neighborhood cooperative clinics might prefer to keep a fully trained physician on joint retainer with other clinics, with primary care provided by a mid-level clinician.
>
> Or imagine an American counterpart of the Chinese "barefoot doctor," trained to set most fractures and deal with other common traumas, perform an array of basic tests, and treat most ordinary infectious diseases. He might be able [to] listen to your symptoms and listen to your lungs, do a sputum culture, and give you a run of Zithro for your pneumonia, without having to refer you any further. And his training would also include identifying situations clearly beyond his competence that required the expertise of a nurse practitioner or physician.

But barring this effective and far-reaching but rather (at least for the meantime) improbable solution, another extrasystemic tactic is available: the open access publishing of DIY ways to produce life-saving medication by way of the Internet—essentially liberating the information from the private-corporate sphere into the digital commons.

This is not an original concept as it originates in the work of Professor Michael Lauer and his group Four Thieves Vinegar Collective, whose goal is to generate open access means for anyone with access to a computer, basic chemistry technology, and a 3D printer to synthesize medicine. These include such things as instructions for building an "Apothecary Microlab" and DIY EpiPens as well as 3D printer blueprints for homemade chemical reactors. This essential idea has been taken up by the Open Insulin Foundation, who…

> are creating an open source (freely available) model for insulin production that centers sustainable, small-scale manufacturing and open source alternatives to production. [They] are developing organisms and protocols to produce rapid acting (lispro) and long acting (glargine) insulin. Additionally, [they] are working on developing open hardware equivalents to proprietary production equipment, are researching sustainable regulation pathways to bring our insulin to the public, and are developing plans for local, small-scale manufacturing pilots.

In the context of this open access availability, Sebastian A. Stern writes, "Do-It-Yourself scientists working in hackerspaces are positioned to make significant contributions with low overhead and little formal training (becoming necessary and valuable apprenticeship sites as the current higher education system deteriorates). The state has yet to heavily clamp down, but, because such freedom threatens the status quo, we can expect intervention to intensify."

This type of strategy completely rejects the use of the state and its organs to try to correct the problem from within the system. And this makes sense! The *state* capitalist system is the central cause of artificial barriers to medicine, and as such solutions sought through the state follow the logic touted by Robert LeFevre that

> ings. That dependence is one more thing keeping us tied down to the State and unable to rebel with all our hearts or even envision a world without such oppression.[4]

And so, through a combination of decentralized medical technology and a general motion toward these kind of health practices, perhaps the liberation of medication is on the horizon.

[4] This is not even to delve into the biopolitics of modern medicine as theorized by Michel Focuault; a topic which could fill an entire other article.

> to other community-based health projects in the area, all funded through donations.

Projects such as these present the possibility of creating a dual power healthcare infrastructure. But setting aside the critiques of open access DIY pharmacology presented above, a main advantage of this strategy is that it doesn't just give people the things they need to live comfortably or live at all, it also attacks the central cause of artificially high medication costs (IP) and—as would come by any placement of medication in the information commons—decentralizes medical knowledge. The contemporary medical system—as opposed to its non-patriarchal predecessors—is oriented towards a small group of professional, highly-educated elites.[3] Though it is important to have experts and specialists (as the ignorance of large swaths of the U.S. public during the present pandemic has made clear), there is no good reason for the level of totalizing hyper-specialization and stringent regulation—public and private—that only gives a small elite within highly specific institutional frameworks access to such important knowledge.

But if the future is to be decentralized, the liberation of medication goes deeper than 3D printers and DIY chemistry. It means shifting toward antiauthoritarian community practices of health. As Simon the Simpler writes,

> A society of people who are responsible for their own health and able to gather or grow their own medicines is a hard society to rule. These days we are dependent on the power structure of industrial health care and medical specialization: the secret society of the doctors, the white-male-dominated medical schools, the corporate decision makers with their toxic pharmaceuticals and heartless greed and labs full of tortured be-

[3] See Barbara Ehrenreich's *Witches, Midwives, and Nurses: A History of Women Healers.*

"[g]overnment is a disease masquerading as its own cure." And the process by which state-based solutions like price ceilings are being proposed, such as for insulin under Biden's Build Back Better plan, have proved again and again to be both convoluted and seriously drawn-out; downsides quite serious for a problem where lives are on the line. Karena Yan also points out that Colorado's "$100 cap for a 30-day of supply" has…

> revealed a few loopholes. Some health plans fell into an exemption in the legislation, leaving the people on those health plans ineligible for the insulin price cap when purchasing their monthly insulin. Additionally, instead of offering a flat $100 maximum on monthly insulin prescriptions, the current legislation allows insurers to charge $100 per prescription per month, which translates to $200 for those who take both basal and mealtime insulin or two other insulins, such as short-acting and long-acting.

And while the FDA will come cracking down on open access DIY pharmacology eventually, eluding the state apparatus for as long as possible is ideal. Milton Friedman points out that "[t]he FDA has done enormous harm to the health of the American public by greatly increasing the costs of pharmaceutical research, thereby reducing the supply of new and effective drugs, and by delaying the approval of such drugs as survive the tortuous FDA process."[1] Ryan Calhoun even accounts of the 2014 seizure of "19,618 parcels of 'unapproved' prescription medication. More plainly, the FDA stole people's medication and denied them any reasonable manner of attaining it again." And David D'Amato makes a compelling argument that "[v]oluntary membership associations, ratings and review services, and noncompulsory, competing accreditors are

[1] I cannot find the original source of this quote.

more than capable of furnishing the information that consumers want and need to make safe, smart decisions."

However, there are, rather obviously, serious practical problems to this praxis. While sharing information about DIY pharmacology is not illegal and, as Grants Birmingham writes for *Time*, the Open Insulin "project seems to be in a regulatory safe space, but that may change as it gets closer to making actual medicine." And, of course, "if [Open Insulin] does reach a production phase, [it] would have to conform to Good Manufacturing Practice, the FDA rules for factories that make medicine, food, cosmetics and medical devices. And because the group plans to share its insulin-production framework online, crossing state lines, there may be other legal issues on the horizon." Then there is the immediate danger of throwing together cocktails of homemade medication. For example, pseudoscience debunker Yvette d'Entremont is firm in her opinion that "there are so many things that could go wrong in constructing [the DIY EpiPen]. It seems like such a bad idea." And, further, "[i]t's all fun and games until your product gets contaminated and you get a giant abscess in your muscle." I know I would be *very* hesitant to try something like this at this stage of development. Furthermore, any proposal regarding the liberation of medication in the U.S. must be considered within the context of the COVID-19 Pandemic—where people are spreading vaccine misinformation en masse and making 'independently researched' and completely stupid decisions to take horse dewormer as treatment—as well as the long-standing opioid crisis.[2] So while with the decay and eventual collapse of state capitalism, this may certainly become the manner in which essential medications are made available through the aforementioned neighborhood cooperative clinics and North American barefoot doctors

[2] Not much can be said that has not already been said about how the opioid crisis is not the product of some non-existent free market but of corporatism; and a *properly* libertarian perspective on COVID-19 can be found in Carson's "Pandemics: The State As Cure or Cause?" and Andrew Kemle's "Libertarianism vs Psychopathic Dumbfuckery."

at the price of their necessarily low cost of production, for now, I–someone who, it must be made clear, is neither a scientist nor medical professional–would have to agree with the CEO of DIY genetic engineering company The Odin Josiah Zayner, who calls the work done by Four Thieves Vinegar "proof of concept stuff . . . usually the first step in innovation."

Due to these serious problems, one might be inclined to focus on more respectable but still decentralized solutions available in the form of healthcare insurance cooperatives, fraternal benefit societies (hopefully to be raised back up to their former glory), healthcare sharing ministries, free medical clinics (in the style of the Black Panther Party), pharmaceutical purchasing cooperatives (for lay people not just pharmacies), etc. Logan Glitterbomb writes that…

> [c]reating, supporting, or volunteering at [the aforementioned] free clinics, cooperative clinics, and grassroots union-run facilities are great ways to increase access to medical care for low-income individuals. Having these facilities also promote and focus on preventative care, rather than treatment, can also cut down cost and increase public health in the long term. The Ithaca Health Alliance was created by the same minds behind the labor time-based alternative currency known as, [Ithaca] Hours. It is a wonderful example of a community-based healthcare cooperative that is right in line with anarchist values and tactics. Their network of over 150 local healthcare providers offer a 5-10% discount to all IHA members. The IHA also runs the Ithaca Free Clinic, a free community clinic staffed by volunteer physicians, herbalists, acupuncturists, and more. The Ithaca Health Fund, which offers emergency medical grants to low-income patients, also provides grants