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Abolitionist Care: Crip of Color Worldmaking in the U.S.-Mexico Borderlands

A Dissertation submitted in partial satisfaction of the requirements
for the degree Doctor of Philosophy

in

Anthropology

with a Specialization in Critical Gender Studies

by

Alexia Arani

Committee in charge:

Professor Saiba Varma, Chair
Professor Brian Goldfarb
Professor Joseph Hankins
Professor Dredge Kang

2022

The Dissertation of Alexia Arani is approved, and it is acceptable in quality and form for publication on microfilm and electronically.

University of California San Diego

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ABSTRACT OF THE DISSERTATION

Abolitionist Care: Crip of Color Worldmaking in the U.S.-Mexico Borderlands

by

Alexia Arani

Doctor of Philosophy in Anthropology

With a Specialization in Critical Gender Studies

University of California San Diego, 2022

Professor Saiba Varma, Chair

In recent years, the United States has witnessed growing interest in a global prison abolition movement that seeks to defund police, free all incarcerated people, and reinvest in communities that have been disproportionately disenfranchised under racial capitalism.

Abolitionist scholars and activists argue that prison abolition is not just about destroying carceral institutions but is fundamentally about building new relations that are equipped to intervene at the root of institutional and interpersonal forms of violence and harm. While abolitionists take up this worldmaking project in many ways, this dissertation focuses specifically on Disability Justice and how disabled queer and trans people of color (QTPoC) contribute to prison abolition through abolitionist forms of care. I define abolitionist care as the often unseen and undervalued reproductive labor of reimagining and enacting care beyond carceral logics of surveillance, punishment, and abandonment of bodyminds marked criminal or pathological. I argue that by reimagining forms of life beyond the disabling, carceral, settler colonial state, abolitionist care is an exercise in crip of color worldmaking.

Drawing on ethnographic research conducted between 2018-2019 and more than seven years of grassroots organizing in San Diego, CA, I show how QTPoC attempt to prefigure a world where prisons, psychiatric hospitals, and other detention facilities no longer exist. One of my major arguments, however, is that abolitionist care and carceral care are not rigidly divided. Many QTPoC regularly navigate carceral institutions as part of their abolitionist care work, while carceral, medico-juridical logics are unconsciously reproduced by many QTPoC who are working towards abolitionist projects. Approaching these contradictions as generative of abolitionist knowledge production, I chart the complex ways that QTPoC experiment, compromise, and (re)negotiate their strategies and tactics, mapping the emotional and affective contours of this work along the way. Ultimately, the dissertation offers critical reflections that are meant to be useful for organizers, activists, service providers, and others who are invested in building abolitionist worlds.

Introduction

"The indigenous communities, for centuries, have always done the two at the same time, the urgent and the important. The urgent is to survive, or to not die, and the important is to live. And they resolve this with resistance and rebellion, they resist dying and at the same time create, with rebellion, another way of living. In this way, they say that always when you are able, you have to think of creating another thing." – Enlace Zapatista

"We spend so much time and energy convincing non-trans people of the truth that we are a vulnerable and victimized population to such an extent that sometimes we forget also how fucking strong and resilient we are. These things can exist in tandem: recognition of the injustices against us and also celebration of the fortitude it takes for each of us to live in this world." – Cooper Lee Bombardier

I could tell you a story about sick and disabled queer and trans people of color (QTPoC)[1], living with multiple mental and physical health (non)(mis)diagnoses in the U.S.-Mexico borderlands. I could gently probe the edges of their trauma, offer you a glimpse of the inside parts, where they are battered and raw and soft. I could propose a theory of temporal violence at the hands of violent institutions. I could tell you about the waiting—on medicine, benefits, paperwork. The dull, static time. How it chokes. How it bleeds. How I spent hours sitting in on appointments with psychiatrists, primary care, pain management, endocrinologists. How I spent days in and out of emergency rooms. I could tell you about waiting for medication in hospitals, how doctors do not recognize the urgency of a flare-up until my friend collapses in the bathroom. How I spent weeks reading and writing, constructing an annotated bibliography on the poetics and politics of waiting.

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[1] Although there have been calls to replace the term "people of color" (POC) with Black, Indigenous, People of color (BIPOC) in recent years, I use POC for the following reasons: 1) According to Loretta Ross (2015), POC/WOC are terms that were created *by* Black feminists to create solidarity among women impacted by racialization 2) As Autostraddle's round-up (2020) on how their contributors use "BIPOC" suggests, it is not always clear whether the term is meant to be inclusive of non-Black and non-native POC. If I am writing specifically about Black or Indigenous communities, I name these communities. When I am talking more broadly about racialized communities including Black, Indigenous, Latinx, Asian, Pacific Islander, Arab, and mixed-race people, I use POC.

I could tell you how we waited in court rooms for white judges to pass out punishment to the low-income—often unhoused—people who got on the trolley without paying the $2.50 fair. How I broke down and cried when I got home, three hours later. I could describe how a community member was brutalized by police, paramedics, and staff at the psychiatric facility where they were non-consensually detained and restrained. I could tell you about another friend, stockpiling her medications, waiting months for her public health coverage to be renewed, how the social workers at the gay clinic misgendered her, how she retreated into the comfort of her home, not leaving it, for weeks.

If I tell you these stories, I must explain that when my friend was fined $192 for not inserting their trolley ticket at the station because they were out of money and needed to reuse their fare for another medical appointment, another community member and I paid off the fine within hours. I would also have to tell you that as another friend awaited medication at the second hospital we visited that week, we sat and ate dried mango, watched Ru Paul's drag race on their laptop, and joked about queering the clinic. When five hours passed and we were exhausted and desperate, more QTPoC friends filed in to take on another support shift. We got out our phones and texted our friends in Tijuana—*who can bring steroids and anti-inflammatory meds across the border?* When another friend was nonconsensually detained in a psychiatric facility, we flooded their lines with calls, asking for their immediate release. As another friend sat at home, spiraling deeper and deeper into a depressive funk without her necessary medications, she still managed to work on her zines, writing about gender, relationships, revolution. When we sat in her yard we listened to her chimes and watched the birds hop among the grass, searching for exposed worms. When I made her laugh it filled my chest with tenderness, gratitude, hope.

In the social science literature, people who are sick, disabled, and dependent upon state systems for care are often framed as victims who are unknowingly complicit in their own oppression (Auyero 2012; Zigon 2010; Zola 1986). Drawing on Foucault's theories of power as decentralized and dispersed through systems of governmentality and structures of discipline (1977, 1991), many scholars of care and biopolitics argue that marginalized communities are molded compliant and controllable, managed by the neoliberal state through discourses of illness and disease (Dumit 2012; Fassin and Rechtman 2009; Nguyen 2010; Petryna 2013; Szasz 2007). When the agency of sick, disabled, poor, immigrant, Black, and Brown populations are amplified in these narratives, their options are shown to be dreadfully constrained—for example, Canadian Inuit take their own lives to escape the surveillance of the settler state (Stevenson 2014), or queer migrants consider infecting themselves with HIV to gain immigration papers (Ticktin 2011).

In public health research, these lives are similarly approached through frameworks of risk and disparity. When medical students have a single seminar on what biomedicine terms "racial, sexual, and gender minorities," they are warned to look out for co-morbidities. Risky behaviors. They may or may not be told that, compared to cisgender and heterosexual populations, LGBT communities have higher rates of tobacco, alcohol, and drug use. That we are more likely to have mood and anxiety disorders, depression, suicidality, and exposure to traumatic events. That STI rates are higher. That our communities, although more susceptible to certain forms of cancer and cardiovascular disease, are less likely to seek out preventative care. That when LGBT people are also of color, these risks are significantly compounded (AAMC 2014; Committee 2011; Makadon et. al 2015). While social determinants of health show that racism, poverty, ableism, sexism, homophobia, and transphobia literally make us sick, the pathology is not attributed to these systems, but to those of us who are disproportionately impacted by them. Systemic health outcomes become individualized and understood as indicators of risky lifestyle choices, dangerous neighborhoods, and the failures of personal and community responsibility, rather than the engineered outcomes of a murderous racial capitalist state. As feminist ethnographer Sameena Mulla suggests, “the institutional perspective simply conflates the individual at-risk with the individual *as* risk” (2014: 228, emphasis added).

These hegemonic narratives reproduce what anthropologist Joel Robbins calls the “suffering slot” (2013) and what Unangax̂ Critical Race and Indigenous Studies scholar Eve Tuck describes as “damage-centered research” (2009). Tuck explains that damage-centered research “looks to historical exploitation, domination, and colonization to explain contemporary brokenness, such as poverty, poor health, and low literacy…[and] is a pathologizing approach in which the oppression singularly defines a community” (413). While disabled queer and trans people of color—as folks inhabiting multiple marginalized social positions—are indeed disproportionately impacted by oppression, our communities are so much more than our suffering and trauma. As Tuck argues, we are never *just* damaged or broken (416).

Responding to Tuck’s call for desire-centered research that analyzes what we are stretching towards and not just what we are struggling against, I want to tell a story about how sick and disabled QTPoC build abolitionist worlds. Worlds where you don’t have to call the cops when your friend is suicidal. Worlds where disabled people can dictate how they are cared for and be heard and respected. Worlds where we don’t criminalize survivors nor the people who inflicted violence and harm upon them. Worlds where we share from a place of abundance rather than competing and hoarding from a logic of scarcity and depravation. I want to tell a story that shows how we plant the seeds for something nourishing, affirming, sustainable, and communal—even as we may understand ourselves to be broken, damaged, or diseased.[2] In this dissertation, I foreground *abolitionist care*—the care practices that both resist and reimagine forms of life beyond those produced by the disabling, carceral, settler colonial state (Kim 2017)—to tell our stories otherwise.

Reproductive Labor as Worldmaking

One of the major arguments of this dissertation is that care work among and between sick and disabled QTPoC is not just a means of survival, a reproductive form of labor that maintains and ensures social life. It is also a mode of *survivance,* what Chippewa writer Gerald Vizenor describes as a process of "creating spaces of synthesis and renewal" (1994: 53). In keeping each other alive, we are also always imagining and experimenting with less oppressive ways of being in the world. Far from arbitrary, these small acts of organizing relations beyond cisheteropatriarchy and racial capitalism are impactful political work. As Black queer writer, facilitator, and political strategist adrienne maree brown argues in *Emergent Strategy: Shaping Change, Changing Worlds* (2017): "What we practice at the small scale sets the patterns for the whole system" (53). It is through acts of repetition, experimentation, and refinement that abolitionist worlds are brought into existence. Care, in this way, is a form of worldmaking.

Yet, the study of care work tends to focus on spheres of domestic and reproductive labor, predominantly centering women (of color) who are presumed to be abled, cisgender, and straight. While reproductive labor has at times been positioned as an inherently social good that

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[2] White disabled and genderqueer writer, speaker, and activist Eli Clare writes that while he has struggled against perceptions that he is "broken" due to living with cerebral palsy, he at the same time *does* feel broken due to the long-term effects of childhood abuse (2017: 158-9). As Clare writes: "I've come to know that there will be no cure. I claim brokenness to make this irrevocable shattering visible" (160). The femmes of color whose burnout experiences I explore in Chapter Four similarly described themselves as "broken." While a white disability rights/disability pride framework may disparage claims of "brokenness" as internalized ableism, Disability Justice holds space for greater affective complexity and nuance.

is constitutive of moral personhood (Gilligan 1982; Kittay 1999; Noddings 1984), many feminists, particularly feminists of color, have been more ambivalent in their attitudes towards care work. For example, many have noted that when reproductive labor is assigned valuation in capitalist labor exchanges, it reproduces and exacerbates underlying gendered and racialized disparities (Ehrenreich and Hochschild 2004; Glenn 1992, 2010; Murphy 2015; Raijman, Schammah-Gesser, and Kemp 2003; Vora 2015). Black and racialized immigrant women disproportionately take up the reproductive labor of maintaining white life—an inheritance of colonization and chattel slavery, which Black feminist philosopher Joy James describes as reproducing and stabilizing "the very social and state structures that prey upon them" (2021: 29). In many conceptualizations, care work is positioned as a burden, a drain, and a distraction from the work of political organizing (Fraser 2016; Loewe 2016; Muehlebach 2012).

Queer, trans, and disabled scholars and activists have argued that in emphasizing domestic forms of labor, much of the care work literature neglects forms of mutual aid and emotional support that circulate in queer, trans, and disability communities (Kim and Schalk 2021; Malatino 2020; Wong, Piepzna-Samarasinha, and Milbern 2017; Piepzna-Samarasinha 2018; Raha 2021). Because many of us cannot rely on our biological families or state systems to provide affirming and enduring support, we regularly turn to one another—as Kai Cheng Thom, a Chinese Canadian trans femme social worker and writer argues: "*Queers take care of queers. No one else will*" (2019: 117). Despite ample critiques of commodified care exchanges, feminists of color have noted that when marginalized communities redirect their reproductive labor towards their own bodyminds, families, or communities, it can be a powerful act of resistance and self-determination (Lorde [1980] 1997, 1988; Nash 2011; Valiavicharska 2020).

Because social networks in the United States are largely organized around "domestic space," "kinship," "the couple form," "property," and "the nation" (Berlant and Warner 1998: 558), queers, trans folks, and disabled people must create spaces for ourselves. This is not just an exercise in reproduction, in the sense of maintaining the status quo, but is also an exercise in reimagination—collectively building something new. Yet, our spaces can be "hard to recognize as worldmaking because they are so fragile and ephemeral" (Berlant and Warner 1998: 561). For queer and trans folk who are also disabled, this dynamic is further intensified. Many of our intercommunal forms of care are unlikely to be seen or acknowledged. We are always positioned as recipients, and not providers of care. As Leah Lakshmi Piepzna-Samarasinha, a queer disabled femme writer, organizer, and performance artist of Burgher/Tamil Sri Lankan and Irish/Roma ascent, shares on Alice Wong's *Disability Visibility Podcast* (2017): "The able-bodied world has no idea how much care disabled folks give to each other." Being in community with queer, trans, and disabled people often involves a lot of reproductive and emotional labor—keeping each other alive by crowdfunding for surgeries, loaning each other money for rent, swapping meds, spending the night with a friend who is feeling suicidal, food sharing, giving rides to medical appointments, providing a couch to sleep on, and 'holding space,' among many other practices that are rarely regarded as essential, political, or transformative forms of work.

My dissertation is full of moments—fragile, fleeting, and ephemeral—that show how disabled QTPoC are creating spaces, forging networks and relations, and shaping the worlds around them. For example, in the first chapter I track how Krys Méndez[3], a chronically ill and disabled queer and nonbinary Latinx person, organized a campaign against academic ableism after they were fired from a teaching position for being deemed "too sick" to work. While the

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[3] Krys requested that their name be used in the dissertation as a way of increasing visibility and knowledge of their political campaigns. I use pseudonyms for all other interlocutors.

campaign was a fight for survival, borne out of necessity to retain their healthcare and wages, it was also a process of imagination and experimentation that laid the foundation for future disability organizing efforts. Across the chapters, I track how fights for survival are always also a fight for something more—to reimagine the place of disabled people in society (Chapter 1), to reconfigure how we deal with abuse and harm (Chapter 2), or to forge a more equitable approach to care work that prioritizes reciprocity and rest (Chapter 3).

While some of these acts of abolitionist care may be readily legible as activism due to their visibility, use of direct action, or attempts to instigate critical mass, I follow the lead of disabled scholars, activists, and cultural workers who expand notions of what political work can be. As Johanna Hedva, a genderqueer chronically ill Korean American performance artist, proposes in their "Sick Woman Theory" (2017): "most modes of political protest are internalized, lived, embodied, suffering, and no doubt invisible." Across the chapters, I approach chronic illness and disability as sources of embodied knowledge from which sick and disabled QTPoC craft crip-abolitionist epistemologies. In so doing, I position the disabled subject position as one that is generative of political strategy, not just for queers with disabilities, but for broader abolitionist communities. Across the various case-studies presented in the dissertation, I approach the reproductive labor of disabled QTPoC as a form of political work—a productive, powerful mechanism for striving towards abolitionist worlds.

Crip of Color Critique

Building on Black feminist, trans, queer, and crip interventions in the care literature, this dissertation examines what happens when we shift the margins to the center: What conceptualizations of care unfold when we center the care practices of sick and disabled QTPoC, who are bound together not by biological ties or capitalist labor exchanges, but instead by forms of queer kinship, friendship, and political solidarity? What conceptualizations of activism unfold when we look at the affective, immaterial, and reproductive forms of labor that sustain survival and resistance in sick and disabled QTPoC communities? And by shifting dominant conceptualizations of care and activism, how might we also shift dominant conceptualizations of racialized, gendered, and sick and disabled people as dependent, pathological, criminal, and in need of intervention?

My approach to centering the care work and knowledge production of disabled QTPoC is informed by and contributes to a growing body of interdisciplinary scholarship utilizing crip of color critique. As queer feminist writer and professor Jina B. Kim explains (2017), crip of color critique is a critical methodology at the intersections of women of color, queer of color, feminist, and disability theorizing/organizing that "asks what liberation might look like when able-bodiedness is no longer centered." By infusing analysis of disability with race, sexuality, gender, and class, this critical methodology makes two primary interventions in white disability studies: 1) It critically engages the state, not as an arbiter of protection and rights, but as an arbiter of disablement/debility for racialized populations marked as expendable and 2) It shifts the focus of disability organizing from independence and self-sufficiency to interdependence and networks of care, reading for "relations of social, material, and prosthetic support—that is, the various means through which lives are enriched, enabled, and made possible." In moving away from "reform-oriented strategies… and toward more disruptive modes of organizing life," crip of color critique is abolitionist scholarship. As a critical methodology, crip of color critique entails both recognition of, and investment in, modes of abolitionist care that are already ongoing, as well as carrying on a "speculative project of world-making" initiated by feminist crip of color ancestors sustaining and imagining life against and beyond the disabling, carceral, settler colonial state (Kim 2017).

Drawing on the critical methodology for Black feminist disability studies offered by Moya Bailey and Izetta Autumn Mobley (2019), I understand crip of color critique to not just entail engaging self-identified disabled QTPoC or "assigning people a label that they wouldn't have chosen for themselves," but rather to be a process of critically examining how structures of (dis)ability[4] impact the lives and possibilities of people who may be read/rendered as pathological, criminal, sick, or mad due to their racialized, gendered, and classed embodiments (34). As Black abolitionist organizer and lawyer Talila "TL" Lewis explains:

> [Ableism is] a system that places value on people's bodies and minds based on societally constructed ideas of normality, intelligence, excellence, desirability, and productivity. These constructed ideas are deeply rooted in anti-Blackness, eugenics, misogyny, colonialism, imperialism, and capitalism. This form of systemic oppression leads to people and society determining who is valuable and worthy based on a person's language, appearance, religion and/or their ability to satisfactorily [re]produce, excel and "behave." You do not have to be disabled to experience ableism (2021).

While many of my interlocutors self-identified as disabled, others did not—despite living with chronic migraines, anxiety, panic attacks, depression, involuntary tics, depression, trauma, and other lived experiences that may be read as markers of disability.[5] In using crip of color critique to make sense of my interlocutor's experiences, and reading their forms of care and activism as part of an ongoing lineage of crip of color worldmaking, I am not seeking to label, identify, or

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[4] In *Bodyminds Reimagined: (Dis)ability, Race, and Gender in Black Women's Speculative Fiction* (2018), Sami Schalk uses (dis)ability to reference the "overarching social system of bodily and mental norms" that encompasses both normative understandings of ability and disability (6).

[5] Barbarin (2019), Clare (2013), Schalk (2018), and Spade (2003) have written of the tense relationship that some Black and/or transgender people have with disability categories, due to their increased susceptibility to medical surveillance and pathologization.

fix my interlocutors as disabled subjects, but rather to expand the field of possibility for what Disability Justice looks like and can be.

Many forms of labor in QTPoC communities are not recognized, nor valued as, legitimate modes of care, activism, and knowledge production—most often due to racist, ableist, cisheteropatriarchal epistemologies that only value affective, immaterial, and emotional forms of labor when they provide a fixed deliverable or outcome.[6] I build on a crip of color, feminist, and abolitionist tradition that values emotional, embodied, spiritual, intellectual, and interpersonal forms of labor, even when their outcomes remain to be seen.

Abolitionist Care

This dissertation expands the terrain of abolitionist struggle beyond sites of confinement to focus on how QTPoC reimagine and enact forms of everyday care to resist carceral logics of surveillance, punishment, and abandonment that mark people as criminal, disposable, unproductive, or pathological. Abolitionist care attempts to prefigure a world where prisons, psychiatric hospitals, and other detention facilities no longer exist. At the same time, abolitionist and carceral forms of care can also converge in unexpected and insidious ways. As Black queer feminist scholar Savannah Shange articulates in her exploration of "carceral progressivism" (2019), racialized carceral logics [have] stretched beyond literal confinement to shape the practice of social justice movements" (15). Approaching these tensions and contradictions as inevitable in the project of abolitionist worldmaking, throughout the dissertation I show how QTPoC are constantly experimenting, compromising, and (re)negotiating strategies and tactics. Yet, these efforts do not always result in safety, healing, or liberation. Indeed, much of the

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[6] Thanks to Ren-yo Hwang for this reflection on my work.

dissertation tracks the emotional labor of managing disappointment, despair, and heartbreak in the wake of carceral community (non)interventions. However, I argue that these efforts are nonetheless generative and informative, producing knowledge of the strategies and tactics that organizers may or may not wish to call upon in our work for transformative social change.

I understand *abolition* to be a "political vision, a structural analysis of oppression, and a practical organizing strategy" (Kaba 2021: 2) that seeks to eliminate carcerality from all areas of social life. Deriving from the logics and practices of slavery/colonization/racial capitalism (Robinson 2019; Smith 2006), *carcerality* is a racialized pattern of domination and control upheld by policing, surveillance, isolation, punishment, and imprisonment ("What is the PIC?"). While jails, prisons, and immigrant and juvenile detention centers are easily recognizable as carceral institutions, carcerality exists on a continuum that stretches beyond the prison walls, shaping social institutions, ideologies, interpersonal relations, subjectivities, and embodiments (Foucault 1977; Stanley and Smith 2015). Schools, nursing homes, rehabilitation centers, psychiatric institutions, institutions for people with intellectual and developmental disabilities, hospitals, social work, child protective services, and the family[7] can function as carceral sites, most often through forms of carceral care focused on containment and control (Adams 1995; Ben-Moshe 2020; Cross 2014; Lajimodiere 2019; Lash 2017; Roberts 2008; Shange 2019).

I use the term *carceral care* as an umbrella term for forms of care that reproduce the logics and practices of the slavery-imprisonment nexus (Alexander 2010; Smith 2006), most commonly through forms of scarcity, surveillance, imprisonment, and punishment. Carceral care

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[7] The resource, "Talking Circles at Home and Parenting Restoratively," created by Restorative Justice practitioner Jennifer Viets and circulated by abolitionist youth organization Project NIA, can be requested for download at the following website: https://www.surveymonkey.com/r/TalkingAtHome. For more on carceral parenting and the oppression of children, see: Morales, Aurora Levins. 1998. "The Politics of Childhood." In *Medicine Stories: Essays for Radicals*, 104–10. Durham: Duke University Press.

includes militarized care, such as interventions of the police and military in the name of national 'security' or 'love' (Ahmed 2015 [2004]; Boodman 2020; Varma 2020) as well as biopolitical and humanitarian forms of care, which often reproduce racialized, ableist, and heteronormative hierarchies of value and deservingness as well as practices of surveillance, punishment, and control (Fassin and Rechtman 2009; Garcia 2010; E. Kim 2017; Livingston 2014; Nguyen 2010; Pinto 2014; Ticktin 2011; Zigon 2011).

I use *abolitionist care* to refer to the often unseen and undervalued reproductive labor of reimagining and enacting non-carceral modes of care for communities targeted by policing, too much and too little biomedical intervention, interpersonal violence, gender surveillance, and other forms of systemic harm. While abolitionist care works to ensure the survival of populations marked for strategic abandonment (Gilmore 2007; Medel 2017), it also works to dismantle racial capitalism, of which anti-blackness, ableism/sanism, heteropatriarchy, and gender normativity are building blocks and a driving force (Bell 2011; Mogel, Ritchie, and Whitlock 2011; Pickens 2019; Smith [2006] 2016). By creating new social relations "outside of regimes of racial and gendered violence and normativity" (Haley 2018: 9), abolitionist care is an exercise in worldmaking (brown 2017a; Dave 2012; Muñoz 2009; Rodriguez 2014), an oscillation between what Black feminist scholar Sarah Haley refers to as the "present continuous" and the "subjunctive" of abolition— "the expression of what might be [and] what could have been" (2018: 12).

Under the banner of abolitionist care, I include practices such as self-care and collective care/mutual aid. *Abolitionist self-care* is defined here as work disabled QTPoC do for/upon themselves in the service of survival, joy, thriving, healing, and social and political transformation. While neoliberal self-care focuses on quick-fix remedies and superficial luxuries made possible through the exploitation of gendered and racialized workers (Kim and Schalk 2021), abolitionist self-care allows QTPoC to transform themselves and their broader social worlds through practices of survivance and healing. For example, in Chapter 2 I show the importance of self-care for survivors of sexual violence, who are not always able to depend upon their broader communities for enduring forms of support. In Chapter 3, I show how queer femmes of color reoriented their care labor towards themselves and their inner circles after becoming disabled and chronically burnt out. I argue that work upon the self, in these contexts, was not a break or deviation from abolitionist organizing; quite the contrary, it was a vehicle for generating sustainable and communal forms of abolitionist work.

Collective care/mutual aid can entail similar practices as abolitionist self-care—such as meeting basic needs and providing avenues for community building, pleasure, and joy—but these forms of care are usually performed by people working collectively, whether that be in organizations, collectives, care webs, or through informal networks like online groups and text chains. While collective care and mutual aid involve similar types of labor, these terms gesture to different political/philosophical traditions, with 'collective care' being favored in feminist and disability organizing and scholarship (MacArthur and Zavitsanos 2013; Padamsee 2011; Piepzna-Samarasinha 2018) and 'mutual aid' the preferred framework among anarchist, Marxist, and leftist social movements and political traditions (Kropotkin 1955; Spade 2020). As Leah Lakshmi Piepzna-Samarasinha pointed out in a webinar on Disability Justice, leftists may recognize the importance of organizing eviction defenses or mutual aid funds, but may be unlikely to bring soup to their comrades when they are sick (2020b).[8] In the dissertation, I use

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[8] Leah expanded on this point in their essay, "How Disabled Mutual Aid Is Different Than Abled Mutual Aid," published on the Disability Visibility Project website on October 3, 2021. https://disabilityvisibilityproject.com/2021/10/03/how-disabled-mutual-aid-is-different-than-abled-mutual-aid/

collective care and mutual aid interchangeably, as both connote forms of care that are exercised at the level of interpersonal relations as a response to and a critique of the “material conditions of crisis, abandonment, and dispossession that the prison regime (including its manifestations in surveillance, detention, monitoring, policing) professes to resolve but in fact proliferates” (Haley 2018: 12).

In defining abolitionist care, I want to be clear that abolition and carcerality do not exist on either end of a rigid binary. One of the major arguments of this dissertation is that these forms of care are not neatly divided, immediately discernible, or contained to specific spheres of social and political life. Incarcerated people and their allies, for example, have shown how incarcerated and detained people forge bonds of solidarity and acts of mutual aid amid the intracommunal violence and social hierarchy of prisons (Burton 2021; Hwang 2019; Velasquez-Potts 2015; Ware 2015). This dissertation similarly tracks how abolitionist and carceral care brush up against one another, yet outside of prison walls, bleeding and seeping into sites that may be unexpected. The first chapter of the dissertation, for example, shows how abolitionist Disability Justice organizing can be waged in carceral and neoliberal institutions. By tracking how Krys’s campaign against academic ableism went beyond a liberal politics of inclusion, I show that abolitionist work involves a variety of tactics, including strategies that may be understood as “non-reformist” reforms (Critical Resistance 2021).

While I show how abolitionist care is waged in carceral sites such as the neoliberal university or the public hospital, I also track how carcerality emerges in abolitionist organizing spaces. Montgomery and bergman, authors of *Joyful Militancy: Building Thriving Resistance in Toxic Times* (2017) explain that “rigid radicalism”—a set of affective dispositions that reproduce the state’s tactics of “fixing, governing, disciplining, and controlling”—is widespread among the

Left (174). A proliferation of recent critiques of call-out culture, as well as narratives of mass exodus from social justice organizing spaces, point to the pervasiveness of rigid radicalism within (queer) abolitionist movements (Brooke 2021; brown 2020; Lee 2017; Schulman 2018; Thom 2019a, 2019b). I take up the proliferation of carcerality within abolitionist organizing efforts in Chapter 2, where I examine how community accountability efforts replicated medico-legalistic logics of triage and demanding evidence of harm, and in Chapter 3, where I analyze how logics of disposability and the role of the captive maternal (James 2016, 2021) are reproduced within care networks in QTPoC communities.

By tracing how carcerality and abolition converge in insidious and unexpected ways, I hope to move away from romanticized understandings of community, Transformative Justice, abolition, and care. Many who are learning about these concepts for the first time can place them on a pedestal, erasing the complexities and contradictions that abolitionist organizers continually face in our work. Abolition feminism teaches us that we must embrace a both/and approach to organizing and analysis (Davis et. al 2022), accounting for incongruity and nuance. To do anything less would be to deny the “complex personhood” (Tuck 2009) of those who have too often been approached through a victim/perpetrator binary. It is thus important to me, throughout the dissertation, to uplift how our communities are working to build less oppressive worlds *while also* analyzing how we fall back on carcerality and inflict harm in the process.

Crip of Color Lineages

While abolition and collective care have become increasingly popularized concepts since the racial justice uprisings and onset of the COVID-19 pandemic in early 2020, abolitionist care efforts are not novel or new (Arani 2020). Harsha Walia, a South Asian activist and writer based in Canada, draws on decolonization as a framework for worldbuilding, arguing: “we have already inherited generations of evolving wisdom about living freely and communally" (2013: 11). While this dissertation primarily focuses on the abolitionist care efforts of QTPoC in San Diego, CA between 2018-2019, in this section I use a crip of color methodology to map the contours of a broader abolitionist care lineage in the United States.[9] At times, this methodology involves centering (queer and trans) people of color who are disabled. As Leah Lakshmi Piepzna-Samarasinha points out, disability is often erased in activist archives, or else is treated as a tragic circumstance, and not a condition of possibility for worldmaking and resistance (2019: 58). Other times, this methodology looks for care practices that, consciously or not, struggle against the disabling biopower of the state while creating anti-carceral relations of survivance and support.

The lineage I offer is by no means comprehensive, nor do I imagine it to have a causal relationship with the abolitionist care I explore in this dissertation. Rather, I am looking for how "echoes" of past organizing efforts shape abolitionist care and crip of color worldmaking in the present. As queer and feminist scholar Lisa Diedrich explains: "[echoes] suggest repetitions of…modes of political struggle that are 'not exact' but still resonate across different times and places" (2016: 21). Searching for the echoes of the past in our contemporary movements helps us to recognize that no political struggle is isolated nor singular, and that there is no clear-cut end to our movements for liberation. Each generation takes up the conditions of possibility that were generated by the actions of those who came before,[10] and remembering and honoring these roots is its own exercise in abolitionist care.

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[9] I limit this genealogy to the United States and the U.S.-Mexico border region because a comprehensive, transnational history of crip of color care is beyond the scope of this project, as well as my expertise. However, abolitionist care and crip of color worldmaking is by no means exceptional to the U.S. I recognize that in limiting the scope of my study, I risk reproducing a hegemony of U.S.-centric discourses that may "reinforce and deepen US imperialism" (Davis, Dent, Meiners, and Richie 2021: 22).

[10] This point is central to Diedrich's critical genealogy of illness-thought-activism, which challenges the hegemonic narrative of AIDS activism beginning and ending with the direct action of ACT UP. Similarly, Black studies

A crip of color lineage of abolitionist care in the U.S. must begin with the survivance and resistance of enslaved and colonized peoples. Black and Indigenous communities in the Americas have always resisted slavery, colonization, and racial capitalism through practices of self and collective care and mutual aid (Davis 1972; Du Bois 1907; Estes 2019; Gordon Nembhard 2014; Hartman 1997; Hossein 2018; Simpson 2021; TallBear 2019). Although a sensationalist preoccupation with violent rebellions often overshadows the mundane forms of rebellion practiced by women, children, disabled people, elders, and others erased from the archive (Camp 2004; Glymph 2012; Hartman 1997; Mustakeem 2016; Richie 2012), abolitionist care consists of an array of tactics, spanning from armed resistance, to honoring and practicing (disparaged, and often times criminalized) ancestral traditions, to caretaking the land and relations with (non)human others (Fairley 2003; Robinson 2000; Sharpe 2016; Yazzie and Baldy 2018).

When the abolition of slavery is viewed as an incomplete and ongoing process (Haley 2018), we can understand present-day calls for abolition of the prison industrial complex (PIC) as part of an ongoing abolitionist care project aimed at protecting communities most impacted by the logics and practices of racial capitalism. The Harriet Tubman Collective, a contemporary collective of Black Deaf and Disabled people whose organizing focuses on ending the criminalization of disability and stopping the expansion of the carceral state, have explicitly foregrounded this historical connection in choosing to honor and build upon Harriet Tubman's legacy in their abolitionist organizing.[11] Harriet was a former slave and abolitionist who helped

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scholars have approached abolition as both an ending and beginning and have argued for a more comprehensive historical framework that does not separate the civil rights movement from Black power, for example, but which views these forms of political activism as iterations of a "long civil rights movement" (Nelson 2011: 7) or ongoing Black freedom struggle (Davis 2016).

[11] This is by no means an isolated example of a crip of color reclamation or of connections drawn between past and contemporary exercises in abolitionist organizing. For example, Leah Lakshmi Piepzna-Samarasinha (2018) has identified Gloria Anzaldúa as a crip queer femme of color ancestor; Alexis Pauline Gumbs (2012), Jina B. Kim

countless others escape to freedom through the Underground Railroad, all while living with a traumatic brain injury that caused intermittent seizures. In a blog post, adrienne maree brown (2017) ruminates on Harriet's approach to abolition, writing: "she had a vision (my people are free), a theory of change (i will physically lead to freedom those who know they are slaves), a gift for adaptation (the underground railroad was about finding the next open space in a series of precarious moves across a deadly chess board) and her body." In offering these reflections, brown situates Harriet as not just an activist and revolutionary, but also as a theorist, visionary, and crip of color world maker whose praxis is always fully embodied.

Building upon ancestral traditions of survivance through cooperation and solidarity, Black and Indigenous communities in the United States have historically invested in economic, social, and political liberation through the creation of autonomous neighborhoods, schools, and clinics. For example, the Oglala Lakota Sioux Nation was able to secure funding and seize their child welfare systems back from the settler state in 2013 (Callow 2021). This victory for Native sovereignty sits alongside countless other efforts to decolonize healthcare systems, economies, justice infrastructures, and other supports for social life.[12] The efforts of the Black Panther Party may be the most widely known among the abolitionist Left—their survival programs, including the free breakfast program for children (which the state later co-opted with the creation of the Women, Infants, and Children Program) and their social health clinics that directly confronted medical neglect and pathologization of blackness—are frequently mentioned in the burgeoning

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(2017), and Jina B. Kim and Sami Schalk (2021) have written of the Black feminist disability politics of Audre Lorde, which have been continued in the organizing efforts of the Audre Lorde Project. Similarly, queer/trans/crip of color organizers and icons Marsha P. Johnson and Sylvia Rivera have inspired a host of abolitionist organizing efforts that have honored their legacy, such as the Sylvia Rivera Law Project and the Marsha P. Johnson Institute.

[12] For example, in the 2021 webinar on "Indigeneity and Disability," Ella Callow highlighted the work of Dr. Subia Big Foot's project *Making Medicine*, the Cherokee Nation *PARENTS* program, Port Gamble S'kallam's *Healing of the Canoe Project*, and the Apache-Navajo *Family Spirit* model developed for Johns Hopkins University's Center for American Indian Health.

activist/academic literature on mutual aid (Spade 2021). However, Nelson points out that the Panthers were building on a long tradition of institution building within Black communities; for example, the "Black hospital movement" dated back to at least the early 19th century (2011: 8, 25).

Abolitionist worldmaking via ongoing investments in caring infrastructures is carried on by the Movement for Black Lives, a contemporary abolitionist, anti-capitalist coalition of more than 50 Black organizations in the U.S. In their recent policy platform, they call for "investments in the education, health, and safety of Black people" alongside reparations, divestment from policing and prisons, and community control of laws and institutions ("Vision for Black Lives" 2021). Similarly, Black Lives Matter has begun centering Healing Justice (which will be discussed further in this section) as a core component of their platform and values, creating spaces, strategies, and toolkits for maintaining health, wellness, and safety while engaging in direct action.[13]

While not firmly situated within most abolitionist histories, the new social movements of the 60s and 70s, which were social justice struggles organized along lines of racial, gender, and sexual identity (Oparah 2015: 329), offered glimpses of how care could be enacted against and beyond carceral state institutions. For example, feminists in the women's liberation movement critiqued medical authority, worked to deprofessionalize expert knowledge, developed self-help tools and activities to help women decrease reliance on patriarchal medical systems, and created their own clinics, despite routinely being targeted for criminalization (Diedrich 2016). Mutual

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[13] For more on how Healing Justice has been taken up within Black abolitionist movements, see: Hemphill, Prentis. 2017. "Healing Justice Is How We Can Sustain Black Lives." *The Huffington Post*, February 7, 2017. https://www.huffpost.com/entry/healing-justice_b_5899e8ade4b0c1284f282ffe?4s1vjiol7fxjn61or=; and "Healing in Action: A Toolkit for Black Lives Matter Healing Justice & Direct Action," *Black Lives Matter Network*, accessed August 11, 2021. https://blacklivesmatter.com/wp-content/uploads/2017/10/BLM_HealinginAction-1-1.pdf

aid has been a key component for the survivance of gays, queers, queens, and trans and gender non-conforming people, both in informal kinship networks and formalized liberation movements (Bailey 2013; Cvetkovich 2003; Feinberg 1993; Gill-Peterson 2022; Green 2019; Hwahng et al. 2019). While the HIV/AIDS organizing of the 1980s dominates representations of gay health activism, LGBT communities were swapping health advice, forming their own clinics, practicing alternative medicine, disputing medical knowledge, and tending to each other's needs well-before the onset of direct-action organizations like ACT UP (Batza 2018; Diedrich 2016; Epstein 1998; Gould 2009). And of course, care was foregrounded as a central organizing strategy and terrain of liberatory struggle during the peak of disability rights organizing from the 1970s to 1990s, which saw people organizing across experiences of disability to demand an expansion of services and accommodations for disabled people to fully participate in public life (Heumann and Joiner 2020; Patterson 2018; Pelka 2012).

Because abolition was not consciously foregrounded by leading members of these movements—indeed, women's liberation, gay liberation, and disability rights have all been critiqued for their anti-blackness and reliance on the carceral, settler state—many of these movements were ultimately reformist. However, it's important to recognize that queers, trans folk, and disabled people of color were also a part of the new social movements, often pushing for abolitionist tactics and goals. For example, revolutionary Black feminist organizations such as the Combahee River Collective (CRC) grew out of and as a response to the reformism of both white women's liberation and allied movements led by people of color, such as the National Black Feminist Organization. The CRC and its supporters and collaborators—like Black feminist lesbian organizer and poet Audre Lorde—centered care and health activism through anti-carceral anti-violence organizing, reproductive justice, critiques of racist and patriarchal medical systems, reflections on their embodied illness experiences, and practices of self-love (hooks 2001; Kaba 2020b; Lorde 1980; Nash 2011; Taylor 2017).

Alongside (and often against) mainstream gay liberation movements, organizations like San-Francisco based Vanguard and New York-based Street Transvestite Action Revolutionaries (STAR) were mobilizing QTPoC, sex workers, and poor and houseless youth in ways that connected gay liberation to the eradication of racial capitalism and carcerality (Cohen 2009; La Fountain-Stokes 2021; Shepard 2013; Worley 2015). Disabled QTPoC writers and cultural workers such as Tourmaline (2012), Timmons (2020), and Piepzna-Samarasinha (2019) have reclaimed these QTPoC histories as not just an essential countermovement within gay liberation, but as an early foundation for what would later become known as Disability Justice. While Marsha P. Johnson, Sylvia Rivera, and other trans feminine founders of STAR used sex work to fund housing for queer, trans, and gender non-conforming kids living and working on the streets, they also called for free medical care under community control, allied with abolitionist, revolutionary organizations like the Young Lords and the Black Panthers, and protested the lethal carceral care of the Bellevue Psychiatric Prison, where Marsha was once involuntarily detained (Cohen 2008). Drawing on their lived experiences of disability—both Marsha and Sylvia lived with suicidality, and Marsha experienced forced hospitalizations and was described (by herself and others) as "mad," "crazy," and "living in her own realm; seeing things through different eyes" (Rivera 2002) —they modeled a crip of color abolitionist care ethic in their enduring commitment to caring for populations marked as pathological, criminal, and surplus.

The intersectional approach to abolitionist care (Thompson 2021) modeled by Sylvia and Marsha is carried on today in the social justice movements and organizing frameworks of disabled QTPoC, most notably in Disability, Healing, and Transformative Justice movements.

Disability Justice emerged as a response to the disability rights organizing of the 20th century, which by centering "people who can achieve status, power and access through a legal or rights-based framework," left many poor, queer, trans, and racialized people out of their movements (Sins Invalid 2019: 15). Disability Justice advocates contend that the rights-based movement was successful in "advancing a philosophy of independent living and opening possibilities for people with disabilities," but that the inclusionary aims of the movement ultimately addressed "the symptoms of inequity but not the root" (14-15). Rather than advocating for inclusion into state systems that are rooted in ableism/sanism, racial capitalism, colonialism, and cisheteropatriarchy, Disability Justice aims to transform the social relations undergirding these intersecting forms of oppression. Sins Invalid's "10 Principles of Disability Justice" emphasizes the centrality of intersectionality, anti-capitalist politics, cross-movement solidarity, commitment to cross-disability solidarity, interdependence, collective access, and collective liberation (2019: 25-26). As a struggle that is fundamentally intersectional and committed to eradicating capitalist and colonialist logics, Disability Justice is an abolitionist project of crip of color worldmaking.

Building on the vision and goals of Disability Justice, *Healing Justice* forges a set of tools to contend with "the increased state of burnout and depression in our movements; systematic loss of our communities' healing traditions; the isolation and stigmatization of healers; and the increased privatization of our land, medicine, and natural resources that has caused us to rely on state or private models that we do not trust and that do not serve us" (Kindred Southern Healing Justice Collective 2021). Drawing upon communal ancestral traditions and histories of survivance in Black, Indigenous, and other racialized communities, Healing Justice aims to "interrupt, transform, and intervene on individual/collective trauma [and] sustain…emotional, physical, mental, spiritual, psychic, and environmental wellbeing" (Page, Kaba, and Utah 2020). Healing Justice as a political and analytical framework, understands traumatization to be the result of ongoing domination and violence at the hands of a settler colonial, antiblack, carceral state and society. Rather than viewing trauma as an individual pathology to be overcome and cured, Healing Justice asks how we can support one another in moving towards collective resilience and social transformation. As Cara Page, founder of Kindred Southern Justice Healing Collective, asks: "How do we remain well inside systems that do not want us to be well or already associate us with disease?" (2013).

While resilience (and the register of trauma) has been critiqued as depoliticizing (Fassin and Rechtman 2009; Rolnick 2019), Page insists that "healing intergenerational trauma is not separate from political liberation" (2013). Indeed, Healing Justice offers avenues for social and political transformation by fighting against the "privatization of healing, the illusion that our struggles are also private and separate, the marginalization of disabled and chronically people and people who struggle with mental illness…and the pervasive disconnection from *all* of our indigenous healing traditions and ancestral wisdom" (Midnight 2012). According to Leah Lakshmi Piepzna-Samarasinha (2019), Healing Justice represents a "fundamental—and anti-ableist—shift in how we think of movement work" (107). Within Healing Justice, abolitionist care is not sidelined, but is the *work* itself (100).

Transformative Justice (TJ) is an abolitionist response to interpersonal violence, harm, and abuse predominantly created and led by women of color and queer, trans, and gender non-conforming survivors of sexual and intimate partner violence. As disproportionate targets of policing and incarceration, these multiply marginalized survivors knew they could not rely on carceral care systems to prevent or interrupt violence because these systems are themselves propagators of harm.[14] Transformative Justice thus seeks to "respond to violence without creating more violence and/or engaging in harm reduction tactics to reduce the violence" (Mingus 2019). While TJ consists of an array of creative, emergent strategies (Dixon and Piepzna-Samarasinha 2020), TJ depends upon building deep relations among community members to facilitate infrastructures of accountability and care (as I argue in Chapter 3). TJ works to build a world in which no person is disposable—a world where survivors are heard, affirmed, respected, and protected, and where those who inflict harm are given opportunities to disrupt the cycles of violence and abuse inherited from cisheteropatriarchy.

While the Color of Violence conference, held in Santa Cruz in April 2000, is often regarded as the birthplace of Transformative Justice as a formalized social movement, TJ builds upon the restorative accountability practices of Indigenous communities, anti-violence organizing among Black feminist collectives such as the Combahee River Collective, and the survival tactics of those routinely criminalized by the state, such as sex workers and trans, queer, and gender non-conforming people of color (Bierria, Kim, and Rojas 2010; Mingus 2019). TJ practices can include survivor support, working towards accountability for the person doing harm, and community accountability—identifying and transforming the conditions that enable, condone, and support ongoing violence.[15] By shifting the focus from the insular perpetrator/victim binary upheld in legal systems and mainstream antiviolence organizations

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[14] Many survivors are criminalized for protecting themselves from harm. To learn more, and/or to fight for their freedom, see: https://survivedandpunished.org/

[15] For examples of what TJ looks like in practice, see Chapter 2 (this dissertation), as well as: Bierria, Alisa, Mimi Kim, and Clarissa Rojas, eds. 2010. "Special Issue on Community Accountability: Emerging Movements to Transform Violence." *Social Justice* 36 (4); Chen, Ching-In, Jai Dulani, and Leah Lakshmi Piepzna-Samarasinha, eds. 2016. *The Revolution Starts at Home: Confronting Intimate Partner Violence within Activist Communities*. Chico: AK Press.; Dixon, Ejeris, and Leah Lakshmi Piepzna-Samarasinha, eds. 2020. *Beyond Survival: Strategies and Stories from the Transformative Justice Movement*. Chico: AK Press.; and Creative Interventions. 2012. "Creative Interventions Toolkit: A Practical Guide to Stop Interpersonal Violence." creative-interventions.org/toolkit/.

towards the social and collective conditions that produce, naturalize, and enable violence and domination, Transformative Justice is an abolitionist praxis.

Disability, Healing, and Transformative Justice movements combine to make abolitionist care practices that meet disabled QTPoC's physical, emotional, and spiritual needs while decreasing reliance on carceral care systems. Leah Lakshmi Piepzna-Samarasinha has written in detail about care webs (2018), the in/formalized networks of support that "are controlled by the needs and desires of the disabled people running them" and that operate from a logic of "solidarity not charity" (41). Organizations like the Fireweed Collective and the Audre Lorde Project's SafeOUTSide the System produce crisis/safety planning tools that allow people anticipating forms of crisis—whether due to psychiatric disabilities and/or vulnerability to state violence—to map out a plan for support that centers the affected person's autonomy and self-determination rather than relying on external modes of authority or expertise.[16] Transformative Justice practitioner Mia Mingus uses a "pod-mapping" tool (2016) to help individuals map out who they can call upon for accountability, safety, and support if they are either harmed or inflict harm upon others. Mariame Kaba and Shira Hassan's *Fumbling Towards Repair*: A *Workbook for Community Accountability Facilitators* (2019), and Creative Intervention's massive toolkit, *A Guide to Stop Interpersonal Violence* (2012), includes practical steps for offering survivor support and accountability practices with the person (and complicit communities) engaged in interpersonal violence.

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[16] For safety/crisis planning resources, see the Fireweed Collective's "crisis toolkit" for psychiatric disabilities: https://fireweedcollective.org/crisis-toolkit/ the Immigrant Service Network of Austin's toolkit for "family safety…for enforcement preparedness": https://www.acluak.org/sites/default/files/field_documents/family_safety_planning_toolkit.pdf; and the Audre Lorde Safe OUTSide the system worksheet for generalized safety planning for diverse situations: https://alp.org/files/safety_and_wellness_plans-compressed.pdf

While I think it is important to uplift the labor and knowledge production of these individuals and organizations, it is equally important to recognize that much of these types of organizing are not formalized into groups and structures, nor are amplified through publications or large social media platforms. In some cases, organizers working in the intersections of these frameworks may not even recognize their work as political. For example, a QTPoC community member and interlocutor who consistently engaged in mutual aid, volunteered at social justice events, supported disabled community members, critiqued biomedicine and policing, and turned to Transformative Justice in the wake of experiencing abuse, told me she didn't identify as an activist, that what she was doing was simply "community care…just something we should be doing."

Although not everyone I write about in the dissertation understood themselves to be activists, nor part of emergent crip of color social movements, that does not mean they were not firmly situated within crip of color care lineages. Their labor is political. I argue that much of the mundane, immaterial, reproductive labor that gets invisibilized or erased from political analysis is the beating pulse of abolitionist organizing and crip of color worldmaking (Davis et. al 2022). It is important that we recognize and amplify these contributions so that more people can enter the folds of these movements. As Dean Spade writes in his primer on mutual aid, but which is applicable to abolitionist care more broadly: "Mutual aid gives people a way to plug into movements based on their immediate concerns…At its best, mutual aid actually produces new ways of living where people get to create systems of care and generosity" (2020: 2). Through practices of abolitionist care, QTPoC are prefiguring the types of relations that could, once and for all, make prisons obsolete (Davis 2003).

Place-Based Struggle

While a crip of color abolitionist care lineage shows that these practices are both long-standing and emergent across the United States, I follow in the tradition of abolitionist geographers by grounding my study in a physical location: San Diego, CA. Honing in on San Diego as a particular site of abolitionist organizing moves the analysis from the "abstract, symbolic, and figurative" to "physical and embodied" sites of political struggle (Moulton 2021:5). As abolitionist geographers Nik Heynen and Megan Ybarra argue, "Neither abolition nor decolonisation is a totalising theory—indeed, both demand that we attend to daily practices of people and land, rather than generalisable abstractions" (2020: 28).

By paying attention to daily practices, I illuminate how systems of domination are always locally situated and met with both invention and resistance. A participant of El Cambalache's Decolonial Economies workshop in January 2020 provided a powerful reframing of global oppression that has fundamentally shaped how I think about the scale of political struggle. [17] As the participant pointed out, many are falling into a climate fatalism because of the ways climate change discourses have been globalized: how can we possibly stop climate change when massive corporations and military formations have colonized the entire globe, producing unfathomable amounts of pollutants in the process? [18] This discourse of global climate change serves to make the issue immense, abstract, and generalizable, when climate change is the product of specific, place-based modes of resource extraction. In each of these sites of extraction, there is organizing

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[17] El Cambalache is a feminist collective in Chiapas, Mexico that works to build decolonial economies and autonomous structures of support. To learn more about their organizing and workshops, see: https://cambalache.noblogs.org/ and https://www.youtube.com/channel/UCslgLGj8V0LFxSaDnL8iYQg

[18] For more on climate fatalism and its impacts, see: Adam Mayer & E. Keith Smith (2019) "Unstoppable climate change? The influence of fatalistic beliefs about climate change on behavioural change and willingness to pay cross-nationally," *Climate Policy*, 19:4, 511-523; and "Climate fatalism grips young people worldwide while the urgency for solution-oriented media grows," *Ipsos*, November 10, 2021. https://www.ipsos.com/en-uk/climate-fatalism-grips-young-people-worldwide-while-urgency-solution-oriented-media-grows

and resistance. Scaling down, in this way, becomes an essential strategy for abolitionist struggle. It allows us to identify how carcerality is made material where we live, work, and organize, opening pathways for resistance and reimagination rooted in the space of the everyday.

Black feminist abolitionist geographer Ruth Wilson Gilmore (2020) asserts: "All liberation struggle is place-based liberation struggle…[it] is specific to the needs and the struggles of people where they are and that where has many, many dimensions." The geographical "where" of San Diego County, CA runs from San Clemente in the north to the San Ysidro U.S.-Mexico border in the south. Not unlike other U.S. cities, San Diego has intense economic inequality and is facing a manufactured housing crisis. The average rent for a one-bedroom apartment in San Diego was $1,800/month in 2018—the beginning of my fieldwork period—and skyrocketed to $2,989 by 2022, when I finished my dissertation writing. In 2018, a report released by the U.S. Department of Housing and Urban Development found that San Diego had the fourth highest population of unhoused people in the country, with 8,576 unhoused people counted during the study's three-hour window (Henry et. al 2018). These statistics were gathered at the tail-end of a Hepatitis A outbreak that spread rapidly through San Diego's unhoused population, infecting more than 600 people and stealing 20 lives.

Many of my interlocutors and surrounding community members were in and out of homelessness during my fieldwork period, sleeping in cars, on friend's couches, and in 24/7 coffee shops. In my communities, there are frequently requests for people to offer a couch for queer and trans youth who have been kicked out of their homes. The long-term housing project for queer and trans youth with which I am most familiar routinely deals with police harassing residents, as well as incidents of intimate partner violence. There are fewer resources for queer and trans people over the age of 25, and shelters are often gender-segregated, making many trans people feel unsafe and unlikely to use these services.

A sprawling territory of more than 3 million people and 4,526 square miles, San Diego is also home to many Chicanx, Latinx, and refugee communities—many of whom are escaping the wars in Iraq and Afghanistan (Aguilera 2017) that San Diego's military-industrial complex helped create and sustain. San Diego hosts seven military bases, three border patrol stations, and six detention facilities (including prisons, jails, and an ICE detention center). During my fieldwork period, 3 of 11 interlocutors experienced police violence, and several more reported experiencing arrest, incarceration, or involuntary confinement in hospitals and psychiatric institutions before the period of my research. Though none of my interlocutors were undocumented, several described first-hand experiences witnessing violence at the hands of Border Patrol agents. One of my research participants was a transgender refugee who harbored fears of being denied citizenship and being deported back to a country where they would lose hormone access and face elevated threats of violence.

While wars, deportation sweeps, and policing pose threats to QTPoC and our communities, there is much overlap between the U.S. military and San Diego's LGBT community (which is not neatly divided along racial lines). San Diego has the highest concentration of LGBT military personnel in the country (Our Victories 2022), resulting in hostile divides between conservative, moderate, and liberal wings of the LGBT community and queer and trans abolitionists. Because much of the LGBT organizing in San Diego is backed by nonprofit organizations and wealthy gay business owners, the issues and tactics of these struggles tend to be reformist. For example, there were conspicuous displays of outrage and resistance when the Trump administration proposed a trans military ban and erased all recognition of trans and nonbinary people from federal documents. While there were marches and rallies with the slogan "#WeWillNotBeErased," there was not an equal outpouring of support from the LGBT community when Trump halted the flow of refugees into the United States by violently closing the U.S.-Mexico border, exacerbating the crisis in care for migrants and refugees who largely fled to Tijuana during the widely publicized caravan migrations of 2018-2019. Similarly, although Honduran transgender migrant Roxana Hernandez was detained in San Diego's Otay Mesa Detention Facility before being transferred to Milan, New Mexico and dying from medical neglect, I was not aware of any local action organized in response to her murder.[19]

The militarized landscape of San Diego intersects with a deeply entrenched nonprofit-industrial complex that exacerbates underlying conflict and inequity. San Diego, like many other U.S. cities, has been susceptible to the nonprofitization of queer politics (INCITE 2017; Beam 2018; Spade 2011). San Diego has one of the largest LGBT community centers in the country, with an annual budget of more than $10 million. San Diego Pride has a budget of roughly $3 million, about 10% of which is funneled back into LGBTQ nonprofits and foundations (Giving Out 2022). Although in 2020 San Diego Pride made the decision to limit police presence at its march and festival and the LGBT Center banned uniformed and armed police from entering their facilities, these decisions marked a notable shift from the generally pro-police and pro-military attitude embraced by these nonprofit organizations. In 2016, for example, a transgender police officer was honored at the annual Trans Day of Empowerment event held at the LGBT

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[19] Because it is important to me to not erase femme of color labor, I want to note that at San Diego's #WeWillNotBeErased march and rally in October 2018, a Spanish-speaking trans Latina spoke of Roxana Hernandez's death and the need for transnational solidarity. She pointed out that 75% of the murders of trans people in the Americas happen in Latin America, and that the arrival of the LGBT caravan in Tijuana has increased the need for international support. Of the many speakers that day, many of whom were trans people of color, she was the only one who advocated for transnational transgender struggles.

Community Center, despite protests and critiques among trans and queer abolitionists—many of them marginalized youth—who insisted “Revolution, Not Reform!”

San Diego’s mainstream LGBT organizations are experienced very ambivalently by QTPoC abolitionists. Many critique these institutions for being white-washed, anti-black, neoliberal, performative, exclusionary of trans and non-binary people, and reformist, while at the same time, utilizing these facilities for therapy, peer support groups, and services. While QTPoC may not be fully satisfied with their experiences in these nonprofits, options for queer and trans affirming care are severely limited. Our Facebook groups are filled with constant recommendations for queer and trans affirming therapists and clinicians, though medical care that meets this qualification while also being affordable and accessible, is a rarity and often comes with other caveats. For example, a great sliding scale clinic staffed by a local university’s masters students (many of whom are QTPoC themselves) only offers temporary, rotating care. You might form a relationship with a therapist only to learn they are graduating and leaving the program next semester (a dynamic I have personally experienced, and which I track more fully in Chapter 2).

In my interviews, I noticed a pattern of QTPoC gradually moving away from formalized nonprofits and into grassroots spaces as they became more secure in their gender and sexual identities, formed queer and trans community, and became disillusioned by the neoliberal values of mainstream organizations. As I show across the chapters of this dissertation, many QTPoC abolitionists find more affirming homes in grassroots movements and campaigns centered on Disability Justice (Chapter 1), Transformative Justice (Chapter 2) abolition of the border and U.S. imperialism (Chapter 3), and mutual aid (Chapters 1 and 3). I don’t mean to suggest that there is an even divide between abolitionist and reformist efforts in San Diego—indeed each chapter tracks these convergences—but I do want to highlight that much of the abolitionist care in this dissertation was generated by disabled QTPoC who were reaching for alternatives to the carceral and humanitarian care systems that are hegemonic in San Diego's queer and trans communities.

In sum, San Diego is a densely militarized border city with contentious divides between its reformist LGBT community and abolitionist QTPoC who oppose U.S. imperialism, policing, and rainbow capitalism. As a luxury tourist destination with no rent control, it is marked by intense economic inequality and scarcity of resources for basic needs and queer and trans affirming care. Because of these dynamics, many of our organizers are continually cycling in and out of crisis, struggling against chronic burnout while trying to keep our communities safe (as I explore in further detail in Chapter 3). Although queer communities throughout the U.S. and beyond are marked by tensions, disagreements, conflicts, violence, and abuse (Thom 2019), San Diego's queer community can feel particularly fraught. As my friend, a Transformative Justice practitioner, explained to me, because San Diego is so conservative and militarized, many queer and trans people here are positioned to view one another as enemies rather than strategic allies. Few of our grassroots efforts last more than a few years at a time, and many organizers end up leaving collective organizing efforts or San Diego entirely.

In a place where abolitionist QTPoC organizing is so fractured and fleeting, it is especially important to recognize the often unseen and undervalued reproductive forms of labor that circulate in our communities. As an exercise in feminist abolitionist genealogy, this dissertation seeks "to both surface the power of small, hyperlocal, and sometimes fleeting action and networks, and to map and archive the ongoing, cumulative, and collective impact of these (often tiny) formations" (Davis et. al 2022: 129).

Ethnography as Care Work

Increasingly, people who have been situated as the objects of academic study are entering the academy as researchers and educators. Many of us are working to imagine ways of doing research in and with our communities that do not reproduce patterns of exploitation and extraction.[20] This labor, when it is seen and acknowledged, is susceptible to critique for being too intimate, unprofessional, unethical, or as one white anthropologist said to me, "as just doing activism and writing about it, instead of actual research." It is my hope and intention that this dissertation can itself function as a form of abolitionist care and worldmaking: that by carving out a place for disabled QTPoC in abolitionist lineages, this work may offer a possibility model for more liberatory ways of organizing, researching, writing, and theorizing in our communities.

Savannah Shange offers "abolitionist anthropology" as an "ethic and scholarly mode that attends to the interface between the multisited anti-Black state and those who seek to survive it" (2019: 10). While ethnographic research can be "damage-centered" (Tuck 2009) and seeped in coloniality, antiblackness, and objectification, I agree with Shange that "as an analytic, abolition demands specificity—the very kinds of granularity that ethnography offers as an accounting of the daily practices that facilitate Black material and symbolic death" (2019: 10). An abolitionist anthropology can thus be useful in moving from theoretical abstractions towards theory that is grounded in daily practices, lives, and lived experiences—a reflexive and revolutionary form of praxis (Freire [1970] 2009).

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[20] As just one example of many of these efforts to reimagine academic knowledge production, *Just Research? Trans Futures in Health and Scientific Knowledge* is a collaborative research project led by trans and two-spirit "community organizers, university faculty, and students in California working in the intersections of gender, racial, economic, and disability justice." To learn more about their work, visit: https://csw.ucla.edu/cswresearch/just-research-trans-futures-in-health-and-scientific-knowledge/

My own approach to abolitionist anthropology foregrounds care work as not just an object of ethnographic study, but as a critical methodology and form of reciprocity for the trust and knowledges that my interlocutors chose to share with me. My orientation towards research is deeply shaped by my ever-evolving social and political identities and locations and my ongoing commitments to queer, trans, and disability communities. I am a queer, mixed-race, femme of color (of Indian, Iranian, Lithuanian, and Dutch descent) living with lots of trauma; I'm currently flirting with the identifier "neurodivergent" during the time of writing this dissertation. I also come from a privileged class background that has motivated me to redistribute my resources and yield my privilege as a tool for social change. I have been deeply involved in San Diego's QTPoC community since moving here for graduate school in 2014. Over the past eight years, I have participated in community organizing and collective care work both in formalized collectives and in informal networks and care webs, work that brushed up against my fieldwork in both generative and caustic ways.

For my dissertation fieldwork, I deepened my ongoing investments in abolitionist care and crip of color worldmaking by struggling alongside 11 QTPoC interlocutors as they reimagined and enacted care in or against carceral care systems (such as clinics, social services, and NGOs), abolitionist collectives (through crowdfunding, mutual aid, and sociopolitical organizing), and through abolitionist self-care practices. To get a sense of the relationship between abolitionist and carceral care, I also volunteered with a local LGBT organization and interviewed 8 QTPoC care workers who were employed in LGBT-serving institutions (interviews which were incredibly generative but didn't make their way into this dissertation).

I envisioned my funded fieldwork period (October 2018 – September 2019) as an immense privilege and responsibility. I decided to dedicate as much time, energy, and labor as possible to support the QTPoC who agreed to participate in my research project, as well as the surrounding community members whose organizing/theorizing inspired the terrain of my research. Alongside the more conventional ethnographic methods, like taking detailed fieldnotes and recording a series of interviews towards the end of my fieldwork period, I also engaged in a series of practices that could be understood as "activist-ethnography" or "participatory action research." Honestly though, most of the time my methods just felt like bringing an ethnographic sensibility to my usual work of *being in QTPoC community*. Drawing on queer activist vernacular, I understand *being in QTPoC community* to entail an ethical and sociopolitical orientation towards other QTPoC. Being in QTPoC community is about showing up, taking donations, collectivizing resources, and offering emotional support. It is about embracing (embodying) the full knowledge that community is not cohesive, unified, ideal, or utopic; that, in fact, it really sucks a lot of the time, but that we need each other nonetheless.

In other words, *being in QTPoC community* is a form of care work, and my ethnographic research on care work was a form of care work itself. I continually reminded my interlocutors that I wanted their participation in my research project to be as reciprocal as possible. While they were helping me by allowing me to learn from their theorizations and knowledge production, I wanted to help by taking on any care labor that could make their lives easier. I gave rides to medical appointments and social services, dropped off meals, organized crowdfunding campaigns, asked around for meds, leveraged my positionality as a 'medical anthropologist at a leading research university' to advocate for gatekeepers to extend services and accommodations, connected people to resources and each-other, coordinated pet care, wrote and edited petitions, open letters, and op-eds, assisted with grocery shopping, household chores, other forms of domestic labor, spent a lot of time listening and holding space for people's experiences, and tried my best to only offer advice when it was asked for. Through these forms of ethnographic care work, I straddled the at-times tenuous overlapping positions of researcher, co-conspirator, collaborator, advocate, community member, and friend—tensions and contradictions that many women and femme of color researchers inhabit when working in our communities (Caldera et. al 2020).

Sometimes, the ethics of care feminists were right—the care work felt good, both for myself and my interlocutors, and facilitated individual and collective healing. For example, at the end of an interview with a trans Latina social worker, she gave me a hug and told me the session felt like therapy. She explained a weight had been lifted because she was finally given the opportunity to reflect on her experiences as a trans woman of color working in a white and cis-dominated institution. She cried several times throughout the interview, telling me, "Nobody has ever asked me what I think about this before." After reading a draft of the chapter analyzing their experiences organizing against academic ableism, Krys thanked me for putting into words an experience that has been largely too overwhelming for him to process. He told me that being able to "literally close the chapter" on this period of his life would be an important part of their healing. There were countless other moments of relief, gratitude, kinship, and intimacy. Moments when I felt incredibly fortunate for the opportunity to invest in these relationships. Moments when I felt truly touched and honored by the immense vulnerability and trust that others were placing in me to hold and share their stories.

However, I don't want to suggest that ethnography—as/alongside care work—is a harmless endeavor. Indeed, the chapters are full of moments where I made mistakes, overstepped bounds, or couldn't meet the needs of my friends and interlocutors. My research became messy in the ways that care is messy; in the ways that community is complicated, fractured, fraught.

While I documented my participants' experiences of burnout and listened to QTPoC care workers as they talked about being triggered by their jobs, I was also navigating a profound exhaustion and heaviness that was not disconnected from my own experiences of trauma and the vicarious traumas I was witnessing and holding alongside my research participants. While I grew closer with some of my interlocutors during the fieldwork period—some are friends who I still spend time and organize with today—other relationships deteriorated, not because of the research process, but because of the pressures and strains of our deeply entangled relations being in QTPoC community together. I often felt like my best intentions routinely resulted in poor outcomes; that no matter how hard I tried, my care was insufficient or tainted—a theme taken up in my reflections on queer community in Chapter 3.

While conflict, contradiction, and tension may be inevitable aspects of abolitionist care, that doesn't mean this work isn't worth trying, or that it shouldn't shape participatory approaches to ethnography. Like my interlocutors, I was trying on various tactics and deepening my skills as an ethnographer and mostly importantly, as a care worker along the way.

Dissertation Overview

Guided by the lives and labor of disabled QTPoC who co-produced these analyses with me, my dissertation makes three primary arguments: 1) Abolitionist care in disabled QTPoC communities is a reproductive form of labor and exercise in crip of color worldmaking. 2) Despite the efforts and intentions of organizers, abolitionist care is often deeply entangled with carcerality. QTPoC regularly navigate carceral institutions as part of their abolitionist care work, and the logics of these institutions frequently shape grassroots organizing efforts, even when they are explicitly set against them. 3) Abolitionist care is prefigurative. Because QTPoC do not navigate their survival and liberation within a theoretical vacuum nor within perfect conditions, they are constantly experimenting, evaluating, and (re)negotiating tactics. Feeling disappointed, discouraged, figuring out new ways of caring for each other, and healing are part of the complex emotional labor of these movements. Instead of approaching this indeterminacy as a limitation, I argue it allows for visionary and generative forms of worldmaking.

These arguments are advanced across three body chapters that utilize ethnographic case studies to illuminate what abolitionist care looks like in practice. In Chapter One, I examine how Disability Justice organizing can engage ableist institutions without reifying their exclusionary and debilitating power. I analyze a year-long organizing campaign against academic ableism organized by Krys Méndez, a queer and non-binary Latinx person living with Multiple Sclerosis, who was fired from a Teaching Assistant position after they were deemed too sick to work. I argue that the demands Krys placed upon the university exceeded a liberal politics of inclusion and advanced an abolitionist vision of justice that accounted for intersectional oppression and collective liberation.

The second dissertation chapter examines how Simone, an Afro-Latina bisexual survivor of sexual assault, struggled to work towards accountability from her abuser without reliance on the police. I track how community members worked towards Transformative Justice by intervening in interpersonal violence and how those efforts, unwittingly, reproduced carceral medico-legalistic logics of triage, worthiness, and exclusion. Drawing on Simone’s retraumatizing experience seeking care from “queer community,” I argue that in our abolitionist care efforts, we must move away from abstract, anonymous forms of care towards more intimate, reciprocal relations.

The third chapter of my dissertation explores the uneven distribution of care work within abolitionist organizing, and how oppression along lines of gender, race, class, and disability is reproduced and intensified within grassroots community settings. I examine the burnout experiences of Vicky and Malia, two queer femme of color organizers who dedicated years of their lives to care work and political activism. I show how the chronic stress of struggling against state violence without adequate social support led to their disablement/debility, ultimately engendering a crip-abolitionist care praxis that embraces the social and political significance of rest. In the conclusion, I explore abolitionist efforts that have emerged since the period of my fieldwork and offer some reflections on how we can continue building the conditions in which we wish to live.

It is an exciting time to be writing and thinking about abolitionist care and queer/crip of color organizing. Although abolitionist movements have existed for centuries, they seem to be gaining unprecedented traction in the United States. As more people are investing in abolition as a theory of social change, it's more important than ever not to lose sight of abolition as a *process*. My dissertation hopes to intervene in what can often be an abstract and abstracted set of theories or endpoint by showing, ethnographically, what the concept of abolition does and what it can do when it is taken up on the ground by people who are directly affected by carcerality. In amplifying modes of abolitionist care in sick and disabled QTPoC communities, I do not aim to be prescriptive. As place-based struggles, abolition is not a one-size-fits-all organizing strategy. However, I do hope to expand possibility models for what abolitionist organizing can look like, help more people recognize themselves and members of their communities as political agents, and carve out some possible pathways for social transformation and collective liberation.

Chapter 1: Abolition in the University

My friend Krys Méndez (he/they) is a non-binary, queer, Latinx person living with Multiple Sclerosis, a degenerative neurological condition in which the immune system attacks the brain and spinal cord.[21] In the fourth year of Krys's PhD program at the University of California San Diego, they took a "leap of faith" and decided to crowdfund over $65,000 to pay for a stem cell treatment that was not covered by insurance. Shortly after launching the crowdfunding campaign, Krys was thrown into a tailspin when his Teaching Assistant (TA) position was revoked by administration after he was deemed too sick and disabled to work. Although Krys suggested many different accommodations and reassignments to administrators, they refused to budge. The work of finding an accessible job was placed on Krys. The university held no legal responsibility.

Between 2018 and 2019, Krys and allied community members organized to demand an accessible reassignment, while at the same time, crowdfunding over $65,000 for Krys's surgery and later mobilizing for justice when Krys became a victim of police violence. Organizers' attempts to initiate change within institutions—such as the university, the hospital, or police departments—were inevitably limited by legal notions of 'responsibility.' Krys's organizing thus strategically moved between medico-legalistic, rights-based registers of 'responsibility' and abolitionist, Disability Justice frameworks that center interdependence, anti-capitalist politics, cross-disability solidarity, and collective access.[22] Their modes of organizing and analysis offered a structural critique of the forms of ableism-racism tethering the administrative violence (Spade 2011) of the university to the carceral techniques of containment, punishment, and

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[21] Although I use pseudonyms throughout my dissertation, Krys requested that his real name be used to continue raising awareness about his organizing campaigns and experiences.

[22] The "10 Principles of Disability Justice" was written by Patty Berne and edited by Aurora Levins Morales and David Langstaff, on behalf of Sins Invalid (2015).

control utilized by healthcare workers and police. In advancing an intersectional campaign against academic ableism rooted in Disability Justice organizing and principles, Krys offered a powerful example of how abolitionist organizing can be waged in ableist-racist institutions, such as the university.

Throughout the academic ableism campaign, Krys maintained a meticulous record of their efforts to gain reasonable accommodations and communications from university administration and other stakeholders. The document is 39 pages, including acronyms for the 12 offices, departments, and programs Krys was in communication with, appointment letters for academic positions, doctor's notes, university policies, key people in the administration, and a color-coded timeline of events spanning from October 2017 to March 2020. Although Krys would ultimately refuse to concede to the university's terms and processes, they recognized that a linear, legalistic approach to their case would aid in appeals to administration, labor relations, or higher education lawyers, should they choose to sue the university. To be legible, they knew they had to replicate the tactics of bureaucratic and neoliberal governmentality. However, they did so without internalizing the attendant politics of those forms of organization. Krys's pragmatic acts of documentation ultimately helped give structure and clarity to a barrage of events, information, and correspondences that were engineered to confuse and overwhelm.

As part of Krys's core organizing team for the three campaigns, I assisted with drafting petitions and statements, gathering testimonies, organizing events and fundraisers, recruiting volunteers, and contacting legal offices and nonprofits. I also organized and participated in other acts of mutual aid, like keeping Krys company in emergency rooms, mobilizing community networks to obtain medications that were being withheld by medical gatekeepers, household labor, managing logistics, and offering emotional support. Krys and I had ongoing conversations that I documented in my fieldnotes, and I recorded two interviews with him in October of 2019. The direct quotations throughout this piece are pulled from those interviews or from written materials that Krys shared with me and gave permission to include in my research. Footnotes throughout the chapter include direct quotes from comments Krys left in the margins of this chapter, after reading an earlier version in July 2021.

In the case study below, I show how Krys organized from a Disability Justice framework that forwarded abolitionist, anti-capitalist politics—a framework that ultimately could not be recognized by the university or by incorporated institutions, such as the UAW 2865 Student-Workers Union. I argue that this uncontainability is what gave Krys's organizing its strength. By refusing to follow the quiet, individualized trajectory of institutional complaint, Krys advanced a powerful expression of ungovernability. If "what you are told to do within the institution is how we reproduce the institution" (Ahmed 2021), Krys's mapping of alternative pathways disrupted the university's reproductive power and advanced a crip of color vision of education, employment, and access done otherwise.

Cripping Abolitionist University Studies

Before moving into an analysis of Krys's campaign, I wish to first situate it within genealogies of critique and resistance within U.S. public universities and the University of California, in particular. The (of course, always partial) genealogy I offer in this section brings Jay Dolmage's *Academic Ableism* (2017) and Disability Justice frameworks into conversation with the emergent field of abolitionist university studies. Abolitionist university studies, in its efforts to add an analysis of racial capitalism to critical university studies, has largely neglected to engage with ableism as a structuring formation of both racial capitalism and settler colonialism. I offer a crip of color perspective to abolitionist university studies by rewriting disabled people, their struggles, and modes of analysis into these genealogies of resistance.

While critiques of the corporatization of the American university have grown increasingly commonplace since the 1990s (Williams 2012), Boggs and Mitchell (2018) point out that women, people of color, and LGBTQ communities have been critiquing the university since at least the 1960s, when members of these communities led militant campaigns to decolonize, demilitarize, and diversify higher education (444). These radical student movements were intersectional in their scope and vision and built on the political frameworks and coalition building of anti-war protests, women's and gay liberation, civil rights, and Black Power movements (Ferguson 2017). Abolitionist university studies traces its origins back to these minoritized social movements, pointing out that the incorporation of universities into projects of racial capitalism is not new (Boggs et. al 2019).

Craig Wilder's *Ebony and Ivy: Race, Slavery, and the Troubled History of America's Universities* (2013), for example, argues that "the founding, financing, and development of higher education in the colonies" was "thoroughly intertwined" with the African slave trade and the colonization of indigenous nations in the Americas (9).[23] In the "post"-slavery university, colleges continued to function as "regimes of accumulation" by "valorizing and exploiting" the free labor of the white male college student (Boggs, Meyerhoff, Mitchell, and Schwartz-Weinstein 2019). Those who were deemed surplus under an enduring system of ableist-racial capitalism—formerly enslaved African Americans, Native communities, poor whites, and people with intellectual, developmental, psychiatric, and physical disabilities—were sorted into their own sites of containment via prisons, boarding schools, "idiot schools" and asylums. Academic

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[23] The cited page numbers are from the iBook app and may not correspond with the printed version of the text.

institutions—which require that some be labeled as lower, lesser, inferior, and incapable to justify their exceptionalism (Dolmage 2017: 3)—played a large role in the birth and popularization of eugenics, both advocating for and participating in forced experimentation and sterilization on Black, Indigenous, POC, disabled, queer, trans, and intersex bodies (17-19).

As universities responded to the shifting social and political landscapes wrought by the radical social movements of the 60s and 70s, they began to diversify their enrollment, admitting more women, people of color, disabled students, and foreign-born international students (particularly from Asia—coinciding with the politics of the cold war, globalization, and the birth of neoliberalism). As is often the case when institutions respond to radical demands, the admission of students and staff with diverse backgrounds did not radically alter the ableist-racist landscape of higher education. Groups who were historically excluded from higher education were incorporated into university's projects of carceral racial capitalism. Asian international students, for example, are disproportionately recruited into research programs that focus on military weapons manufacturing (Bui 2016). In previous generations, college-educated white women were funneled into Native boarding schools, where they actively worked towards the cultural genocide of indigenous people (Boggs, Meyerhoff, Mitchell, and Schwartz-Weinstein 2019). The overrepresentation of women—and the funneling of Black and Latina women into social work fields—can be read as a continuation of this legacy.

However, as always, this incorporation is never absolute. As Roderick Ferguson, professor of race and critical theory, shows in his exploration of the administrative backlash against student movements in the U.S. (2017), populations who had to fight for their right to higher education are often marked as irrational, criminal, causes of social disturbance, and risks to be managed—higher education's internal Other. For example, queer theorist and art critic

Jennifer Doyle argues in *Campus Sex, Campus Security* (2015) that universities align themselves with white femininity, framing the student body as a vulnerable "girl" in need of protection from men of color (11). Colleges exploit instances of gendered violence to justify increased militarization of their campuses, which allows them to "protect" themselves against perceived infiltrations and protests, at times with lethal consequences (Chabria 2016; "Georgia Tech" 2017; Gurley 2020). The never-ending stories of Black students being criminalized for napping in student lounges (Griggs 2018) or arriving late to class (Flaherty 2022) are indicators that not all minoritized populations are incorporated into the university evenly.

There is also a long legacy of Black and other minoritized communities rejecting the terms of these carceral projects. Throughout the turn of the 20th century, W.E.B. Du Bois and other abolitionist scholar-activists—such as those working at Oberlin College—recognized the power of working within the undercommons (Moten and Harney 2004) and strategically mobilized university resources in their struggles toward abolition democracy (Boggs, Meyerhoff, Mitchell, and Schwartz-Weinstein 2019; Ferguson 2017). During the rampant social transformations of the 60s and 70s, minoritized students led militant protests for demilitarization and decolonization, connecting campus politics to the visions and tactics of the anti-war, civil rights, women's liberation, and Black Power movements of the era. Although the "university obscures its own social relations" (Ferguson 2017: 3) these student-protestors called attention to the white supremacist, patriarchal, settler colonial forces shaping university curriculum, research initiatives, and investments. In demanding transformation at the university level, students were also calling for "a new social order in the nation at large" (9).

These actions for racial and gender justice intersected with a burgeoning disability rights movement, often traced to back to the late 1960s when Ed Roberts—a survivor of polio and wheelchair user who slept in an iron lung—led disabled students in organizing for access to campus housing and other accommodations at UC Berkeley. The Rolling Quads (later renamed the Disabled Students Union), worked to create services for disabled students and built coalitions to move the student movement beyond the university and into the broader public sphere. In 1977, disabled activists launched the longest-sit in U.S. history when they occupied federal buildings, demanding the passage of Section 504 of the Vocational Rehabilitation Act, which would forbid organizations from excluding or discriminating against people with disabilities. This action—which mandated that public education and other federal services be accessible to people with disabilities—was made possible by the support and solidarity of the Black Panther Party and Black disabled activists such as Don Galloway, Johnnie Lacy, and Brad Lomax (DSP 2022; Sangela 2021).

While intensive backlash—ranging from police violence at the hands of the National Guard (Ferguson 2017: 14) to administrative violence enabled by ombudsmen offices (25)—splintered and dampened the momentum of these various movements in the late 1900s, universities have continued to see waves of resistance, especially within the University of California system. In the past twenty years, students across the UC's have protested the university's role in developing nuclear weaponry and have organized for divestment from Israeli occupation, fossil fuels, and prisons (Publia 2016; Sonnenfeld 2007). At UC Santa Barbara, students occupied the chancellor's office to demand sexual violence reforms. At UC Davis, students occupied administrative offices to demand the firing of then-chancellor Linda Katehi, who used university funds to cover up police violence against student protestors in 2011 (Publia 2016). In 2016, UC Irvine's Black Student Union called for abolition of campus police and launched a campaign to #DisarmUC, prompting the statewide UAW 2865 Student-Worker's

Union to include its first contract language around the disarming of campus police in 2018, sparking similar demands at universities across the nation (Buchanan 2020).[24]

Protests at the University of California, Santa Cruz made national news between 2019 and 2020 when graduate students launched a wildcat strike demanding a COLA (Cost of Living Adjustment). A series of militant actions across campus—including highway closures that functionally sealed off campus and occupations of campus dining halls, allowing all students to eat for free—resulted in intensive militarization and backlash, with the UC's spending an alleged $300,000 a day on additional police presence (Kaori 2020)—an exorbitant cost that could have gone towards meeting student demands. Throughout the strike, the way the university's financial interests were protected by police forces who disproportionately targeted students of color, who were surveilled, arrested, and subsequently disciplined by administration, led many strikers to become more aware of the connections between race and capital. Student actions became increasingly abolitionist with "Cops off Campus! COLA in my Bank Account!" becoming the rallying cry of the strikes (Gilich 2020). When the COLA strike splintered in the wake of the intensified precarity wrought by the COVID-19 pandemic, many of these organizers carried on their work through the Cops Off Campus campaign that spread like wildfire to other campuses across the United States.[25]

Amid these multi-campus student movements, Krys Méndez launched a campaign against academic ableism at the University of California San Diego. His struggle for access to

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[24] There is a robust history of student activism across the UC's that goes far beyond the quick gloss that I offer here. To review more key events and actions, see: Miller, Amara. 2017. "UC Democracy: A Manifesto – Demilitarize! Deprivatize! Democratize!" *Abolition Journal* (). August 29, 2017. https://abolitionjournal.org/uc-democracy-manifesto/ And Sonnenfeld, Josh. 2007. "An Incomplete History of Activism at UC Santa Cruz - Timeline." *Indy Bay* (). November 8, 2007. https://www.indybay.org/newsitems/2007/11/08/18459259.php.

[25] The Cops off Campus Coalition—a nationwide collective of student organizations working on issues of campus police/military disarmament, defunding, and dissolution had more than 50 recognized members as of February 2022. To learn more about their work see: https://copsoffcampuscoalition.com/

higher education connected the administrative violence disabled students face to the violences of the neoliberal healthcare system and militarized police forces. He mobilized students and allied community members in an abolitionist, Disability Justice organizing process that prioritized collective access and cross-movement solidarity. Yet, Krys's campaign is unlikely to be included in these abolitionist genealogies. Too often, the struggles of disabled people are dismissed and erased as irrelevant or niche—a personal problem requiring a change in attitude or expectations, rather than a structural form of oppression requiring collective action and social transformation. The devaluation of disabled QTPoC and their political struggles are "forms of structural erasure, a learned and organized epistemology of ignorance," which abolitionist feminists Davis, Dent, Meiners, and Richie insist, "is far from arbitrary" (2022: 160).

In amplifying Krys's organizing campaign as an abolitionist process, I seek to highlight the often invisibilized labor of disabled QTPoC and to include them within abolitionist genealogies. Because the academic ableism campaign focused on disabled students and used language pertaining to "responsibility" and "rights," it may not have been intelligible as abolitionist to those who weren't in proximity, thinking, organizing, processing, and strategizing alongside Krys. However, Davis, Dent, Meiners, and Richie (2022) remind us that:

> Tactics are often not inherently abolitionist, rather the radical potential resides instead in the way the work unfolds and the analysis and language that form and grow as the bedrock of campaigns or strategies. Tethering short-term campaign goals to long-term struggles for paradigm shifts while ensuring that campaign participants understand the connections has always been the work of some anticapitalist queer women of color feminists (155).

In naming how the academic ableism campaign contributed to a legacy of abolitionist struggle at the UC's, I hope to push abolitionist university studies to engage more meaningfully with academic ableism as a carceral state formation that sites alongside and informs processes of militarization, indigenous land dispossession, and policing. While there is no one-size-fits-all approach to abolition, in revisiting Krys's story, I also hope to offer a Disability Justice praxis that can guide our movements for collective liberation.

Queer, Trans, Brown, Crip: Krys Méndez and the Fight against Academic Ableism

Krys was born in New York City to a Honduran mother and Puerto Rican father. He was raised in Sunset Park, a pan-immigrant neighborhood in Brooklyn mostly composed of Puerto Rican, Mexican, and Chinese families. They lived across the street from one of the busiest highways in the country; a fact that Krys recalled in our interview, adding, "this is probably why I'm sick." Krys's politicization began at an early age, as he began drawing connections between the discriminatory treatment his parents faced as Spanish-speaking immigrants, police officers' harassment of sex workers and drug users on his street, and violence targeting his Arab and Muslim friends following the 9/11 attacks. Krys began organizing as a teenager alongside other queer youths of color, joining organizations like FIERCE! and pushing for homeless advocacy, immigrant rights, rent strikes, and protections from gentrification. The skills Krys gained through these organizing experiences would later be essential for their survival when they were forced to crowdfund their MS treatment and protest their termination from UC San Diego.

When Krys was in college, they began seeing flashing lights and acutely lost vision in one of their eyes. He told me he almost feels lucky that optic neuritis is one of the "tell-tale symptoms that leads to a MS diagnosis." While many disabled people spend years in and out of tests, advocating with doctors, trying to find a diagnosis, he knew what condition he was living with a few months after his loss of vision, which he eventually regained. Though he struggled with chronic fatigue, he was able to get through his undergraduate program without formal accommodations. After graduating, he returned to New York City and started organizing with an immigrant labor organization. He led a group of people in a protest of the Department of

Homeland Security, back when Janet Napolitano— the president of the UC system from 2013-2020—was working as the Secretary. Later Krys would recall, laughing, that Janet Napolitano haunts his life. Even before he began graduate school and initiated a fight against academic ableism, the interconnections between the university and the PIC were already apparent from Krys's lived experiences as a Puerto Rican-Honduran organizer struggling against deportations, gentrification, and war.

In the years following his college graduation, Krys began to develop "a series of sub-diseases that fall within MS—like chronic fatigue syndrome and chronic pain syndrome"—and began to recognize himself as disabled. Thinking that he would benefit from a flexible schedule and remote work, Krys decided to apply to graduate school. They were admitted to the Ethnic Studies PhD program at UC San Diego, where they planned to research U.S. security politics and Central American migration. As a graduate student, Krys was approved for accommodations and their professors were genuinely understanding when he missed weeks of class due to MS flares. When his flares conveniently unfurled within the weekday 9-5 hours that his MS clinic in Los Angeles maintained, he would be able to get on anti-inflammatory steroids quickly. Other times, when his symptoms accelerated at an alarming pace and the MS clinic was closed, he would take himself to the ER where he would spend hours, sometimes days, waiting on treatment.

In the third year of their PhD program, at the heels of a major flare that lasted six months, Krys no longer had fellowship support and was expected to begin working as a TA to retain his healthcare coverage, reduce tuition and fees, and meet the professional development requirements of his PhD program. Krys went to the Office for Students with Disabilities (OSD) and was then told to talk with the DisAbility Counseling and Consulting (DCC) office, a division of the Human Resources Department, for they were no longer seeking accommodations as a student, but rather as an employee. He shuffled between the two offices, trying to figure out what accommodations they could offer considering the severity of his degenerative condition. He described the process as “pulling teeth” but eventually, the week that school started, he was informed that they were offering him a position for the Fall as a Graduate Student Researcher (GSR), which would allow him to have flexibility and work from home. While Krys thought he would bounce back from his previous flare and eventually be healthy enough to teach, it became clear in the following months that the debilitating symptoms he had developed were now permanent. He was able to secure a GSR position for the rest of the year.

Despite recurring flares and deteriorating health, Krys was able to progress in his PhD program and complete the work expected of him in his GSR positions. However, in his fifth year, his department was no longer responsible for guaranteeing him employment. Concerned about future job and healthcare security as a disabled, first-generation graduate student without an economic safety net, Krys met with department administrators and a representative of OSD before the start of the academic year and was told to first secure employment and then ask for accommodations. After applying for a range of academic jobs on campus, Krys received an appointment letter for a TA position outside of his department in May. He immediately reached out to the DCC to ask about accommodations. By June, Krys had received no definitive response and “became discouraged about the prospect of a timely resolution.” They began contacting other administrative bodies, such as the UAW 2865— the student-worker union representing academic student employees across the UC system—and the Dean of Social Sciences. In August, Krys was alerted that his department came up with a “short-term solution” in the form of a restructured TA position that would fit the work flexibility that his condition requires. An appointment letter for the restructured TA position was never sent.[26]

On September 11, 2018, Krys was notified that his TA position was revoked. He would later find out this was because a doctor indicated on his forms that he was too sick and disabled to fulfill the duties of the position.[27] Administration made no moves to offer Krys accommodations or reassignments that would allow him to maintain his income and health insurance—even though he had suggested several solutions as early as July. Krys was now without a job and health insurance just weeks before the start of the academic year. As they went back and forth with administrators, department chairs, and faculty, while also searching for and applying for other academic jobs, they were told the funds couldn't be found, TA positions couldn't be adapted, and GSR and Reader positions weren't available and couldn't be created. When he met with a faculty member and administrator to explain the devastating impacts that

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[26] In a comment on an earlier version of this chapter, Krys wrote: "In hindsight, I think this was possibly the most consequential turning point in which a crisis could have been averted, and possibly staved off what are now, evidently, permanent injuries. The e-mail communications made it clear: the administration (including my department) made the prospect of a solution seem likely (#25: Dean of Social Sciences writes on Aug 24, 2018: "we have come up with a short-term solution"; my advisor writes about redefined TAship possibility shortly thereafter). This is the point that frustrates me the most: in a year-long succession of administrators who pointed their fingers in a certain direction (and me obliging to the letter), it was one of the final, most consequential deceptive moves they made during a critical time window, whether or not it was done with intentional malice. Had it not been for the suggestion of a "solution" being offered around the corner, I would have at least been able to weigh other options (such as figuring out a way to move back to NY, if necessary). By the time my TA post was abruptly revoked, while I was still waiting for more formal details of my employment, it was already too late for me to turn back or consider other arrangements: the school year was about to start, and I had just signed a yearly lease. (Also, the contingency of grad student employment left me additionally vulnerable: students are unable to collect unemployment and applications for Medi-Cal involve a months-long delay—something that I couldn't afford with the medications I needed.)

[27] In a comment on an earlier version of this chapter, Krys wrote: "This was all, supposedly, because of a single yes/no question my neurologist incorrectly marked, and which even she didn't know how to correctly mark to ensure I would continue getting accommodations. My doctor was on my side, which is why, after I told her of the firing, she submitted a corrected form weeks later. Yet, even with the corrected HR form, DCC *still* failed to secure a position for the Winter quarter. I also should point out that I had a sense the question was ambiguous and potentially misleading, which is why I e-mailed a law office to ask how they thought my doctor should answer that question. The limited time window forced my doctors and I to submit what we thought was the "correct" answer that would result in a reassignment. If felt like a catch-22: if we marked that No, I was not too disabled to fulfill the job duties, I wouldn't get the needed accommodations; if we marked Yes, I could result in losing my rights to employment. My doctors instead marked Yes to being unable to perform duties but specifying the need for work-time flexibility."

loss of healthcare would have on him as a chronically ill and disabled person who relies on six different medications for day-to-day survival, including a $60,000/year infusion, he was told to simply "take out loans."

Krys told me that he feared his department simply didn't care about retaining him as a graduate student, even though he is the only Honduran scholar at UC San Diego in the middle of a Honduran refugee crisis, and his work explores the conditions of that crisis. Like many other disabled graduate students, Krys felt that he wasn't regarded as a "worthy investment" (Dolmage 2017: 82). He told me he feels "invisible" on campus, and that because he isn't around much, people just forget about him. He knew that another graduate student in his department, a woman of color living with cancer, worked as a TA up until her death.[28] They knew that those affected by the cancer cluster in UC San Diego's Literature building—a building where 8 staff members developed breast cancer between 2000 and 2009, and more reported developing ovarian cancer, cervical cancer, and other malignant conditions while studying and working in the building—were never offered reparations or support as they navigated their newfound illnesses and 2 staff members passed away.[29]

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[28] In a comment on an earlier version of this chapter, Krys wrote: "Her name was Candice Rice and she died from cancer at the end of 2013… The people in my cohort (all of us whom started in Fall 2014) didn't even know about her until this issue with my health exploded in 2018. (In other words, in 5 years, my department not only [never] publicly acknowledged her death but also didn't have a structured policy in place to handle accommodations for serious disabilities…An unannounced scholarship existed in her name and the grad students who drafted the December 2018 petition to Ethnic Studies faculty included it as a potential funding outlet for students with disabilities."

[29] Despite a disturbing pattern of people who worked in UCSD's Literature building developing malignant health conditions, an investigation carried out by UCSD and the Center for Disease Control and Prevention's National Institute for Occupational Health and Safety found that the building did not violate any "known U.S. national exposure standard" (Cancer Cluster 2009). "Sick buildings" have been a growing environmental health concern since the 1980s and are especially prevalent across institutions of higher education (Dolmage 2017: 55). Unfortunately, these sites of social harm are also sites of "uncertainty"—uncertainty which is often socially produced and the "result of intentional action" (Dolmage 2017: 55; Murphy 2006).

At the same time that Krys was managing a crowdfunding campaign to raise over $65,000 for a Multiple Sclerosis treatment that was not covered by UCSD's insurance, he decided to collectivize his fight to win accessible employment and retain his healthcare coverage. Krys began organizing by contacting other people, "mainly folks [he] had already talked about disability issues with or people who [he] knew also had issues around disability themselves, and then someone recommended going to the union." Krys decided to file a labor grievance, given that the university's lack of action may violate student workers' right to reasonable and timely accommodations. While Krys felt hopeful about the grievance, they found out that legal arbitration was a long, drawn-out process that wouldn't meet their immediate employment needs. They also did "a lot of frantic researching of ADA law, trying to see if there was anything [useful]," and then learned "actually the ADA isn't as powerful as people think it is and there are actually some instances where it's legal to fire someone with a disability, especially before hiring even started."

As legal safeguards that rely on state institutions for the maintenance and enforcement of rights, both the UAW 2865 and ADA law, are complex, costly, slow, and bureaucratic—much like the university itself. While both institutions were gained through decades of radical struggle and direct action, their official incorporation into state systems transformed their underlying mutual aid logics into one of service-provision (Bacharach, Bamberger, and Sonnensthul 2001). While there are many student-workers across the UC's who are willing to engage in mutual aid and direct action—as indicated by the Cost of Living Adjustment (COLA) strike of 2019-2020 and the #CopsoffCampus organizing of 2020-2021—the UAW 2865's leadership has largely focused its strategy on recruiting members, increasing revenue, and negotiating legally-binding contracts with UC administration.[30]

Thus, while a formal grievance process may have advanced Krys's case, it would not offer the strongest tools for pushing the university for a quick response, which is what Krys needed to salvage his healthcare and wages. Drawing on years of organizing experience, Krys decided to turn to collective action, placing internal and external pressure on the university by going public with his story. While many battles in academia happen "behind closed doors" (Ahmed 2021), Krys refused to subject himself to the invisibilizing forces of the university's complaint processes. A few weeks after the firing, Krys and other supporters drafted up a petition demanding that Krys be offered a reassignment in alignment with his needs as a disabled student, which more than 650 people signed, thanks to robust online organizing.[31] After releasing the petition, Krys began receiving messages from other disabled students, mostly from UCSD, "recounting their own experiences, often for very different conditions, often-times issues with the Disability Services Office or getting accommodations," which he told me, "is not surprising."

Although many of the stories were expected, the connections with other disabled students were nevertheless vital for shaping and sustaining Krys's organizing. He began to realize that his fight was "actually part of a larger movement, a larger international movement." They continued

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[30] I was a head steward for the UAW 2865 between 2017-2018 and participated in ongoing conversations about recruitment, bargaining, and organizing tactics with union members and leadership across the UC's. There was a constant tension between those of us who believed power was built through direct action and cross-movement solidarity and those who believed power was built through negotiations with administration. While the "mutual aid logics" were stronger than "service logics" on some campuses, the service approach to labor organizing was predominant among leadership and shaped how statewide resources were directed. Following the contract negotiations of 2018, many of the queer, trans, and POC stewards grew disillusioned with leadership's approaches to organizing and left our elected positions to join other grassroots struggles across campus and in our respective communities.

[31] See: "UC San Diego: Ensure Equal Access to Education for Disabled Students!" 2018. *Change.Org*. 2018. https://www.change.org/p/uc-san-diego-ensure-equal-access-to-education-for-disabled-students.

making connections and talking with other disabled students at UCSD, and as their petition circulated more widely on the internet, they got more connected to a national network of disability advocates and activists. Krys set up meetings with students who were active in organizing around the Literature Building Cancer Cluster, met with UCSD's Disability Student Alliance to discuss on-campus issues and goals, and made connections with students at UC Berkeley and Brown—his former university, where students were forming a Disability Justice Coalition. Krys described Brown University's coalition as "groundbreaking," given that "all the other cultural centers frame it in cultural terms [but] they're specifically using the mantle of Disability Justice." They told me their early organizing was "trying to map the connections between all these things," and to understand their own experience as part of a larger, collective struggle.

Days before the Fall 2019 quarter began—seven months after Krys first reached out to the Office of Students with Disabilities to discuss accessible employment options—the public pressure resulted in a position as a Reader in the Department of Ethnic Studies. However, the assignment was only for ten weeks, and entailed a significant pay decrease from the TA position that the administration rescinded. Although Krys was told by the DCC that they would find a reassignment for him for Winter quarter, it became clear by the end of Fall that no work reassignment had been found or created. His department told him no positions that include fee remission and healthcare were available. Krys continued applying for jobs while going back and forth with administrators and faculty. Without secured employment, he was set to lose his health insurance in just a few weeks. The immense stress and precarity greatly exacerbated Krys's MS symptoms. They landed in the Emergency Room four times and started developing heart issues, for the first time in their life. Krys told me in an interview, "I think I was probably closer to dying than I realized. I felt really, really sick." In December, graduate students in Krys's department and members of the UAW 2865's executive board sent letters of support to the Ethnic Studies Department, demanding an appropriate reassignment.

On January 10, 2019, after the Winter quarter had already begun, Krys accepted an offer for a Reader position in the Department of History. The position was created for him by a sympathetic faculty member who had extra research funding. It was not an accommodation offered by the DCC, and once again, the position only offered 10 weeks of job security and entailed a significant pay decrease. Krys spent the rest of January organizing with community allies to demand a long-term solution. On February 1, 2019, the UAW 2865 and the UCSD Labor Commission organized a march to the DCC office on Krys's behalf, where students staged a sit-in to demand equal access to education for disabled students (Faurot 2019; Yan 2019). Although the union stewards had previously engaged with Krys via a service-provision model, Krys's organizing pushed members to reconnect with labor organizing's mutual aid tactics. Although union leadership tends to emphasize the importance of numbers in displaying power, the 30 students who participated in the action got a chance to experience how movements emerge through coordinated action between a small group of committed individuals.[32]

On February 14th, Krys wrote an open letter to UCSD's Vice-Chancellor for Equity, Diversity, and Inclusion to "open a dialogue around issues faced by students with disabilities and medical conditions" and to highlight the "consequences of administrative failure to address life-and-death issues impacting student employees" (Méndez 2019a). In the letter, Krys strategically appropriated the language of the administration as "a way of getting through institutional and

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[32] For more on the power of small-scale organizing, see brown, adrienne maree. 2017. *Emergent Strategy: Shaping Change, Changing Worlds*. Chico: AK Press.

individual defenses" (Ahmed 2012: 73) while also using the opportunity to politicize a broader public on Disability Justice. For example, Krys utilized the university's register of "responsibility" to indicate that he *had* been "responsible"—he communicated his needs and provided documentation "in a timely manner" while *also* offering strategies for accommodation for what is a "fairly straightforward" (and well-researched) "case of disability." In documenting his compliance to university procedures, Krys made it clear that existing accommodation practices are "non-performatives"—that is, they do not do what they say they do (Ahmed 2012: 119).

Krys's indictment of the university's non-performativity also posed a strong critique of its corporatization, who it values, and under what conditions. For example, Krys asked: how can an "internationally acclaimed university with over $1.2 billion in research funding…argue a scarcity of funds for a graduate research position?" Krys pointed out that UCSD "not only has the resources to create jobs, but that it can make work re-arrangements when necessary." He specifically cited the "family accommodations policy" extended to "abled students and faculty" which allows employees to modify their duties (including partial or full relief from teaching) to care for family—including a child, seriously ill family member, or elder. That the university will recognize familial care work, but not an employee's *self-care* as a legitimate reason for accommodation, reflects the ableism, racism, and cisheteropatriarchy of policies that implicitly determine *who* belongs in the university (Ahmed 2012; Dolmage 2017; Kim and Schalk 2021).[33]

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[33] This dynamic also highlights the limitations of the disability rights movement's focus on "independence" as a goal of disability organizing. While disabled people should be able to exercise agency and autonomy, dependency—an inevitable human condition, especially under capitalism—should not be framed as a hindrance to overcome. Treating dependency as an undesirable and suspect condition is not just ableist, but also racist, classist, and sexist as it further reifies the divide between "dependent" "paupers, women, natives, and slaves" and property-owning, free, white men who are assumed to be "independent" because of hard work and intentional action (Fraser and Gordon 1994).

Perhaps the strongest intervention of Krys's open letter was the frank crip of color analysis of how universities not only fail at accommodating disability, but actually *produce it* through their strategies and tactics. Drawing on his experiences at UC San Diego, Krys explained: "Months of living in the shadow of chronic stress and insecurity also led to new infections and symptoms that interacted poorly with my pre-existing condition, landing me in the Emergency Room four times in two and a half months. It bears repeating: The university's inadequate system for handling disability made me sicker and drove me to the ER." Though neoliberal health models—such as those funded, produced, and reproduced by medical professionals, researchers, and practitioners at UCSD—imagine disability to be an individual responsibility, Krys's testimony firmly situated disability as social, systemic, and political, an injury requiring institutional "accountability"—*the university made them sicker*.[34]

In April 2019, Krys gave a presentation on one of UCSD's campus resource centers titled, "Access and Ableism in Academia Using a Disability Justice Framework." The talk included a brief history of Disability Justice, discussed the ten principles of Disability Justice created by Sins Invalid, and gave examples of how Disability Justice differs from reform-based political organizing. While Krys's own struggle with UCSD was largely centered around accommodations, he argued that Disability Justice must go beyond inclusion and work towards

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[34] In a comment on an earlier version of this chapter, Krys wrote: "When I think about the struggles other students had shared with me in the Winter/Spring, I keep thinking about how much abuse and exploitation is enabled by isolation/atomization. We're trained to view medical diagnoses and conditions as individualized phenomena, and unless students divulge their conditions and stories to others, they typically don't realize the extent of differential treatment and lack of access. Also, it's worth noting that when it came to the administration's, including my department's, response to reporters, patient confidentiality was the go-to justification for not sharing information. Protecting student-patient privacy makes sense for individual cases, but it still fails to account for 1) my situation, which I was forced to make public for any remediation to occur, and 2) why there was no *generalized* discussion about remedies and solutions given the documented recurrence of inadequate accommodations and instances of ableist treatment from faculty/administrators."

total transformation of systems that are inherently inequitable, inaccessible, and disabling.[35] Krys told me they were "building on top of struggles that already existed but were dismissed, ignored, and invisibilized." Rather than positioning themselves as a worthy exception, Krys once again showed how their struggles were connected to that of other disabled students at UCSD and in institutions of higher education around the world.

On March 5, 2019, Krys received a letter from the DCC stating they could offer a reassignment accommodation for Spring and Summer 2019 with a salary comparable to the TAship that was revoked.[36] After nine months of organizing, Krys finally had a longer-term solution—but one that would expire at the start of the next academic year—and which did nothing to address the university's ableist hiring and accommodation practices. In an announcement to his supporters, Krys wrote:

> To be sure, the researcher position is only a stop-gap solution. It only provides security through the fall and does not address the larger issue of limited employment opportunities for students with severe medical conditions or disabilities…While providing a temporary solution to my case, administrators have also been silent around the larger issue of #AcademicAbleism, which extends far beyond my individual case. It is our job to continue mounting pressure until we can ensure all students with disabilities have #access to higher education.

While Krys framed the newly created appointments as a "victory" he also acknowledged that they were concessions—ephemeral and inadequate—because they would expire at the start of the next academic year, and critically, because they did nothing to transform the broader structure of ableism within academia. While inclusivity can function as a "technology of governance"—you

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[35] For some of the points Krys made, see: Méndez, Krys. 2019b. "Academic Ableism: Fighting for Accommodations and Access in Higher Education." *Disability Visibility Project*. September 23, 2019. https://disabilityvisibilityproject.com/2019/09/23/academic-ableism-fighting-for-accommodations-and-access-in-higher-education/.

[36] Between the two Reader positions that Krys was forced to take after being fired from his TAship, he saw a decrease of $14,000 in his annual wages.

will be included so long as you “consent” to the terms of inclusion (Ahmed 2012: 163)—Krys fundamentally rejected the terms of this exchange. His commitment to other disabled students was an exercise in mutual aid; what Diné media activist Klee Benally would call “an expression of ungovernability” (2021). While a respectable approach to politics (Higginbotham 1993) would emphasize moving through the official channels, Krys demonstrated that working *on*, rather that *within,* the system can result in considerable gains.

That the university conceded to some of Krys’s demands was proof of the power that Krys’s campaigns were building. Months later, when reflecting on this critical moment in time, Krys told me, “I still felt pretty vulnerable, for good reason. I really felt like, they're probably just going to use this as a stop-gap measure, just to cut this in the bud and prevent this from spreading into something bigger, and that's exactly what happened.” After being informed of the reassignment for Spring and Summer 2019, Krys immediately began inquiring about accommodations and reassignments for the 2019-2020 academic year. The university, once again, insisted it had no legal obligation to offer Krys accessible employment.”

“Being Brown and Being Sick”: The Cost of Complaint

Between the spring and summer of 2019, Krys met with other graduate students, disabled students, and allied community members to formulate a set of concrete demands that would expand the fight against academic ableism beyond his own struggle for accommodations. In a drafted petition and letter to administration, Krys paired his own demand for guaranteed accessible employment in the 2019-2020 academic year with the “development of fellowships or employment opportunities for students with severe medical conditions or disabilities who are not able to fulfill traditional TAships and who may be too sick or disabled to work.” We brainstormed what types of policy shifts could fulfill this demand: what if there were fellowships specifically for disabled students or disabled students were prioritized when assigning employees to positions with work flexibility? We drafted petitions, letters to administration, and brainstormed types of online organizing and direct action that could help the campaign gain momentum. Krys emphasized that the top priority was to make connections with other disabled students and allied community members and that our specific tactics could build from there. When the UAW-2865 notified Krys that they were dropping his case because it was "unwinnable"—or that he wouldn't "achieve any gains" that he hadn't already made through direct action organizing—Krys started to revisit the idea of seeking legal counsel. If he could sue the university and win, would it set a precedent for other disabled students?

However, by July 2019, Krys was extremely sick. They started to experience "aggravated leg pain and loss of mobility" and began to "rely on a walker everyday (as opposed to the past, when it was needed occasionally)." During a bout of intense flare-ups, Krys "lost some speech and sensation in the left side" of his body and experienced neural pain so severe that he spent weeks unable to sleep. When he was admitted to the Emergency Room the first time in a two-day period, he was made to wait in a bright, fluorescent room with a simple curtain separating him from a man who had shattered both his ankles and was screaming out in pain. Though Krys was hoping to be given steroids—a treatment that is successful in slowing down the effects of a MS flare—the doctors only gave him Tylenol and something to help him sleep. The following day, Krys tried a different hospital, where healthcare providers kept him waiting for treatment for more than six hours. Because they couldn't see his pain, it wasn't prioritized. While we were waiting for medications to be dispensed at the hospital, and grew increasingly tired and desperate, I sent out some texts and was able to mobilize our community networks to acquire the steroids Krys needed from pharmacies in Tijuana. This would allow them to stockpile some medication and not need to rely on medical gatekeepers in the near future.

While Krys's ailing health made it clear that he needed a long-term commitment from the university, he started to question whether continuing the fight might kill him. He doubted he could survive another year like the one that came before, but also felt that the campaign had reached a critical momentum that would dissipate without sustained organizing. In addition to needing accommodations to continue in his PhD program, Krys felt an immense sense of responsibility to other disabled students. As he told me in an interview:

> Getting all those messages from so many students across the board, not only did it help me feel supported, but I realized in some ways I do feel like I have an ethical obligation. I want to be able to at least make things easier for other disabled students… It is kind of a weird position to be in, because in some ways, it's a really privileged position to be in a place where I feel like people will actually hear me. That wasn't always the case, and it took a really horrible thing to happen to develop that platform but now, I don't feel like I'm as vulnerable as other people because I have the visibility now. If something were to happen to me, I could mobilize quickly. I realize why that wouldn't be possible for so many people. If I had a different kind of condition, one that maybe progressed more rapidly or…one that would more directly kill me, I guess, I probably wouldn't have the time to do all this organizing. So just because…there's been a lot of silence around this doesn't mean people don't want this, they don't want more organizing around ableism, you know?

In our ongoing conversations, I encouraged Krys to slow down, focus on themselves, and delegate some of the labor of managing their academic ableism campaigns and fundraiser. When I told Krys they shouldn't be the one managing all these logistics, they told me: "I know." Yet Krys felt that so many people in the community had already shown up to help him with so much—how could he possibly ask others to do more?[37] There was also a sense that if Krys didn't

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[37] This dynamic was largely raced and classed. In other conversations, Krys asked, in frustration, "where are the white queers?" It often felt like other queer and trans people of color and people with disabilities were sustaining Krys's campaign while more privileged members of San Diego's queer and academic communities were either absent from the organizing or solely contributed one-time donations of $20-50, which was significantly less than what was given by people with less income and economic stability.

take on a leadership role, nobody would else do it. They told me: “I often feel isolated in terms of being the person who has to take that initiative...I shouldn’t be the only person advocating for disability issues or disability rights, but that is the situation I’m put in.”

With Krys’s health rapidly deteriorating, and UC San Diego providing no prospects of accessible employment in the near-future, Krys decided to take a medical leave and move back to New York City where his elderly parents would care for him post-surgery. By this point, he had raised enough money to cover the down-payment for surgery as well as some of his recovery costs. However, it became clear that Krys was too sick to move across the country, much less to prepare for an arduous and taxing surgery. He delayed his treatment for a second time. Krys told me in an interview that the fight against the university impeded him from doing necessary self-care for himself, like starting physical therapy when he first noticed mobility issues. As he explained:

> Between the stuff with the fundraiser that took a lot of work and having to constantly self-advocate before the university administration, knocking my head against the wall with it... and then also this time last year I was working on qualifying [exams]. All those things…there's no way I could have done all those things without sacrificing a considerable amount of down-time, and you know, during a time I especially needed to rest, I couldn't.

As feminist writer and independent scholar Sara Ahmed argues, “complaint can take over your life, become your life, even become you—it’s what makes complaint so exhausting” (2021). This engineering of exhaustion is, of course, by design—like the bureaucratization of social services, the bureaucratization of higher education seeks to bury as many complaints as possible, to make as few changes as possible, to cut cost by dispensing as few resources as it can get away with. And the costs—economic, social, physical, psychic, and spiritual—are disproportionately cast onto students and staff who are disabled, first-generation, POC, queer, trans, and gender non-conforming.

The organizing in late July and August of 2019 responded to Krys's immediate needs by shifting to more intimate acts of mutual aid—like friends showing up to help clean Krys's apartment, helping him pack, shipping his belongings back to his parents in New York, dropping off meals, and checking in to see how he was doing. Every time I showed up to help, or just check in on Krys, he brought things back to the campaign: "What are we going to do about the fight against academic ableism?" Although he made the decision to scale back his organizing, he wasn't going to let the fight go completely. Yet, he shared how discouraging it was that the same handful of people were showing up to help with everything—the move, the fight against UC San Diego, the fundraiser. Krys pointed out this was not the critical mass we needed.

Then one night in September, Krys woke up in his studio apartment surrounded by five police officers, with his wrists handcuffed behind his back. As Krys shared in a public testimony, earlier that night he had taken his usual medications and some Benadryl to try and sleep—a practice approved by his pain specialist. While they were sleeping, they were also crying out in pain. Their neighbors called the police. When Krys woke up he was very disoriented, and his photosensitivity was triggered by the police's flashlight shining directly in his eyes. He explained to the officers that he has Multiple Sclerosis, requested to call a friend for help, and asked if they could hand him his medical emergency card and medications. The police refused all his asks and continued to keep him in handcuffs until they called the paramedics, about 30 minutes to an hour later. When the paramedics arrived, they put Krys on a gurney and restrained him. As Krys recalled in his public testimony: "The paramedics and police both refused to answer most of my questions. One of the paramedics even chastised me, telling me it was incredibly disrespectful that I made them come out here at 4 in the morning. Both the police and the paramedics treated me like a criminal, though my only crime was being brown and being sick." Krys's description of his treatment at the hands of the police and paramedics indicated how medicine is a continuation of, and not a replacement for, the carceral logics of the PIC. Both used restraints, chastised him, and refused to engage in conversation. As Krys noted, "*they treated me like a criminal.*"

In Krys's public testimony, he noted that the reason the cops were called in the first place—the reason he was crying out in pain—was because "the stress of fighting for equal access in higher education while fundraising $80,000 for a major medical procedure," led to a major "exacerbation" in MS symptoms and "rapid deterioration" in his health. The paramedics, as agents of a commodified and carceral healthcare system, were not equipped to treat the root cause of Krys's flare, which was social inequity and financial precarity. In fact, the intervention of healthcare workers exacerbated the problem. As Krys wrote, "I did not want to go to the ER. I already have considerable medical debt and I've gotten bills of more than $1,000 from using paramedics in the past." Despite Krys's reluctance to accumulate more medical bills (for what would ultimately be insufficient and inadequate care), he didn't feel like he had a choice. As Krys's testimony stated:

> I did not feel safe protesting the police's decision to send me to the ER because I did not want to do anything that could be used against me as evidence of "non-compliance." (I was, of course, thinking of the various cases of police brutality in which people of color have been shot or maimed for the slightest movements.) During this incident, I understood just how incredibly vulnerable I was as a sick and disabled person of color with no witnesses or advocates in this situation. I've read before that disabled people make up almost half of those who are killed by the police in the United States.

While Krys focuses on 'compliance' as a concern when dealing with the police, he was well-aware of the 'compliance' that was also expected of him as a patient. [38] The paramedic chastised

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[38] In hospital visits just months before, Krys knew what medications he needed to manage his flares but didn't specifically ask the staff for them, in fear of being labeled "drug-seeking" or "non-complaint." He knew that proving

him for the inconvenience of transporting him at 4 in the morning; presumably, *compliant* patients don't have run-ins with the cops, or if they do, it's during waking business hours. The ableism-racism of medicine and the PIC also collided in the paternalistic notion that the police and paramedics knew what was best for Krys. He was not consulted about the type of care he needed, and in fact, the care he specifically requested—the presence and support of friends, and distribution of prescribed medications—was continually declined, in favor of carceral measures—restrained transport and containment in a hospital.

The public testimony that Krys and I drafted was sent to news outlets, legal offices, advocacy organizations, and circulated on social media by organizers and volunteers. Once again, Krys was forced to publicize one of the most traumatizing events in their life to educate and politicize the broader public. The testimony drew connections between the violence and neglect of university administration, police officers, and healthcare workers, and centered Krys's unique vulnerability as a disabled person of color. As always, Krys did not highlight himself as the exception, but used his own experience to shed light on larger, systemic issues that can be fought through collective action. As Krys's testimony read:

> While some community members have been shocked at my mistreatment by the police, *this type of violence is routine for many people of color, poor people, and people with disabilities*.
>
> However, that does not mean that the officers involved should not be held accountable for their actions. I hope that the broader community will help me in pressuring SDPD to address the officers' excessive use of force in the face of a non-criminal, medical emergency. I also hope that my situation could raise awareness about the urgent need for de-escalation training in police departments nationwide, as well as the need for alternatives to the police in cases of medical and psychiatric emergencies.

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oneself as a worthy, innocent, *compliant* patient was a prerequisite for care—even when the medications he was seeking were non-addictive anti-inflammatories.

> While the last year of my life has been incredibly challenging, I feel lucky to know that I have immense community support. *Many disabled people are not as fortunate.*
>
> In fact, *I feel compelled to use my voice for others who are invisibilized and ignored*. I want to share my story *so that others can be called to action against criminalization, police violence, and medical neglect.* [emphasis added]

Although "de-escalation trainings" have been criticized by some abolitionist organizers as "reformist reforms" (Bonsu 2020), Krys's demands for alternatives to policing and struggles against criminalization are firmly situated within abolitionist, anti-capitalist, Disability Justice struggles. The way they situate their own experience within a broader paradigm of ableist-racist police violence, trace their bodily debility to economic precarity created and maintained by commodified academic ableism, and show medical professionals as complicit in incarceration and constructions of criminality, forward a powerful call for decentralized, decarcerated forms of support and care.

The organizing around academic ableism at UCSD, understandably, had to be put on pause as Krys grappled with the traumatizing convergences of the university, prison, and medical industrial complexes on his life and livelihood. A handful of organizers supporting Krys helped edit his testimony, created condensed versions for mass online circulation, put together press releases, contacted the media and legal organizations such as the ACLU, and reached out to allied community organizations to ask for pressure to be placed on the San Diego Police Department. While the outcome of the campaign was like many campaigns against police violence—the police officers involved were never held accountable for their actions, and Krys never received any justice or reparations for the harm that was caused—Krys was able to see an outpouring of support that affirmed the value of his life and his right to be treated with dignity. Community members gained experience writing press releases, deepened their understandings of the links between academic ableism, police violence, and medical neglect, and new people were brought into the organizing who had not previously been a part of the fundraising or academic ableism campaigns.

A few weeks later, Krys left San Diego and flew to New York to prepare for his surgery, scheduled for January 2020. When the COVID-19 pandemic hit the United States in March, UC San Diego adapted all teaching and research to be entirely remote. Krys wrote in an email on April 16, 2020:

> I'm still not sure what to make of the current situation on campus, but I think the fact that UCSD extended online teaching to everyone proves that the administration can provide necessary accommodations *when there is enough political will*. Last year, I wasn't even a hypothetical case: in front of my peers, my mobility and neurological symptoms became conspicuously worse as I plead for reasonable accommodations week after week. A year later, I'm still re-learning how to walk and move around independently. (emphasis added)

Months later, Krys was recovering from surgery and dealing with complications that arose after he contracted COVID-19 from a family member. He once again turned to collective action to request an extension for his medical leave. Even if courses continued to be remote, he was in no shape to return to UCSD in the fall of 2020. He successfully advocated for an extended medical leave and took the 2021-2022 academic year off to focus on his recovery.

"Can We Actually Have Real Disability Justice in Academia?"

When Krys and I sat down together in October of 2019 to reflect on the academic ableism campaign and what we were able to accomplish, he confided that he was not actually sure if Disability Justice and higher education could be "reconciled": "Can we actually have real Disability Justice in academia? I really do think to do it right, we would have to do this fundamental reorganizing of higher ed and maybe it's not really Disability Justice, just some reformist thing we're trying to do. I don't know. I don't think there's an answer to that question either, but I think there's a lot of tensions there." While I didn't have a response for Krys at the time, in the writing of this chapter, it has become clear to me that Krys's organizing was not just "some reformist thing." Advocating for the creation of funding, fellowships, and employment for students with severe medical conditions and disabilities was indeed a struggle for inclusion, but one that went beyond the creation of rights for a deserving few. As Sara Ahmed argues, "To enable some to take up residence in spaces not intended for them requires a world dismantling effort" (2021). For the university to concede to Krys's full demands would require a dismantling of some of its most damaging ideologies: that sick and disabled people *belong* in the university; that sick and disabled people *have value* beyond whatever revenue they may generate for the university; that our systems of education can be defined by relations of *radical care* rather than a capitalist model of service-exchange.

The development of fellowship and funding opportunities for sick and disabled students would be a critical win, but as a first-generation student born to working-class Puerto Rican and Honduran parents, Krys never believed that this victory would result in equity and equal opportunity. As Sara Ahmed points out, "closed doors can be inherited" (2021). The point of the campaign was to advance its demands but was also about politicization and building collective power. The *process* was perhaps more critical than the outcomes. Even though Krys's stated goal was inclusion into the university, his process was grounded in Disability Justice and mutual aid. As adrienne maree brown argues, these goals do not have to be mutually exclusive: "working towards policy demands doesn't preclude working towards revolution and dismantling the state" (2021).

In his appeals to university administration and the broader public, Krys strategically utilized the language of "equal opportunity," "inclusion," and "equity," terms that would be digestible to faculty and administrators. However, in private conversations, Krys expressed a clear acknowledgement and understanding of how the university depended upon social exclusion and produced it through its investments and policies. Although the fight against academic ableism disrupted their dissertation research, they were growing increasingly interested in the role of U.S securitization efforts in producing mass debility among Central American migrants. Krys was beginning to map the connections between the U.S. imperialist machine that forces Central American migration (including that of his parents); his own migration to San Diego—home of the nation's largest concentration of military personnel—and his eventual return to an inaccessible apartment in gentrified New York City, due to academic ableism and institutional neglect. He was well-aware that Disability Justice would not be possible so long as UCSD continued to work in tandem with the military-industrial complex, supplying research, technology, resources, and personnel to uphold privatization, surveillance, imperialism, and war.

The fact that "actual Disability Justice" may not be possible in academia, as it currently operates, does not mean that Krys's struggles were simply "reformist" or not worth trying. As abolitionist organizer Mariame Kaba writes, "*Organizing is mostly about defeats.* Often when we engage in campaigns, we lose. But any organizer worth their salt knows that it's much more complex than a simple win-lose calculus" (2021: 127). Krys's campaigns provided opportunities for all kinds of people—students, faculty, staff, queer and trans folks, disabled people, and their extended networks of family and friends—to develop a political analysis of the disabling effects of the university and to work collectively to remedy some of its most egregious injustices. While university mission statements emphasize knowledge as a source of social transformation, Krys showed that "transformation, as a form of practical labor, leads to knowledge" (Ahmed

2012:173). As Ahmed writes: “each new strategy or tactic for getting through the wall [of academia] generates knowledge of what does or does not get across” (175).

As abolitionist ideas increasingly circulate in leftist spaces, there is a tendency for a “suspect…more radical than thou” orientation to emerge, in which people imagine “abolitionist praxis as only ever that which is fully against and/or outside of reformist strategies” (Hwang 2019: 570). While Krys’s organizing advanced a certain set of demands that could be labeled as ‘inclusionary’ or ‘reformist,’ it is important to remember that “it is possible to use the terms of an organization as a way of disidentifying from its norms” (Ahmed 2012: 65). When evaluating whether a set of demands limit or expand the power of carceral institutions, context really matters. Who is making those demands and how they fit within a broader political vision and set of organizing goals can make a critical difference.[39] Krys never viewed an employment reassignment, or even a policy creating funding for sick and disabled students, as justice in and of itself. However, they recognized that these developments would make a critical difference for their life and the lives of other disabled students. They were continually concerned with “keeping up the momentum” because they knew the grassroots collective power they were building could be the start of a larger social movement, one that strives beyond inclusion into debilitating systems.

While leftist theorization of social movements can be driven by an impulse to label things as leftist/liberal, abolitionist/reformist, good/bad, Krys’s organizing indicates that the on-the-ground reality—how people move to meet their needs and struggle towards justice in contexts

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[39] Ben-Moshe’s analysis of the deinstitutionalization movement in the U.S. is case in point. Throughout *Decarcerating Disability* (2020), she demonstrates how demands that appear to be abolitionist—such as the closure of psychiatric hospitals, institutions for people with intellectual and development disabilities, and prisons—can end up expanding the reach of the PIC if these demands are not coupled with a critique of carceral systems and logics at large.

that are deeply unjust—cannot be captured by such a binary. The various ways in which Krys's organizing could not be contained—by institutional procedures, nor by a singular organizing praxis—is what makes these efforts truly abolitionist at heart. As a prefigurative politics that brings not-yet-realized worlds into being, abolitionist praxis requires imagination, experimentation, refusal of expertise, and the embrace of failure (Ben-Moshe 2020; Kaba 2021; Dixon and Piepzna-Samarasinha 2020). While we obviously want our organizing to result in tangible wins, a focus solely on outcomes ignores the importance of process. As Robin D.G. Kelley, historian of Black radical history, writes: "…making a revolution is not a series of clever maneuvers and tactics but a process that can and must transform us" (2002: xii).

When Krys and I sat down together in October of 2019 and reflected on the year before, I closed our conversation by asking him about care in an ideal world—whether they envisioned it as entirely grassroots and community-driven or whether they had interest in reforming existing systems. Krys responded:

> I don't fully know what is going to be the solution if there is one but, I think we should be trying all of it, or at least trying something. There probably are certain situations where it probably is better, for now at least, to reform the healthcare system. There's probably other situations where no, this is not something we want the state to be involved in. It's complicated…but it's also one of those things where we figure it out trial by error. I probably won't know the solutions until I actually see it in action…it's almost like we're making the road by walking…It comes from an Antonio Machado poem, make the road by walking. We're just going to have to make our own paths and figure it out as we go along.

Krys's orientation towards care—how "we should be trying all of it," and "making the road by walking"—were reflected in his deeply collaborative, creative approach to Disability Justice and mutual aid. While the paths that Krys left in his wake may be newly forged, circuitous, and difficult to trace in exact measures, they are an essential foundation for a larger infrastructure of social transformation.

Affects, one

> Krys says, “this fight isn’t about me, but those who come after.”
> Some of us carry the weight of revolution
> on our shoulders.
>
> \- Fieldnotes, April 19, 2019

Chapter 2: Carcerality in Queer Community

> *When young fags, dykes, and trannies dream of queer community, we dream of a secular yet sacred space: that is to say, we dream of a "safe space" …[but] real-life queer communities are full of wounded dreamers—how could they not be? And because we are so wounded, we are not prepared for the reality of bad things happening among us—how to talk about it, how to hold it, how to heal from it. – Kai Cheng Thom, I Hope We Choose Love*

In December 2018, shortly after I started working with Simone as part of my dissertation fieldwork, she disclosed to me that a fellow QTPoC community member violated her sexual boundaries and continually manipulated and coerced her during their brief relationship earlier that year. The abusive dynamic triggered memories of a previous sexual assault, causing her to experience intensified panic attacks, migraines, and a range of distressing symptoms that grew increasingly unmanageable in the following months. Simone's attempts to seek institutional care—from therapists, psychiatrists, physicians, hotline workers, and Emergency Room doctors—were met with invalidation and minimization. She was never seen as vulnerable *enough*; sick *enough*; traumatized *enough*; to warrant sustained support. The urgency-emergency temporality of carceral care systems and the underlying neoliberal ideology of artificial scarcity resulted in a system of triage in which Simone was never seen as worthy *enough* of long-term care.

Meanwhile, as Simone sought out accountability and care from community spaces, such as support groups, discussion circles, Facebook groups, and online callout campaigns, she found her needs similarly excluded and neglected. In the face of multiple, ongoing crises in the queer community, she was positioned within a hierarchy of suffering that left her feeling not *enough*—deprioritized and devalued. These dynamics of (un)worthiness, abandonment, and disposability resurfaced time and time again, despite the commitments of QTPoC to actively work against them.

Though my experience with Transformative Justice was mostly limited to independent study and a few organizing conversations with other queer and trans activists, I wanted to help Simone and offered to help initiate a community accountability process. Ultimately, my efforts may have caused more harm than healing, despite my genuine desire to work towards survivor-centered solutions. Simone was retraumatized by having to share her story of manipulation and abuse only to have the harm she experienced be minimized.

Much of the care offered to survivors of violence is abstract, ad-hoc care that emerges in situations of crisis[40], what medical anthropologist Lisa Stevenson (2014) calls "anonymous care." Without deep-rooted relationality—grounded in intimacy, consistency, and reciprocity—these abstract, anonymous, and ultimately ephemeral forms of care model the exclusionary and hierarchal logics and practices of law, medicine, and humanitarian aid. Throughout this chapter, I trace how institutional and queer community interventions mirror one another in their practices of triaging, demanding proof of harm, and piecing together short-term interventions in the wake of crisis. I show how even abolitionist projects—such as community accountability processes—can replicate these dynamics when they are motivated by abstract and depersonalized forms of care.

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[40] Peter Redfield distinguishes between "crisis" and "emergency" in his ethnographic work on the humanitarian organization Médecins Sans Frontières (2013). In his formulation, crisis is an "elastic" concept that gestures to situations that may or may not require an emergency response (27). In queer community, "crisis" is most often used to describe situations that Redfield may understand as "emergencies"—for example, when a queer or trans youth is kicked out of their home and urgently need a place to stay or when a community member experiences acute psychosis. The medicalized language of "emergency" isn't commonly used in queer community, so I mostly defer to "crisis" throughout the chapter to describe situations that require immediate support and/or intervention.

Following the lead of Jina B. Kim (2019) and the many impactful essays featured in *Beyond Survival* (Dixon and Piepzna-Samarasinha 2020), I share Simone's experiences to highlight the messiness, tensions, and contradictions of practicing care amid ubiquitous carceral and medico-juridical ways of thinking. While there is no neat, easy, inspirational ending to Simone's story[41], in the conclusion to this chapter, I offer some reflections on how we can better support survivors through an ethic of crip-abolitionist care. If Transformative Justice is a Disability Justice issue (Piepzna-Samarasinha 2020a), then our movements need to embrace slowness, intentionality, sustainability, and reciprocity as we work to reimagine models for intervention, support, and healing after violence or harm occurs.

"Someone in Crisis is on the Other Line": Triage and Emergency Temporality

Simone is an Afro-Latina bisexual cisgender woman whose bright smile is often enhanced by vibrant lip gloss in shades of purple, pink, red. When we first met at a coffee shop in October 2018, she told me she recently started using dating apps to meet other LGBTQ+ people and was newly navigating queer community.[42] She was living at home with her parents and two younger siblings in a strained home environment. Although her parents were supporting her financially, they didn't understand her struggles with mental health and why, after seven years of therapy, she still wasn't "better" yet. She felt ashamed of living with her family and wished she could save up enough money to live on her own but was currently between jobs. She told me she was

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[41] Leah Lakshmi Piepzna-Samarasinha points out in her memoir *Dirty River: A Queer Femme of Color Dreaming her Way Home* (2015), that survivor stories are often packaged into linear narratives with happy endings, but the reality is far more messy, more incomplete.

[42] Although this chapter is centered on Simone's experience, it feels important and ethical to me to write from my own perspective, given that I only know of Simone's experience what she decided to share with me. Because I do not want to misrepresent her story, I paraphrase her words instead of using direct quotes, unless there were written messages or interview transcriptions to reference. While I am mindful that including my own reactions and responses may, at times, shift attention away from the survivor, it is ultimately important to highlight Transformative Justice as a relational process and to not erase my own traumatized queer femme of color labor from the narrative.

appreciative of the gap in work because it gave her time to catch up on therapy and psychiatry appointments. She explained that she's lived with chronic anxiety, depressive episodes, and panic attacks since she was a teenager and was currently tapering off the SSRIs[43] she had been taking for the past five years. She told me it wasn't going well. She was experiencing more panic attacks and unanticipated side effects like nausea and vertigo, which her medical providers never warned her about. She may never have started the medication if she knew it would be this hard to quit, or maybe she would have just stayed on them forever to avoid the side effects she was currently experiencing.

In December, Simone and I were chatting over Messenger about the upcoming queer events that we were attending when she told me that she was probably going to bail on one of them because someone who makes her uncomfortable would be there. I told her I was sorry to hear that, and I was there for her if she wanted to talk or brainstorm solutions. "Actually yeah… do you have time now?" she asked. She told me earlier this year, she met Asha —a disabled queer and non-binary femme of color who is well-known in San Diego's leftist queer communities—on a dating app. After spending some time together, she realized she just wanted a platonic relationship with them, but they were manipulative and coercive, often placing her in sexual situations where she felt like she couldn't say no. Asha told her early on that they "can't deal at all" when people reject them sexually. They often made sexual advances in emotionally charged moments, like after non-consensually disclosing traumatic experiences to Simone. The constant pressure wore her down and she went along with things. She told me that it went on like this for months until she realized it wasn't safe or healthy and that she needed to distance herself. She blocked Asha's number, and after seeing one of their 'vague posts' on Facebook about how

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[43] Selective serotonin reuptake inhibitors (SSRIs) are commonly prescribed for depression, anxiety disorders, PTSD, and other psychological conditions.

ghosting isn't okay, sent them a message explaining her decision to withdraw and detailing the ways they manipulated and coerced her.

She told me that two of her close friends experienced similar situations with Asha. One of them had confronted Asha about their behaviors and Asha insisted they didn't have capacity to process it. As a disabled, traumatized person navigating constant socioeconomic precarity, they claimed they couldn't take on calls for accountability.[44] Eventually, Simone's friends blocked Asha on social media and cut them out of their lives, which Simone pointed out, meant Asha never had to take responsibility for anything. While that didn't sit right with her, Simone didn't know how she wanted to proceed: "It's this hard balance because I don't want to socially isolate them and tell every mutual friend what happened because it's not like I want to ruin San Diego for them or anything. But it became hard when I thought about joining organizations and these organizers were all like, omg they're great, I love them, they're the best, what a great person, and they've known them for longer and haven't had these experiences." She told me it was hard to deal with all of this. She had been experiencing panic attacks for weeks and had to disclose what happened to her therapist, some close friends, and her parents because the whole situation "was getting to be so distressing."

I thanked Simone for trusting me with her story and told her I was sorry she endured this treatment and that it was continuing to be a source of anxiety. I shared with her that I was part of a group of people working to develop Transformative Justice resources for queer communities in San Diego. I knew someone from that group—who I will call River—who had worked alongside

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[44] For more on the relationship between accountability and disability, see: Arani, Alexia. 2021. "Neurodivergence, Disability, and Taking Accountability for Racial Harm." *Lace on Race*. May 21, 2021. https://laceonrace.com/2021/05/21/neurodivergence-disability-and-taking-accountability-for-racial-harm/. and Buchanan, Blu. 2018. "Weaponized Feelings: Mental Health, Accountability, and Movement Building." *Medium*. April 13, 2018. https://medium.com/@BlaQSociologist/weaponized-feelings-c614ee30a9e0.

Asha in an activist collective that practices Transformative Justice. I told Simone I think River should be informed of Asha's behavior, even if anonymously—and that if she consented, I was willing to talk with River to see if we can work on a community accountability process with Asha. Simone told me that sounded like a good solution, although she wasn't sure if Asha was ready to be held accountable.

Simone asked if I was available to talk and we met up the following month, in January 2019. I picked her up from therapy and we went to a park, where we spread out the big beige blanket I keep in the back of my car for natural excursions. As we sat huddled in the park, trying to soak up the dwindling warmth of the receding sun, she told me that Asha continually pressured her to engage in sex, refused to use protection, didn't disclose when they had unprotected sex with other partners, and shared the details of their sexual relationship with others without Simone's prior knowledge or consent. While none of it sat right with Simone, she knew that very few people are equipped to support survivors of sexual assault, and she feared that these violations wouldn't be recognized as such. Simone doubted whether people would believe that Asha could harm her—they are trans, queer, femme, a person of color, disabled, poor, a leftist, an activist, someone who talks openly about their trauma, poverty, chronic pain, believing survivors, blocking abusers. How could she be assaulted by someone who is also a survivor? Who is disabled? By someone she was dating?

Simone's concerns were well-founded. While identity-based politics can be a powerful catalyst for coalition building and collective action, queer social justice communities are increasingly relying on over-simplified political frameworks that "tend to misapply social analysis to individual situations of abuse, suggesting that individuals who belong to oppressed or marginalized groups can never abuse individuals who belong to privileged groups" (Thom

2020b: 73). Tada Hozumi writes in their blog *Selfish Activist* (2019) that this over-simplification occurs when queer communities fail to recognize that people with structural disadvantages can still inhabit positions of “social power” within their respective communities. As a well-known, outspoken, radically vulnerable QTPoC activist, Asha had more “social power” than Simone, who was new to queer community and didn’t widely share her personal experiences struggling with chronic pain, depression, or panic attacks. Within some queer activist communities, especially those which seek to center “the most marginalized,” disclosing one’s disabilities, economic precarity, and vulnerability to systemic harm can increase social capital. These power dynamics were not lost on either Asha or Simone. Early in the relationship, Simone feared that any rejection of Asha would result in her being labeled ableist and transphobic. She had seen Asha weaponize their identities in this way before.

Even if people in the community were willing to believe Simone, she didn’t want to isolate Asha from their community and its associated resources. Asha was open about their suicidality and had been hospitalized multiple times. What if confronting them about their behaviors was the thing that pushed them over the edge? She told me she didn’t want to say anything publicly about the manipulation and coercion she endured in her time dating them, yet the thought of seeing them again filled her with anxiety and dread. She didn’t want to continue running into them at community events or to experience panic attacks wondering if they would show up at the next dance party or art show. And it wasn’t fair, that she—the person who was harmed—should have to withdraw from community because of what *they* had done.

Simone told me that she also recently recalled a traumatic memory of being sexually assaulted by an ex-partner who was drunk. The former partner was also a survivor of sexual assault and was drinking heavily at this point in their relationship. Simone suspected he didn’t remember assaulting her. She wanted to reach out to her ex and inform him of what happened. They were in another relationship, and she felt it was essential to speak up for the safety of his current partner, but she feared being met with denial, or perhaps even worse, being met with no response at all. Overwhelmed with anxiety and panic, Simone turned to crisis hotlines for perspective and support. The workers only seemed interested in gauging the severity of her crisis and became distant and nonchalant when they pieced together the scraps of her support system: "Oh, you have a therapist!" "Oh, you have insurance!" "Oh, you're not living with the assailant!" Once, Simone was put on hold by a worker who explained, apologetically, there was *someone in crisis* on the other line. She was never the first to end the conversation. She was always wished luck in therapy or told to feel better soon before hearing silence on the line.

Lisa Stevenson writes that hotlines make "the texture and specificity of a particular life irrelevant, or relevant only insofar as the survival of the other is ensured" (2014: 86). If Simone is no longer in the abusive relationship and has a therapist and housing, then the goals of the hotline workers have been met: "There is, in a certain sense, 'nothing more that could have been done'" (80). Within a constrained medico-legalistic framework for managing harm, there is nothing more the call workers can offer. There are other callers who are more in need of help, more worthy and deserving of care. *There is someone in crisis on the other line.* This triaging—due to both perceived and real conditions of scarcity within sexual assault intervention fields (Mulla 2014: 5-6, 13)—and in biomedicine in general, left Simone feeling invalidated, minimized, and brushed aside. Her efforts to seek care further traumatized her.

According to the logics of the hotline—and many rape crisis centers—healing is the work you do in therapy (Mulla 2014: 70). Yet, when Simone talked about the assault with her therapist, sobbing heavily through multiple sessions, her therapist responded that the issue was ‘outside of her specialty’ and suggested Simone look for other resources. Simone had cycled through many providers in the past 7 years. In college, the mental health care services that were available to her were designed for short-term, urgent care, meaning every few months she would have to re-hash her life to a new therapist, only for them to be replaced again the following semester. After graduation, she frequently missed appointments because she couldn’t afford them or didn’t want to deal with the long commute on public transit. Finding the right fit was also a constant struggle. Often, she ended up educating her providers on queer identities and the dynamics of mixed-race Black and Latinx families or was labeled “non-compliant” when she told them she doesn’t like therapy homework and probably wouldn’t do it. As she told me, “‘You’re feeling bad? Do yoga!’ isn’t helpful for me.” Once, when she decided to return to a former therapist, she found that all her journals, which her therapist asked her to write in daily, had been shredded by the office staff. Her lived experiences, translated into ink, torn into tiny strips, were tossed in a workplace waste bin.

In the call with the hotline worker, Simone offered an alternative vision for what healing may look like. She confided that she wanted to come forward and confront her ex-partner, since she knew he was a survivor himself and may not have been aware of the harm he inflicted. The hotline worker told Simone that was a bad idea: “Abusers never want to take accountability, that just doesn’t work.”[45] While the sexual assault hotline—like many rape crisis centers—viewed extralegal forms of accountability as something “that just doesn’t work,” they continue to invest in carceral solutions, despite overwhelming evidence that very few sexual assault cases ever make it to court, and that those that do rarely result in prosecution (Morabito, Williams, and

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[45] Thankfully, the call worker was incorrect. Simone did contact her ex-partner and informed them of the assault, and they were apologetic and grateful that she came forward so that they could work on unpacking these behaviors in therapy and their sobriety support groups.

Pattavina 2019; Reaves 2013). While many of the anti-violence resources available today were made possible by the abolitionist efforts of Black feminists who recognized that the police don't keep survivors safe, the anti-violence field has since undergone massive co-co-optation and professionalization, displaying a "cruel optimism" (Berlant 2011) or stubborn attachment to carceral mechanisms that have been shown to further exacerbate harm (Davis et. al 2022; Richie 2012; Law 2014; Mulla 2014).

Although the hotline workers did not consider Simone to be "in crisis," she was still unemployed, experiencing withdrawals from tapering off her medications, and waking up in the morning with full-body aches and soreness, nausea, and vertigo. She told me that for the first time ever, she began experiencing suicidal ideation. Her panic attacks became more frequent. At one point, her palpitations became so severe that her mom took her to the doctor, who told her to go to the ER, since there wasn't an opening with her psychiatrist for several more weeks and she needed a psych evaluation and a physical to make sure there's "nothing really wrong." At the ER, Simone had to retell the same story—of assault, withdrawals, suicidal ideation, and palpitations—to another doctor, then a psychiatrist, nurses. Ultimately, they didn't hold her at the hospital after determining she was "okay enough" to leave.

Simone also started experiencing heightened mania, recklessness, impulsivity, and insomnia, alongside the nausea, vertigo, and muscle soreness. When she ran through these symptoms with her psychiatrist, the psychiatrist pointed out that her medications were not working the way they should be and that she may have bipolar disorder. When Simone suggested the side-effects may be related to tapering off her medications, the psychiatrist told her that denying the diagnosis was also a symptom of bipolar disorder. Within the psychiatrist's biomedical framework, the pathology resided in Simone herself—not the abusive dynamics she endured, the medical neglect, or the lack of a support system to care for her as things fell apart.

Simone told me that she was assigned a new psychiatrist a few weeks later and once again re-hashed all that she was experiencing. The new psychiatrist pointed out that her symptoms could be explained by the immense amount of stress she was under and wasn't necessarily correlated to chemicals in her brain. They then gave her options for medication. While this psychiatrist had a more nuanced understanding of the complex ways that trauma and chronic stress can impact physiology, their care offerings were still limited by medicalized frameworks that insist on individualized, pharmaceutical solutions. Simone had previously told me that when she first started experiencing intense anxiety in her teenage years, she didn't understand what was happening to her body and just wanted it to stop. The medication numbed her experiences, and in so doing, it also cut her off from understanding what was really happening to her. She explained that now she wants to really *feel* her anxiety—to locate where it is in her body and how it is affecting her so she can identify where the anxiety is coming from and work to address and control it. While biomedicine approaches pain, discomfort, and anxiety as negative symptoms that should be eradicated, alleviated, or managed, Simone was operating from a different register; one in which pain serves as an important source of embodied knowledge.[46] However, despite Simone's desires to move away from pharmaceuticals, she ultimately decided to go back on a SSRI that helped her in the past. With limited networks to lean on for support, medication was a necessity to make it through each day.

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[46] For more on epistemologies of pain, see Chapter 4 (this dissertation) and Morales, Aurora Levins. 2013. *Kindling: Writings on the Body*. Cambridge: Palabrera Press.

A few days after we met in the park, I received a message from Simone, asking if I had time to talk. Following my recommendation, she met with River to begin the Transformative Justice process and needed to debrief with someone. I picked her up in the pouring rain and we went to an empty coffee shop near her apartment. She ordered a sandwich, telling me she hasn't been eating much recently. When we sat down, she told me she's been processing her meeting with River and realizing that it was not okay. River tried to remain very "neutral" throughout their meeting and was primarily focused on information gathering. When Simone described the ways Asha had violated her, River exhibited palatable relief. In a hushed tone, barely audible to Simone, she heard them mutter, *at least it wasn't sexual assault*. Later, River made sure to clarify with Simone that she *could have said no* to sexual acts but didn't. And towards the end of the meeting, River asked Simone to name some of Asha's redeeming qualities, as if Asha were the one who's humanity had been violated. Ultimately, River did agree that a Transformative Justice process was warranted, but they let Simone know they would need to talk with Asha to "hear their side of the story" too.

I thought River would be an appropriate facilitator for an accountability process. They were a respected member of San Diego's queer and trans community who had organized alongside and mentored Asha, had counseling experience, and were in a leadership role in a leftist activist collective that claimed to practice Transformative Justice. I had seen them at Transformative Justice events before and we were both part of small organizing meetings interested in developing our community's capacity to respond, intervene, and prevent instances of abuse and assault. When I reached out to ask if they could mediate a process between Asha and Simone, they readily agreed and didn't express any hesitations or concerns about their qualifications or whether we might need additional support or resources.

However, after hearing about the initial meeting, it became clear that River didn't have the appropriate approach for leading a survivor-centered accountability process. Ejirix Dixon writes: "There are times we believe we have the skills to address harm simply because we have a strong political analysis or a strong desire to address harm. [But] there's a substantial distinction between having skills and learning skills, between being experts and practicing" (2020a: 21). While River had a genuine desire to practice Transformative Justice, the carceral landscape of "sexual assault intervention" and perhaps their own clinical training constrained the possibilities of what kind of care they could imagine and provide. Sameena Mulla explains: "sexual violence is defined within a very particular institutional matrix characterized by intertwined projects of juridical and medical intervention" (2014: 36). Although sexual assault cases are rarely prosecuted in court, many of those whom survivors turn to for care emphasize the importance of evidence collection—ostensibly, so that the police "can do their jobs." The prioritization of evidence above the wellbeing of the survivor often results in a rigid objectivity among care workers that registers to many survivors as cold, distant, and disbelieving (15).

River's insistence on neutrality, gathering the facts, and "hearing both sides" of the story may have also derived from popular conflict resolution and mediation techniques, which mandate that mediators remain as neutral as possible to evaluate both sides of a conflict and to offer compromises that leave both parties feeling seen and heard. While this can be a powerful approach for working through conflict, it often exacerbates harm in the face of abuse and assault. When abuse and assault are treated as conflicts—a power struggle shared *between* actors—the uneven power dynamics of abusive relationships are erased, and the survivor is asked to take on responsibility for how they contributed to their own victimization. Transformative Justice, by contrast, does not require survivors to invest in the wellbeing of their abusers or engage in a reconciliation process at all. It's a common misconception that Transformative Justice always entails a community accountability process focused on transforming the person who caused harm. In fact, Communities Against Rape and Abuse (CARA), a grassroots anti-rape organization based out of Seattle, found that Transformative Justice is sometimes most effective when it focuses on community building, education, and prevention—especially if the person who caused harm is not willing to take steps towards accountability (Bierria et. al 2008: 74).

Carceral, medico-legal logics emerged again when River expressed relief that *at least it wasn't sexual assault.* While it is not helpful to collapse the differences between abuse, assault, conflict, miscommunication, contradictions, and harm (brown 2020; Schulman 2016), it is equally unhelpful to create a hierarchy of suffering in which clearly defined instances of rape or assault take precedence, and everything else is at least *not that bad.* As Kai Cheng Thom writes: "We should not have to say the words 'I have been raped' to be taken seriously, nor should we have to list the names of people who have hurt us to receive support" (2020: 64). Simone told me that River's insistence that she *could have said no* ignored the ways that coercion and manipulation function. Theoretically I could have said no, she said, if I wasn't disassociating and freezing. Thom continues: "We have a tendency to respond only to harm that is extreme and that has been explicitly named for us, whereas we ignore the subtler ways in which harm occurs and intensifies" (2020: 59). The terrain of sexual violence intervention has been predetermined by institutional measures and processes that look for "indicators of motive, force, and lack of consent" (Mulla 2014: 58) to determine whether sexual violence has happened. These interventions, Mulla asserts, "preclude the consideration of sexual violence within a broader social framework" (15).

Ultimately, River agreed with Simone that harm occurred and that Asha should step down from their leadership roles and engage in a community accountability process. However, they sent Simone a message the following day saying they weren't going to reach out to Asha yet because they seemed to be in a bad place, based on their Facebook posts: "It isn't a good time." While "it is not process time when you're in crisis intervention mode" (Kaba 2020a: 299), Simone reminded me that Asha has chronic mental health issues, has been hospitalized several times, and regularly cycles through crisis. Under these conditions, she asked, when exactly would be a "good time" to work towards accountability? Meanwhile, she had been experiencing frequent panic attacks, and at one point, the palpitations became so severe that she had to go to the Emergency Room. Shaking, she asked me, "Do I have to run through all the ways this is impacting me to make a point? I'm sorry I don't post about every breakdown on social media." While social media can be a powerful source of connection for queer, trans, and disability communities (Gray 2009; Haimson et. al 2019; Pal 2019), online publics often demand performances of vulnerability that do not always align with a survivor's trajectory for healing. Because Simone did not perform her suffering in a way that legitimated its urgency, priority was once again, not afforded to Simone. *There was someone in crisis* on the other line.

I had been naïve to entrust River with Simone and her story. As I sat in the café, listening to Simone speak, I thought about all the people who dismissed, invalidated, and belittled her experiences—how she was continually retraumatized by these interactions, how they made her feel worse and worse. I felt like in trying to show up for her, I intensified her experience of abandonment. Everything Simone feared had materialized—the harm she experienced was minimized, Asha was seen first and foremost as a victim, and there was no immediate, tangible change that would make her feel safer. I told her I was sorry that everything turned out the way it did, and I thought River’s minimization of her experience was unacceptable. My words felt hollow, ephemeral. Less solid than the stone in my throat, the guilt curdling in the pit of my stomach.

A few days later I was sorting through new fundraising requests for Love Affair, a queer dance party and mutual aid project I co-founded with my partner in 2018, when I saw a request from Asha. They were in urgent need of financial support. When I started the mutual aid fund, I vowed to financially support any community member who asked to receive funds, regardless of complaints or critiques that may exist against them or even if I had myself been in conflict, mistreated, or harmed by them. As Leah Lakshmi Piepzna-Samarasinha writes: “Everyone deserves basic income, care, and access. Everyone…[including] people who have, frankly, acted like assholes and hurt people in my life, or me” (2018: 77). I asked Simone to let me know when she had capacity to talk about a situation involving Asha. I told her it wasn’t related to the community accountability process or her personal experiences. She asked what I wanted to share, and I told her that Asha applied for funds from Love Affair. I let her know that any support we offered them was not condoning their behavior. She thanked me for telling her and affirmed she would never want to deny Asha necessary assistance. I told her that Asha hadn’t attended our events before, so I didn’t expect them to show up at the fundraiser, but that if they did, I was willing to enforce boundaries with them to make it a safe space for her. Simone responded, “If they show up, I’ll probably just stay home or try to show up at a different time.” I told her she shouldn’t have to be the one who changes her behavior; I’m happy to talk with them if needed. She said she needed to think about it. Although she seemed to respect my decision to offer Asha financial support, I still felt unsettled.

Community Heartbreak

When I saw Simone again in early February, she told me she had been in a depressive episode. She didn't leave the house and cried constantly for weeks. When I asked what she is doing for self-care, she told me she made an appointment with her psychiatrist to see if she could start a new anti-anxiety medication. She was hoping it would have less severe side-effects than the SSRI. She also told me she was looking for a new therapist who is trauma informed. She already had sessions with two different providers that ended up costing her $130, but she wasn't sure if either of the new providers were a good fit. Her parents were annoyed that she's switching therapists again—"if it's not helping, then why are you still trying?"—and told her they would only pay for her health insurance through the summer. Simone decided to schedule a diagnostic test with a psychiatrist, in the hopes that a diagnosis may help legitimate her experiences and help her access adequate care.

I asked if there is anyone she can lean on for support. She told me there aren't a lot of people she can trust to hold her experiences, that most people get overwhelmed, burnt out, awkward, uncomfortable, don't know what to say, or don't follow up when they say they will. She's more comfortable opening up with complete strangers or mental health professionals because then she doesn't have to worry about whether she's "dumping" her emotional baggage or whether they have capacity to respond. But even those methods are imperfect. She told me she recently posted in an online support group for QTPoC in San Diego, sharing the shitty experiences she had in queer community thus far, and someone reached out who was willing to meet up and talk with her in person. Whenever Simone tried to make plans with them, they never followed through. Eventually, she realized this person was friends with Asha. They continually commented on Asha's posts, affirming them, offering support. Simone wondered if maybe it was a good thing they didn’t meet up after all. Would she have explained the situation and then have to say, ‘hey you know this person?’ And if she did, would that have isolated Asha from community support? But then again, did they even deserve community support? As she was struggling to find anyone to respond to her messages, she watched as Asha’s Facebook posts were continually met with likes and affirmations.

Simone told me she started attending a lot of support groups, but she wasn’t sure how helpful they had been. She showed up to a support group for survivors at her former college campus and was turned away because she is no longer a student. They suggested another group that was too far to reach by public transit. At a community dialogue for Black women coping with sexual trauma, the moderator cut her off before she was finished sharing. Much of the conversation centered around including Black men in Black women’s experiences of healing; something that Simone didn’t agree with, and that wasn’t applicable to her experience being assaulted by a non-Black femme of color who was both transgender and nonbinary. While there was robust conversation about next steps and plans for future organizing, there was never any follow-up from the organizer or participants.

While Simone may have preferred seeking care from strangers because her own community networks were ill-equipped to support her, the ephemeral temporality of these spaces ultimately did not align with the ongoing temporality of her healing. The lack of follow-up after a community dialogue and the restrictions placed on the time one could use to share during survivor support groups were indicators of rigid timeframes that did not stretch and bend according to each survivor’s needs. When her college turned her away from support groups because she was no longer a student, they didn’t know that the alternatives would be too far for her to reach by public transit. Simone, in these settings, was just another survivor. Stevenson writes: "Although anonymous care can reinforce an abstract sense of community, caring anonymously means that no individual bonds are established, no specific links between people strengthened" (86). While the facilitators in these spaces likely held a strong desire to support survivors, they didn't have a specific investment in Simone. Ultimately, the anonymity of their care and the adhesion to institutional procedures and normative temporalities exacerbated harm against Simone, a survivor who at times was positioned as *outside* of their community.

Simone told me that each time she attended a new support group, she realized how many privileges she has. She told me she was constantly comparing herself to others and feeling like she didn't have it *that bad*. It wasn't helpful, she said, especially when I'm already feeling like shit. At the same time, Simone felt an enormous pressure to feel a "sense of community" with other queer people, even though all the queer events, protests, and parties were full of the same small groups of people who she didn't know very well. She often didn't feel 'queer' enough in these spaces —in fact, she doesn't even identify with the term—and wonders whether she's *just taking up space* when she doesn't need it. She told me she has many friends who are cisgender and straight and that she could probably never talk about queerness again and it would probably be okay—not ideal, not as interesting, but she would be fine. For her, queer community isn't a prerequisite for survival.

While "checking your privilege" is the pinnacle of 'good' behavior in queer community, this practice was counter-productive to Simone's healing. Although the concept of "privilege" derives from feminist interventions that aim to help individuals understand their relationships to structures of power, this framework has become increasingly neoliberalized, with privilege becoming an issue of individual responsibility (Smith 2013). In too many queer and leftist spaces, if you have privilege (because you are white, cis, straight, abled, wealthy, or can pass for any of the above) you are supposed to not *take up space* and defer to the leadership of whoever is regarded to be the most marginalized in the room. Cindy Milstein, a queer, non-binary, Jewish anarchist, points out that these practices simply reverse hierarchies and flip existing binaries, ultimately reinforcing dynamics of control, division, shame, and silencing (2014, 2016). While Simone may not have had it *as bad* as others in the queer community, she was still suffering and in need of care. Yet, the hierarchy of suffering that had been reproduced in queer community under the guise of progressive "privilege" politics reproduced the very logics of triage deployed by biomedicine. In queer community spaces, she was not oppressed *enough*.

At the end of February, River reached out to Simone to let her know they scheduled a meeting with Asha. Simone told me she didn't feel like River was the best person to meet with them, but she did want to enforce some boundaries and was increasingly feeling like she needed Asha to admit the behaviors they engaged in. I told Simone if she wanted another person involved, I was willing to join the process to make sure River centered Simone's needs. A week passed, and Simone updated me that the meeting didn't happen when it was originally scheduled. The further delay left a bitter taste in her mouth. She told me she didn't feel like her "time and energy are being valued or considered," and she wanted to stop the process altogether. I told her I was sorry this all turned out to be such a mess, and that I played such a central role in making it all happen. I messaged River, letting them know Simone didn't want to continue with the process. They responded that they wanted to approach Asha either way. They then sent Simone a message letting her know about the meeting and asked if there were any details that should be omitted for her privacy and protection.

In early March, River reached out to me and said the meeting with Asha went well. I told them I was happy to hear that, but that I wasn't going to contact Simone—she would reach out to either of us if she wanted to know how it went. River told me they already messaged Simone and let her know she would be “satisfied with the outcome of the conversation.” Simone and River ended up talking on the phone, and I met up with Simone the following week to debrief the call. She told me that Asha “said all the right things”: they are aware of their problematic behaviors, they believe everything Simone said was true, they have people in their life (like their significant other) holding them accountable, and they are working through these behaviors in therapy. Although River had insisted that Simone would be satisfied with the outcome, she felt skeptical. After all, Asha was already in therapy when they were dating, and they still continually violated her consent. She knew from personal experience that not everyone is totally honest and open with their therapists. She also doubted whether Asha’s partner could be expected to hold the arduous work of guiding them through transformation and accountability.

Nathan Shara, a somatic therapist and social justice facilitator, writes that “saying sorry can definitely be a starting point for accountability, but it can also be a way to avoid facing consequences” (2020: 228). Simone felt that Asha, with all their knowledge and familiarity with leftist social justice language and praxis, had mastered the genre of the apology. She wasn’t convinced, however, that this was a successful Transformative Justice process—especially given that most processes last several months, if not years, and this was a single meeting. However, she had already decided she didn’t want to pursue it further. It was most important to her that Asha didn’t try to talk to or see her again and they had agreed to that demand. It was decided in the meeting, and in subsequent conversations, that Asha would communicate with me or River about their plans to attend public events and we would make sure they didn’t show up in the same place at the same time as Simone.

I asked Simone how she felt about giving up on the process. She told me she felt a sense of relief, like maybe she could try to put all this behind her. I've really been prioritizing my self-care, she said. She found a new therapist, a trauma-informed white woman, who encouraged her to step away from situations where she was continually re-traumatizing herself. With input from her therapist, she decided not to participate in a survivor's panel after talking about her experiences made her feel terrible the last time she participated. She explained to me that, before, she felt like she was supposed to practice 'radical vulnerability' because 'everyone else' talks about opening up as part of their healing. As a survivor, she also felt immense pressure to speak up about her experiences. She had internalized the message that if you're not talking about the problem, then you're a part of it. But opening up—to therapists, friends, family, psychiatrists, crisis hotline workers, strangers on the internet, participants in support groups—was only making her feel worse and worse.

She told me she started cancelling plans to attend events, rallies, workshops, and parties that she knew would be emotionally depleting. She said in her experience, queer people constantly talk about trauma. While she understood the need for some people to be open about their experiences and that not everyone has access to therapy, she was done showing up at parties and being put in a position to 'hold space' for someone else's intense experiences. This boundary setting extended to online spaces as well. She told me she started hiding, blocking, and unfriending people whose feeds were a constant stream of re-traumatization. She silenced all notifications on her phone and was being intentional about using social media less. I'm trying to catalogue when I do things that don't make me feel good, she said, and change those behaviors in the future.

She told me she also decided to go off all her medications. Ultimately, the side effects weren't worth the benefits, even though she was now dealing with a lot of side-effects in tapering off them. Since going off the meds she had noticed a gradual increase in anxiety, but she was trying to practice more body awareness and self-care. A lot of those medications numb the bad feeling, she said, but that means you can lose a lot of other feeling. Anxiety medications can dull anxiety in times when it is helpful, she continued, like making you feel like everything is okay in situations where you probably should be anxious and concerned. She told me that getting back in touch with her body looked like eating consistently, trying to get enough sleep, taking Epsom salt baths, cutting caffeine, weed, and alcohol out of her life, trying to eat nutritious foods, and drinking medicinal teas. At first all the self-care was too much, she explained, and started to feel overwhelming. Now, she was slowing down and being more intentional about her practices.

In April, Asha messaged me to let me know that they're planning to attend the next Love Affair. When I informed Simone, she told me she's just going to go anyways and manage if Asha is there. Afterwards, she realized this was a mistake. She told me she thought it would be cruel to restrict their access to the space, but it was really upsetting and uncomfortable to see Asha out. Although they didn't attempt to talk to her, they also didn't respect her physical space. They approached her, interrupting her conversation, to say hello to one of their mutual friends. I told her that I'm sorry about their behavior and that it's totally reasonable to want to see evidence of changed behavior before allowing Asha into safer spaces such as Love Affair.

I let Simone know that River recently reached out to me because Asha was interested in starting to organize actions for their activist collective. Simone told me that Asha clearly didn't understand the calls for accountability and must think they are just "off the hook" because

Simone didn’t want to continue an accountability process. She was increasingly feeling like she needed to say something because she felt unheard, like nothing was going to change. She didn’t know if sending them another message would be useful, and she didn’t feel like a callout would be effective given Asha’s popularity and good standing in the community.

And then, a month later, community members engaged in a public callout. I woke up, checked Facebook, and saw I was tagged in a post that called out Asha for being an abuser. The post asked people not to donate to their crowdfunding campaigns because there were other trans people who were more deserving of financial support. I immediately felt conflicted. I didn’t condemn the survivors for choosing to engage in a public callout, but I was being asked to re-share the post, and I wasn’t sure if it was in alignment with my own Transformative Justice principles. Aren’t even shitty, harmful people deserving of resources to meet their basic needs? I decided to wait and sort through my feelings. When I finished classes for the day and opened the app a few hours later, I saw that Asha put up a post, acknowledging the callout and saying it was true they harmed people and were not a safe person to be around in that point in their life. They said their DMs were open if people had questions or wanted them to elaborate on anything shared in the post.

I sent Simone a message to see how she was doing and to let her know I saw the callout and Asha’s response, which I could share with her if she wanted, since she had long ago blocked them on social media. Simone asked to see Asha’s post, and then sent me a message pointing out that they never acknowledged their behaviors as abusive and only admitted to a more generalized version of harm. She felt like they were distancing themselves from the specific violations they committed and that offering to have private conversations was also disingenuous and vague. She didn’t trust them to be honest. I told her I could share her feedback if she wanted, either through a private message or a public comment on the original post. She told me she wants to think about it. And then she wrote: “You can go ahead and tell Asha that they’re not welcome at Love Affair anymore. Not at all (like a ban).”

While I understood the need to keep someone actively harming others out of safer spaces, I wasn’t comfortable with the idea of banning Asha forever, regardless of what changes they made or steps they took toward accountability. They had exhibited some willingness to work towards accountability thus far, even if much of it seemed superficial and performative. I told Simone that I was supportive of a temporary ban, but that I needed to think about what our asks would be and when and how these boundaries could change. She told me she didn’t think Asha was redeemable, and that she was tired of other people who weren’t manipulated and abused trying to find a solution because they think Asha’s worth keeping around. She told me it felt like everyone was trying to protect Asha and prioritizing their contributions to the “community” over the safety of survivors and others they could harm. I affirmed that her feelings made sense, and she was entitled to them, but as prison abolitionist I had to believe that nobody is beyond redemption, that everyone deserves a chance to change. I wanted to be supportive, but I also didn’t want to make knee-jerk reactions. I told her I needed time to think and seek outside perspectives. She responded, “I can’t do this anymore. I’m done.” When I asked if I could do anything else to support her, she told me there was nothing else to do.

A few hours later, she sent me another message saying I could keep what information I gathered for my research, but she couldn’t keep participating in my project. She asked me not to reach out again. I understood this situation was complicated, beyond me—but I couldn’t stop replaying everything in my head, wondering if I should have said something differently, if I was just another disappointment, another source of pain and abandonment. I sat down and wrote:

> I'm just feeling like my experiences "being in community" have been riddled with heartbreak and disappointment. I've been trying my best to create space for people, to provide emotional support, to fundraise and help folks meet their basic needs. But there is not adequate support – for the people who need care, and for the people who are providing care... I feel like no matter how thoughtful, respectful, careful I try to be, there's always someone who is dissatisfied; hurt; upset; or angry…I can't help but be worn down by all of this after time. To think of how much easier my life would be if I just withdrew from community.

I texted a friend, the only person I knew with actual Transformative Justice experience and asked if they had time to talk. They called me a few hours later. They were kind, encouraging, affirming. They told me that survivors are allowed to be angry, change their minds, disinvest from justice or the other person's healing. They told me that these processes are often painful and messy. They affirmed that we can't turn our backs on Asha as a community, and that the responsibility should not be held just by me, or by Love Affair—this is a collective responsibility. We talked about how, in San Diego, anyone who is willing to do anything ends up getting asked to do everything, until they are completely drained and burned out. They told me there isn't a lot of infrastructure for Transformative Justice in San Diego but there are organizations in the Bay Area and LA that I may be able to contact for resources.

A few days later, Simone reached out to me. She told me things escalated quickly and that messaging wasn't the best way to convey what she was feeling in the moment. She was no longer angry, just sad and wished things were different. She told me she needed to rebuild trust in people for her own sanity. She asked if we could meet up and talk, and we did a couple of days later at another coffee shop, where I suggested we sit out on the patio so we can have more privacy and a bit of sunshine. I bought us some tea and we sat across from each other, slowly sipping the hot water. She told me that the callout mostly unfolded as she had predicted. While it was impossible to know how every community member responded to Asha's post, it seemed like they gained social capital through their performance of apology. Their post was littered with likes, loves, people commending their honesty, and offering support for their growth. The focus on Asha and their personal transformation overshadowed focus on the survivors and the support they needed to heal. Simone said that only me, and maybe one other person, reached out after the post was put up to ask if she was okay and what she needed. One of those people immediately blocked Asha, but never responded to Simone's later messages. Meanwhile, the survivor who posted the callout dealt with a lot of backlash and harassment. For example, another QTPoC organizer asked, "Why call out Asha? What about the abusive white masculine queers?"

Simone decided to reach out to Asha directly because she was upset with how vague the apology was and how it skirted around their specific acts of emotional manipulation and sexual coercion. After, Asha put up a new post that was clearer and more explicit about the ways they manipulated and coerced Simone and others. It ultimately felt like an underwhelming gesture. Simone was sure the apology would quickly get buried in everything else they post (which was true—I struggled to find it even a day later) and pointed out that the algorithms distort feeds and not everyone is on Facebook, so many people wouldn't see it at all. Simone questioned what the call-out actually accomplished. It seemed like Asha's friends, community members, and fellow activists were not perturbed by the admission of abuse.

Mimi Kim, an anti-violence advocate and professor of social work, has found in her work with Transformative Justice organization Creative Interventions that "a person doing harm with access to more resources than the survivor—including popularity or standing the community—could gain considerable sympathy as compared to the survivor of violence" (2020: 310). Part of this phenomenon may be explained by the controversial nature of callouts and the widespread condemnation they have received in several articles, books, and op-eds in recent years (brown 2020; Ross 2019; Wayne 2019). Kim explains that "survivors and those doing harm can easily confuse disclosure with punishment in communities that view interpersonal violence through the lens of denial and shame" (2020: 317). While callouts are often regarded as acts of aggression, violence, or intracommunity policing, community organizer and prison abolitionist Leila Raven points out that many survivors put a lot of compassion and care into their calls for public accountability. In a webinar on "Feminist Abolition and Transformative Justice" hosted by 18 Million Rising and the Asian American Feminist Collective (2020), she explained:

> I think about my own experience with my first abuser, I stabbed him, and I feel that I used a lot of patience and care this time around to write a letter about my feelings, and I have experienced more shaming and backlash for a public call for accountability than even [the] violence that I then got punished for. It feels like no matter what survivors do…the onus is always on survivors to cater to the community that enables abuse and abusers.

Raven continued, that for many survivors, a public callout is a last resort after many failed attempts to engage abusers in conversation and accountability. Multiple survivor accounts affirm that callouts are rarely undertaken as impulsive reactions or acts of retaliation. Quite the contrary, callouts are often pursued after long periods of silence and deliberation and are seen as the only way to keep others safe in the face of violent and ineffective policing systems (Barnow 2020; Shank 2020; Swadhin 2020)—patterns that resonate with Simone's own process of working towards accountability without inflicting further harm.[47]

Despite ample concerns on how callouts impact their targets, in Asha's case, an over-simplified understanding of identity politics and an effective performance of political purity served to shield them from criticism and consequence, much less disposability. The identities they inhabit, the organizing they are involved with, and the aspects of their life and experiences

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[47] While many survivor callouts are not made in the spirit of retaliation, that does not mean that concerns about callout culture are not warranted. I personally have witnessed situations where callouts are used as continuations, rather than disruptions, of ongoing abuse. The popular slogan "believe survivors" breaks down when abusers "deny, attack, and reverse victim and offender" or when a person simultaneously occupies the position of both survivor *and* propagator of abuse.

that they share widely online, prevented others from seeing them as anything other than a survivor/victim. While I don't want to re-enforce the survivor/perpetrator binary—because indeed, most people who harm others have been harmed themselves (Kaba 2020a: 298)—I'm wondering, what message does it send when an admission of wrong-doing rallies more support for the person who harmed than the people who were harmed by them?

After Simone finished sharing, I asked her if she was okay, if there was support she needed. She told me she hadn't been in therapy the whole time this has been unfurling because she could no longer afford her therapist and needed to find a new provider. I asked if she knew about a local nonprofit that offers support and services for survivors, and she told me yes, she called them, but their group sessions weren't being offered, and when she inquired about individual counseling she just got forwarded to a voicemail, and they never called her back. She told me they don't have a lot of support to offer her since she isn't going to file a report or press charges.

In June, Simone sent me an update over messenger.[48] She told me she's been crying daily, experiencing chronic panic attacks, and has had migraines so debilitating that she went to the Emergency Room multiple times and started seeing a neurologist and physical therapist. She had been experiencing continual panic attacks at her new job and felt completely exhausted all the time. She told me her body must be having a "delayed reaction" to all the fallout with Asha. She's feeling a little better, though, after adjusting her medications and starting to see a new therapist twice a week at the sliding-scale clinic that I recommended. She told me she's learning to recognize her triggers and avoid them. She recently ended a friendship with another survivor who wanted to constantly process their experiences of traumatization. It was getting to be too

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[48] A week after meeting up with Simone to debrief the callout, I reached out to clarify whether she still wanted to quit the research project. She told me she wanted to continue participating and proceeded to send me updates via Messenger through June and July of 2019.

much, especially when she was still reeling from her own experiences of assault and coercion—she thought the stress contributed to the intensification of her migraines. She told me she felt better just disconnecting from anyone who reminded her of Asha. "There was a community element that I had," she said, "but I need to rebuild that in a different way."

"In A Different Way": Personalizing Care and Healing

In September, nearly a year after Simone and I began working together for my dissertation research, we sat down together for a final interview. I asked how she's been doing, and she told me how she's been taking care of herself:

> [I've learned] I need to express what I'm feeling, even if it's really sad, even if it's crying for a couple of days, even if it's getting really mad…even if I don't talk to anybody for a couple of days…whatever I need to do, I'm going to do it and deal with it versus pretending everything is fine because it makes life easier for everybody else around me. Which has been hard sometimes, because I feel like I wanted more support in different areas, but I've been trying to, at least for a certain degree, figure out how to manage myself too. Especially when I have migraines, my family is gone, I'm by myself for 14 hours, I'm sleeping all day, I can sit and be miserable pretty easily. In those moments when I am by myself, when I'm trying to rest and calm down, I might want to reach out to somebody, but maybe having a two-hour conversation with someone might be too stressful right then. So how do I manage the emotions by myself, how do I work through it, how do I calm myself down?

Although Simone previously felt pressure to turn to the community when she was feeling sad, panicked, depressed, and anxious, she was beginning to recognize that the community was not always what she needed, especially amid emergent crises. In the face of nonexistent and insufficient care, she was figuring out how to extend herself the space, compassion, and lack of judgement that she wasn't receiving from others. Learning to reconnect and listen to her body, and to offer what it needed in the moment, was key to self-soothing.

She also told me that her new therapist had been a lifesaver. She had a Black woman therapist for the first time and was realizing how helpful it was to not have to explain every aspect of her experiences and her family dynamics to a therapist who didn't understand and couldn't relate. Her new therapist was client focused, which "makes a huge difference." If she was in crisis, she could text her therapist and ask for an earlier appointment or for more immediate support. When Simone mentioned books or brought them into sessions, her therapist read them, and they discussed them together. Rather than posturing herself as an expert who already has all the answers, her therapist was continually humble, open-minded, and asked for feedback on how she could best help Simone. Simone told me, "That's literally never happened in [my] therapy sessions before." For the first time, she felt like a priority to her health care practitioner.

She told me that with her therapist, she felt like she's being taken seriously, whereas "especially with regular physicians, a lot of the times I'm seen for ten minutes and there's this bullshit of, there's probably nothing wrong with you, take this pill, I'm not going to deal with you, hopefully you don't cause me any more problems." She continued, "Whether it's just me being Black or being a woman…Even going to the ER, I'm like hey, my pain's at a 9. I'm like, 9/10. Is it that not registering that this is really bad? Whether it's a migraine or a panic attack or whatever is going on, I have to convince people that something is a problem." Healthcare providers always insist that her symptoms are "normal." But as Simone pointed out, just because those symptoms are "normal" doesn't mean they're not "uncomfortable and bad and scary" and deserving of a response.

I asked her how queer community could also do better. She pointed out that people in queer communities very easily use their identities to avoid responsibility for problematic behavior, whether it be anti-blackness, racism, sexism, patriarchal bullshit, or abusive behavior. She explained: "It's really easy to be like, we're better than cishets. We're more progressive inherently just because we're queer, and it's like, not necessarily…there's still all these problems…there's still abuse…we can look at the mental health statistics, these aren't fantastic. Do we even have ways to help each other or are we just sitting around talking about our childhood traumas a way to bond?" She told me she wishes "people could hold each other more accountable, especially when it comes to friends and family. If you can argue with this random homophobic stranger on Twitter, please use this energy to talk with your friend you have a problem with." As queer writer Sarah Schulman argues, in situations of conflict and miscommunication, communities have a duty to carry the work of repair (2016: 20). How are we supposed to transform harmful, violent, oppressive structures at large if we haven't yet developed the skills to confront and transform these dynamics with one another? When Simone finished speaking, we shared silence for several minutes, all that we've experienced together in the past year hanging in the space between her words.

January rolled around. It was the start of 2020. I hadn't seen or heard from Simone since October. I wanted to reach out and let her know I was thinking about her, see how she's doing, if there was anything she needed. I worried that since my fieldwork ended and I was no longer in regular communication with my participants, she may have thought I forgot about her or that I no longer cared. When I tried to message her, I received a notification that she was no longer accepting messages. All our communications had been over social media; I realized I didn't have her phone number. I felt anxious about the sudden disruption. I replayed everything that we had been through together, the things I wish I had done differently, how I could have better showed up and supported her. Lacking control in the situation, I hoped that this was a boundary set in the service of her self-care, and I tried to dissuade my mind from wandering to darker possibilities.

Then the pandemic hit. Like many others, I was dealing with the sudden shift in social norms, the increased isolation, the despair and outrage at millions of deaths and widespread callous disregard for (disabled/sick/elderly/poor/racialized) life exercised by officials and ordinary people. The country was burning—the world was burning—from climate catastrophes and revolutionary struggle. The graduate student strike I was participating in and helping organize collapsed due to increased economic insecurity and fears of retaliation and loss of healthcare coverage. One of my partners lost his job and only qualified for $62/week on unemployment.

The collective grief reverberating from the Earth like a wounded battle cry stirred my personal experiences of loss, awakening memories, thoughts, feelings I expertly buried away for almost two decades of my life. I tried to reimagine my relationship to grief and suicide loss, tried to build a tender relationship with my memories so that my sister was alive within them, not consumed by traumatic imagery and feelings of intense pain and loss. I worked on having more open, honest, and authentic relationships with my bio-family instead of withholding information, censoring myself, and cleaving a great distance between us, a shield from rejection and misunderstanding. My partners and I drove to far-away neighborhoods to walk our dogs, rich neighborhoods where there are sidewalks and the residents do not walk, where we did not have to worry about contracting COVID-19 on crowded walkways where people did not social distance, did not wear masks.

Amid all of this, from time to time, I thought of Simone, and I felt immense guilt for losing touch, for initiating the ‘failed process’ with River, for not being able to meet all of Simone’s asks and boundaries, for being another person who seemed to prioritize Asha’s wellbeing over her own. At the start of 2021, I sat down and turned to books like *Beyond*

Survival (Dixon and Piepzna-Samarasinha 2020), *I Hope We Choose Love* (Thom 2020), and *The Revolution Starts at Home* (Chen, Dulani, and Piepzna-Samarasinha 2016) to make sense of these experiences. As I read, I felt so deeply affirmed, held, and seen by the caring, messy, imperfect people who are doing the difficult work of preventing, disrupting, and healing from violence in a society where violence is everywhere, and resources are few and far between. They affirmed that there are few models for doing Transformative Justice and community accountability work and that most who pick it up are thrown into it by necessity, because we are survivors, because the people closest to us are, because "we know what it's like to survive brutal shit, often alone" (Piepzna-Samarasinha 2020a: 233). They shared that attempts to help sometimes make things worse, "enabling" and "exacerbating pain towards survivors and communities" (Kelly et al. 2020: 91). They shared that sometimes, survivors get pissed when their support teams don't agree to pursue all their demands, especially when there are fundamental disagreements over whether people can really change (Dixon 2020b: 205). With the gift of retrospect, as well as the words of support from activists who are willing to share "every mistake they've ever made" (Hassan 2020), I no longer begrudged myself, or River, or the wider queer community, for the care that we were not able to give. I recognized that we were "fumbling towards repair" (Hassan and Kaba 2019) in the best ways we knew how at the time.[49]

When I look back on Simone's story, I see a survivor figuring out how to forge safety and healing on her own terms. The pressures extended by queer communities, survivors, and professional care workers to pursue a particular trajectory of healing—one which is grounded in

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[49] Mariame Kaba's assertion that there is no such thing as a failed Transformative Justice practice was also deeply affirming for me. As Kaba writes: "For years, I've heard people saying things like 'TJ didn't work!' And I don't understand what that means. Because, even in worst processes I've ever heard of people being a part of, something was learned in that process. Something got taken away, even if it was, these people don't know what the hell they're doing, and I don't like it, and I don't want this. Right?" (2020a: 296)

community accountability, radical vulnerability, psychopharmaceuticals, or the criminal punishment system—were not conducive to her safety, nor to her healing. Inevitably, these sites of medico-juridical care failed to see her, hold her, and sit with her and her lived experiences, in all their messiness and complexity. Ultimately, retreating from an abstracted idea of "community" and reconnecting with her body to discover what *she* needed to feel better was the way Simone was able to forge a trajectory for safety and healing.

In the face of widespread intracommunal violence, traumatization, and medical neglect, sometimes the only person we can reliably depend upon is ourselves. Audre Lorde writes, "Caring for myself is not self-indulgence, it is self-preservation, and that is an act of political warfare" ([1988] 2017: 130). While those words have been turned into countless memes, banners, and slogans used to justify a range of activities and actions that are dubiously linked to the context in which Lorde was originally writing (Low End Theory 2013), her words are powerfully resonant when applied to Simone's own trajectory for healing. Ultimately, it was small acts of bodily autonomy and reclamation—giving up psychoactive substances, drinking medicinal teas, learning to recognize and avoid triggers—that lent Simone some measure of peace, some measure of safety. As Mulla found in her work with survivors navigating rape crisis centers, if healing is found, it is often because survivors "mark out a path to justice for themselves" (2014: 222).

While queer community may not be the haven— "the secular yet sacred space"—that Thom discusses in the epigraph to this chapter, that does not mean survivors of violence can or should tend to themselves without external support. While prioritizing self-care was essential to helping Simone feel better, so was making a connection with an empathetic Black woman therapist whose care for Simone was not anonymous. As Simone told me, her therapist read the articles Simone recommended, worked to better understand her thoughts and feelings, and continually checked in on the progress of their sessions, making Simone an active co-collaborator in their sessions. She continually met Simone where she was at rather than dictating an idealized trajectory or timeline for her healing. Although many care workers enforce rigid temporalities, Simone's therapist accepted texts and calls outside of scheduled appointments because *Simone was in crisis* on the line. This orientation recognizes that care is a skill to be personalized, practiced, and refined. Nobody has all the solutions or answers, but by working intentionally, consistently, and collaboratively, we *can* create containers for safety and healing.

The proliferation of crisis in queer community means we often end up caring for one another anonymously. Whoever has capacity in a given moment—or whoever is expected to endlessly have capacity for unpaid care work (see the figure of the burnt-out femme of color care worker in Chapter 4) —fills in the various gaps created by carceral care. While queers' commitment to anonymous care *for the community* can offer networks of support not easily found in our wider society, care without intimacy often replicates the medico-legal logics that community care is meant to subvert. Without deep-rooted, personalized, and reciprocal commitments, it is easy for care workers to flake out, burn out, and walk away. While these broken promises are often propelled by a genuine desire to help, 'flaking out' (Spade 2020: 65) ruptures trust and is ultimately not conducive to building sustainable community care networks.

Supporting survivors thus requires slowing down and rigorously committing to consistency and sustainability. As Simone explained to me in our recorded interview:

> If you can't support people, just say so. People who say, 'I'm here for you let me know what I can do', and I reach out and hear nothing, that's been the most frustrating thing…. [We need] more self-accountability, just acknowledge you weren't there for somebody if you could have been. Or acknowledge your limits. It's not just setting boundaries and saying what you need, but also saying, hey I can't do that. Or I can't do that right now.

The self-accountability Simone advocated for reflects a crip-abolitionist epistemology of care. As I have written elsewhere: "Disability justice teaches that consistency…requires that we know our limits, how we need to be replenished, and who we can call upon for help" (2020: 661). In other words, community care requires an intimate, embodied, personalized knowledge of how we can best nourish ourselves and others—a knowledge that emerges from reflection, relationship, and praxis—not the standardized steps of institutions.

Simone's story is a powerful reminder for care workers—both paid and unpaid, professionalized and grassroots—that rather than align oneself with the medico-legalistic practices of the state, we should work to forge a new ethics of care centered around intimacy, sustainability, deep listening, and reciprocity; an ethics of care that is not standardized, anonymized, and bracketed off into normative temporalities. While Simone's therapist may have gained this ethic of care from her formal training, Simone's experience with other providers suggests that for many care workers, care will require a process of (un)learning. Leah Lakshmi Piepzna-Samarasinha (2021) points out that with the popularization of Transformative Justice, many are looking for "experts" to come in and facilitate their processes. Yet there are no experts, there is no guidebook[50], and these are infrastructures of care we must be building ourselves, however impartial and imperfect they may be.

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[50] Where there is no one-size-fits-all approach to Transformative Justice, there *are* workbooks and resources that can be very helpful for those wishing to support accountability processes. See: Kaba, Mariame, and Shira Hassan. 2019. *Fumbling Towards Repair: A Workbook for Community Accountability Facilitators.* Chico: AK Press; and Creative Interventions. 2012. "Creative Interventions Toolkit: A Practical Guide to Stop Interpersonal Violence." creative-interventions.org/toolkit/.

Affects, two

What about joy?

much of this works feels bad
but it feels good to know
we are doing it

- Personal journal, January 17, 2020

Chapter 3: Burnout as Crip-Abolitionist Epistemology

Burnout is a balloon inside your chest that pushes out the air. It is a stone in your stomach, weighing you down. It is a toxic substance that spills from your mouth, cleaving a space between you and the people transformed into obligations, unread messages, not showing up enough. Burnout is social, psychological, physical, spiritual, political—it knows no borders, not between people, not between flesh. Burnout stains and bleeds. Burnout is draining energy, so very tired, when will I feel rested, can everyone please stop messaging me, nothing feels good, I'm over this community, thanks for the "feedback," can we reschedule?, god I'm exhausted, a pile on the floor, sorry I'm just now getting back to you, stinging hot tears, I'm somehow both hungry and nauseous, great—another message, piles of paperwork, stress dreams, flashbacks, muscle cramps, repeat, repeat, repeat.

While there is no neat, easy way to define burnout, academic studies, activist accounts, and my fieldnotes document a range of existential experiences that have come to be understood under the banner of "burnout": chronic exhaustion, hopelessness, feeling overwhelmed, lacking motivation, no longer finding joy in your work, resentment, defensiveness in the face of critique, being constantly close to tears, feeling like there is no way to alleviate your responsibilities, anxiety, stress, bodily aches and pains, flare-ups of mental and physical illnesses, insomnia, sleeping too much or too little, a sense of dread, irritability, not following through with commitments, being unable to celebrate your accomplishments, longing to rest, and wrestling with feelings of guilt and shame that, despite this existential torment, you are still not doing enough and you must have brought this upon yourself.

Burnout has become one of the predominant registers whereby people describe life under late capitalism. However, the stakes of burnout experiences are not the same for everyone. More than half of the QTPoC I interviewed for my dissertation described becoming disabled after burning out.[51] They attributed their burnout to chronic stress and systemic oppression. A study done on burnout among queer of color college activists shows that two of six students attempted suicide before slowing down or limiting their commitments (Vaccaro and Mena 2011). My fieldnotes from 2018-2019 were littered with reflections on how my childhood trauma was resurfacing in intense periods of stress, making me feel completely exhausted, disconnected, overwhelmed, and resentful—and how I continued to get out of bed and show up for others. These patterns tell us there is more at stake in the burnout phenomenon than just issues of work and labor—how capitalism intersects with race, gender, sexuality, disability, and state violence shapes how our bodyminds respond to stress, and ultimately, our possibilities for survival.

In this chapter, I center the burnout narratives of Vicky and Malia, two abolitionist organizers and community care workers—both queer femmes of color—who described themselves as being "broken" by the chronic stress of struggling against systemic oppression without adequate social support. In our interviews, Malia—a mixed-race Chicana—described a life spent caregiving for her disabled parents, for fellow activists documenting and disrupting white supremacist violence along the U.S.-Mexico border, and for herself as a chronically ill and disabled person with multiple medical conditions. She explained that her childhood experiences witnessing the violence of white supremacy both propelled her into abolitionist organizing and exacerbated her underlying autoimmune disorders and psychiatric disabilities. Vicky, a Black non-binary femme and parent, spent their adulthood working in healthcare and LGBTQ+ foundations before quitting their job to focus on community activism full-time. When I

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[51] While some of my participants developed new medical conditions and chronic illnesses, others had underlying medical conditions that *became* disabling because of chronic stress.

interviewed them, they were juggling multiple organizing projects and were reeling from a recent health flare-up and medical diagnosis.

Although much academic literature conceptualizes burnout as a psychological state that can be managed through rest, greater work-life balance, and stronger coping skills, the phenomenological experiences of Vicky and Malia show that queer femme of color of burnout exceeds a curative model of recovery. Their testimonies show how burnout, trauma, and disability amplify one another, producing a longue durée temporality of suffering that exceeds the dominant model of burnout management that mandates one should simply "take a step back" from their responsibilities. Both femmes described their bodies as being "broken." Despite their attempts to rest and care for themselves, they both—to varying intensities—found themselves incapable of returning to the types of care work they had engaged in prior.

While this chapter argues that queer femme of color burnout—a product of complex histories and ongoing conditions of state violence and social abandonment—disable queer femme of color bodyminds, Disability Justice activists remind us that disability and chronic illness are not the worst possible fate for a person. Solely positioning disability as a condition to be avoided, or as a sign of injustice itself, reproduces the very ableism that an abolitionist care ethic seeks to dismantle. However, we can denounce the fact that queer femmes of color are literally broken down by stress, while also recognizing the generative subject positions produced by chronic illness and disability (Clare 2017: 56). By tracing how Vicky and Malia were disabled by state violence *and* how they shifted their abolitionist praxis in the wake of chronic illness, I approach the chronically ill/disabled queer femme of color bodymind as both political and visionary: a subject position that nurtures a crip-abolitionist epistemology.

In the sections below, I offer a brief analysis of contemporary burnout discourses, and how they do or don't engage with intersections of race, gender, sexuality, class, and disability. I argue that burnout narratives produced by Black women and queer femmes of color show that our experiences demand more urgent attention and analysis. I then use oral history as a methodology for tracking Malia and Vicky's burnout experiences. Rather than focusing solely on the moments in which both femmes found themselves to be "broken," I show how broader contexts of systemic violence, unpaid and undervalued labor, and social abandonment wore down their bodyminds over time. I end with an analysis of how their political work transformed in the wake of their disablement and argue for a crip-abolitionist epistemology that embraces rest as political praxis.

Towards a Queer Femme of Color Critique

Feelings of burnout for myself and other queer femme of color activists and organizers derive from a complex array of stressors, obligations, and oppressions— waged labor, (often unwaged) gendered and racialized care work, toxic dynamics in activism and sociopolitical organizing,[52] intercommunity conflict and in-fighting, familial obligations, navigating violent state systems, chronic pain and disability, the 24/7 news cycle, and our increasing connectivity to the world and each-other through social media platforms. In many ways, burnout is a predictable consequence of capitalist exploitation, occupation of stolen lands, environmental devastation, policing and incarceration, and the mandate to keep going when the world is literally on fire, and nothing is okay. However, when the World Health Organization added burnout to the 11th edition

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[52] For suggestions on how to avoid burnout in organizing contexts, see: Spade, Dean. 2019. "Burnout: What It Is and Some Ways to Address It in Ourselves in Organizations." *Dean Spade* (blog). September 25, 2019. http://www.deanspade.net/2019/09/25/burnout-what-it-is-and-some-ways-to-address-it-in-ourselves-and-in-organizations/.

of the International Classification of Diseases in 2019, they described burnout as a "syndrome…resulting from chronic workplace stress that *has not been successfully managed*" (2019) [emphasis added]. Instead of advocating for transforming labor conditions, systems of capital, or workplace cultures to reduce the number of people who are feeling alienated from waged labor, occupational approaches to burnout call upon workers to care for themselves through therapeutic self-help techniques—mindfulness, emotional regulation, and boundary setting—in order to beat back chronic fatigue and maximize efficacy and output for the capitalist machine (Harris, Lin, and Selbin 2007; Barker, Martin, and Zournazi 2008; Johnson and Down 2013; Maslach and Gomez 2006; Wilson et. al 2017).

Workers in middle-class caring professions, such as healthcare workers, psychiatrists, counselors, social workers, and teachers, remain the most represented within burnout research (Wettlaufer 2015). This disproportionate focus on burnout in feminized professions gestures to the underlying inequities of care work along lines of gender, race, and class. Caring labor, which is disproportionately taken up by women and femmes, is consistently devalued and under supported, despite the absolute necessity of reproductive labor for enabling all types of work and life (Federici 1975; Gilligan 1982; Kittay 1999). These inequities are exacerbated by processes of racialization. Women of color and immigrant care workers are disproportionately denigrated and devalued within the global racial-capitalist economy (Davis 1981; Ehrenreich and Hochschild 2003; Fraser 2016; Glenn 2010; Vora 2015). Yet while poor and working-class women and femmes of color—such as gig laborers, undocumented workers, and unpaid community care workers and activists—are arguably the social groups *most* likely to be impacted by burnout, they are the least represented in the academic burnout literature.[53]

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[53] There is more considerable literature on activist burnout, though many study participants are employed in nonprofits and grassroots organizations, and thus receive financial compensation for their labor. These analyses also

While WHO suggests that "burn-out refers specifically to phenomena in the occupational context and should not be applied to describe experiences in other areas of life," popular think-pieces argue that the stress and insecurity of exploitative and precarious gig labor, the threat of impending climate disaster, the endless demands for self-improvement and personal branding on social media, and the never-ending shocks of Trump's presidency have made millennials the "burnout generation" (Petersen 2019). A wave of op-eds published since 2016 have recognized that burnout is not the fault of individual workers failing to manage their stress; it's a systemic problem rooted in the inequities of capitalism and patriarchy (Blado 2019; Fleming 2016; Nagoski and Nagoski 2020; Tolentino 2017). While these critiques push mainstream burnout discourses away from individualized, medical models, they often rely on whitewashed frameworks of capitalism/patriarchy that are divorced from the racial, cishetero, and ableist logics of these systems. Many of these analyses, for example, suggest that millennials are burnt out because we are the first generation of workers to make less money than our parents did, to be burdened with massive student debt and out-of-control healthcare costs, and to never know the stability of home ownership or lifetime employment (Foster 2019; Iling 2019; Peterson 2019; Thompson 2019). These arguments only work if you center the experiences of abled, middle-class, white American citizens, who are learning for the first time what it means to be chronically exhausted, overworked, undercompensated, and promised a life and livelihood that is not within reach.

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tend to be whitewashed, despite the tendency for nonprofits to staff people of color and other minoritized groups into the lowest rungs of their institutional hierarchies. While burnout research occasionally recognizes that members of so-called "minority" groups are especially susceptible to burning out, these observations are often made in passing, without a deep engagement with the place and stakes of burnout in the everyday lives of trans, queer, disabled, POC activists and care workers, and those living in the intersections of these marginalized identities (Gorski, Lopresti-Goodman, and Rising 2019; Leondar-Wright 2014; Plyler 2006; Raney 2019).

When the experiences of cisgender, heterosexual, white, middle-class, abled professionals are centered in burnout discourses, the experiences of people who take on a disproportionate amount of caring labor—women and femmes of color, queer and trans people, disabled people, poor people, and immigrants—are invisibilized and our slow (or too often, accelerated) deaths are naturalized and maintained. Because hegemonic burnout discourses rarely engage the intersectionality of various systems of oppression, they equalize all experiences of exhaustion, powerlessness, and chronic stress as a shared symptomology of a common disease: exhaustion under late capitalism (or if the article is written by a white woman, exhaustion under capitalist patriarchy). Yet, how might understandings of burnout change when the experiences of Black women and femmes and other women and femmes of color are centered? How does foregrounding these groups, and rejecting the workplace as the "proper" site of burnout, expand the analysis of burnout's causes and effects? And how might a queer femme of color analysis bring forth transformative solutions that do no reify burnout as an individual responsibility?

Like capitalism itself, burnout is at once racialized, gendered, and shaped by experiences of (dis)ability, citizenship, and class. As Tiana Clark suggests in her article, "This is What Black Burnout Feels Like" (2019), the intensities—and the stakes—of burnout are different for people who experience multiple, simultaneous forms of marginalization:

> No matter the movement or era, being burned out has been the steady state of black people in this country for hundreds of years…I'm thinking about slave ships, sharecropping, the school-to-prison pipelines, a steady state of mental and physical collapse. I'm thinking of Fannie Lou Hamer – who joined the civil rights movement after a forced sterilization by a white doctor in Mississippi declaring, "All my life I've been sick and tired. Now I'm sick and tired of being sick and tired." … I'm thinking about road trips through the South when my husband and I stop at a gas station, how I don't go in to use the restroom if there are trucks in the parking lot bearing Confederate flags. Because I am scared, I hold my piss for miles. This is what my black burnout looks like. And while

> Petersen's article discusses "errand paralysis" at length and describes not being able to take her shoes to the cobbler, I clench up and freeze every time I see a cop car driving behind me. I carry a different weight that stalls me.

Clark's Black feminist intervention into popular burnout discourses disrupts the notion that burnout is a syndrome of life under late capitalism. As Clark suggests, "being burned out has been the steady state of black people in this country for hundreds of years." In her conceptualization, burnout is how Black bodyminds respond to centuries of colonization, anti-blackness, and misogynoir—systems of oppression that have historically upheld and maintained the systems of capital of that are just beginning to turn on many middle-class white Americans.

Extending Clark's framework, a queer femme of color phenomenology of burnout must not only contend with the intersecting pressures of racism, sexism, class oppression, and homo/transphobia, but also the obligations and commitments that many queer femmes of color carry for others in our communities. The fatigue that I feel when I have many tasks to juggle is not what Petersen calls "errand paralysis" (2019), although I can and do feel overwhelmed when small responsibilities pile up, made material in the receipts littering my counter-tops, unopened mail stuffed into the corner of my dresser, unorganized papers spilling out of my bookbag. It is not that my self-worth is tied to these minute tasks, that I need to handle them efficiently and effectively to feel that I'm "adulting" well. Most of the time, my anxiety and exhaustion are tied to the fact that other people are depending on me. If I slip up, fall behind, or take a step back, then events won't be planned and promoted, friends won't be given rides or $20 for groceries, and the mutual aid projects I support will raise less funds to give to trans and queer people for rent, utility bills, school fees, surgeries, and car repairs.

My social media doesn't stress me out because I'm seeing examples of other people's perfect lives that I feel I can't live up to. My social media stresses me out because my Facebook feed is filled with suicidality, depression, anxiety, and trauma. My social media stresses me out because I assume every notification, tag, and message is a request for some sort of help, which will require an immediate response—resources for housing for domestic violence survivors, a request to repost crowdfunding information or to organize an event to help raise funds, feedback on what people didn't like about the last fundraiser or what they want for the next one, requests for rides to appointments, questions about whether a work assignment violates our union contract, a call for volunteers that can host asylum seekers just released from ICE detention, or even just a "hey, how are you?" from a friend who is lonely and in search of connection.

The trauma I encounter in my research and community work is not just "vicarious." As someone living with specific traumas related to suicide loss, childhood sexual assault, and dysfunctional family dynamics, when these patterns emerge in my community work and relationships, it is not just distressing or uncomfortable, but at times can be triggering, summoning intrusive memories, images, and thoughts that derail my mood and focus for weeks at a time. From talking with other queer and/or trans people of color doing care work, either via waged labor in institutions or unwaged labor in communities, I know that many of us routinely encounter traumatic situations that mirror our own lived experiences when we care for others. While popular and academic writing on "compassion fatigue" or "vicarious trauma" recognize that professionals who share identities with the populations they serve are most likely to be impacted, the solutions that they regularly recommend—setting boundaries, neglecting to take on more cases, or in extreme situations, leaving the field entirely—are simply not viable options for many queer femmes of color for whom our work is not just a passion, but a means of survival, for both ourselves and our communities.

The scarce literature that exists on the burnout experiences of queer people of color suggests that our experiences demand more careful attention and analysis. Vaccaro and Mena

(2011), for example, found in their study of queer students of color organizing in a mostly white LGBTQ+ activist group on their campus that the QPOC student-activists struggled to balance their familial obligations, coursework, and “sense of duty to support local communities” (350). Despite continually working to create inclusive communities for their campuses, they consistently felt isolated and alone. Even when they joined social groups specifically seeking support, they ended up taking on roles in which they provided care for others. One student struggled to keep up with their schoolwork while also supporting sick family members. Although the students largely recognized that their obligations were not sustainable— “it’s not burnout, but something more”—they could not make themselves walk away from their obligations. While most articles on burnout are focused on improving retention, the study begs the question of whether the students would benefit from leaving their organizing spaces. Of the six QPOC students the researchers interviewed over the period of an academic year, two attempted suicide before deciding to alleviate some of their responsibilities (2011: 351).

The burnout narrative offered by Tay Glover (2017) in the auto-ethnographic piece, “Black Lesbians—Who Will Fight for Our Lives but Us?”: Navigating Power, Belonging, Labor, Resistance, and Graduate Student Survival in the Ivory Tower,” details the psychosocial and physical toll of enduring institutional racism and the ableist, capitalist “grind culture” of academia. Glover writes:

> This world and this environment was killing me slowly—constantly experiencing racialized and homophobic familial crises, financial crises, microaggressions and lack of safety, being tense and criminalized all of the time in the white and respectable environments, being disconnected from cultural expression central to my life force and catharsis, having no time to maintain wellness rituals, relationships, or get enough rest due to the large workload and its demands. The stress, trauma, and distrust I felt for white people during my first PWI experience became compounded by the incessant Black deaths from police brutality reported in the media. Plus, given my research and subjectivity, the sociopolitical moment underlined how anti-Black violence against Black cis

> and transwomen fails to galvanize the same mourning and fervor for redress. I suffered from muscle spasms and inability to sleep comfortably because of muscle tension; and I developed anxiety and panic attacks for the first time in my life. (170)

Glover's narrative highlights the physicality of the burnout experience for queer women of color and suggests a correlation between burnout and the development of chronic illness and disability. While much of the burnout literature—both in biomedical studies and popular culture think pieces—deploys a "curative imaginary" (Kafer 2013: 27) focused on resilience and rehabilitation, Glover's testimony suggests that queer femme of color burnout may inhabit a crip time that exceeds the normative temporality offered up by burnout management. Queer disabled professor and poet Ellen Samuels (2017) explains that "crip time is time travel"—the linear progression imposed by ableist standards does not account for the "backward and forward acceleration, jerky stops and starts, tedious intervals and abrupt endings," of life with disability and/or chronic illness.

When I talked to Vicky and Malia—both queer femme of color abolitionist organizers and care workers—about their burnout experiences, both described their bodies as being "broken." The chronic stress of racism, sexism, homo/transphobia, and ableism, the material and emotional labor they continually provided to others in their community, and the gross lack of social support that often left them feeling unseen and undervalued, produced a longue durée temporality of burnout that exceeded the dominant model of burnout management that mandates one should simply "take a step back" from their responsibilities. The burnout that Malia and Vicky experienced was not just psychological, it was something that lodged itself deeply into their biology, reconfiguring how their bodyminds responded to stimulus and stress. Their burnout could not be cured from a few days of rest, a vacation, or a scented bubble bath.

Indeed, the concepts of recovery, recuperation, and rehabilitation, while focused on desired outcomes for the future, also orient themselves toward an idealized past—a state of health and safety that was presumably lost somewhere along the way.[54] For many QTPoC activists, social suffering is not a product of individual behaviors in the present but is a product of structural violence that is ongoing, and under present conditions, cannot reasonably be contained. In the narratives below, I show the cyclical, chronic, and ultimately crip temporality of queer femme of color burnout. Approaching time as a site of political struggle, I ask: how might embodying a crip temporality give the possibility of being a body otherwise?

"I Do Everything Myself": Genealogies of Care

Malia was born to a white mother and a Mexican father on the U.S. side of the California-Mexico border. She has memories of spending summers in the Valley with her nana packing asparagus in wild heat. Border Patrol agents hassled her mother when she crossed the border with her kids. Every time they would demand to know: "Why are you bringing these Mexican kids with you?" While Malia's mother's whiteness aroused suspicions at the border, it was a shield in other situations. Malia recalled an incident when her father and uncle were harassed, called racial slurs, and assaulted by Border Patrol agents at a gas station while her mother was inside, using the bathroom. When she returned, "all of the sudden there was a white lady there, and everything change[d]." The Border Patrol agents so emboldened moments before, suddenly "crawled away like cockroaches in the light."

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[54] For crip critiques of medical models of recovery, see: Clare, Eli. 2017. *Brilliant Imperfection: Grappling with Cure.* Durham: Duke University Press; Kafer, Alison. 2013. *Feminist, Queer, Crip*. Bloomington: Indiana University Press; and Kim, Eunjung. 2017. *Curative Violence: Rehabilitating Disability, Gender, and Sexuality in Modern Korea*. Durham: Duke University Press.

Malia described to me a childhood marked by housing insecurity and evictions. Her mother was chronically ill with an undiagnosed condition that caused severe seizures, loss of vision, vomiting, and multiple surgeries—a situation Malia described as traumatic. She started helping caregive for her mother when she was just 4 years old. Her father moved from farm-work to furniture sales and would eventually become disabled after a couch fell on him at work, injuring his back. The disability income was stable, but it wasn't much. Meanwhile, Malia struggled in school. She had been diagnosed with learning disabilities, but looking back, she thinks there were warning signs of Ehlers Danlos Syndrome (EDS). She remembers constantly being in the nurse's office with rolled ankles, headaches, and nausea. She struggled to concentrate and turn in her homework; struggles she now recognizes as linked to brain fog and chronic fatigue.

Malia's parents saw connections between her mother's ailments and her own and were sympathetic when it was in their capacity. Other times she was criticized, called lazy, and punished. When money was tight (money was always tight) and the state was breathing down their neck for truancy (which they often were because Malia stayed home sick much of the time), their frustration with her would escalate from yelling and criticism to physical abuse. Malia was careful to note that her parents weren't monsters. Her father worked hard to put himself through school, and always thought education would be Malia's way out of poverty. The stress of constant evictions and the state's threats to take away their child had reached a boiling point. As she told me, "I could have that sense that ultimately your parents are responsible for taking care of you and meeting your basic needs and at the same time, that's just not the way that things work sometimes. There are larger things at play. Systemic fuckery was already present in my life."

Malia traces her later political awakening to her experiences growing up in a Mexican American family in a border town during a period of rapid militarization of the border and increasing hostility towards families like her own, a violence she described as intimate and personal. While she recognized injustice at the hands of Border Patrol agents at a very young age, she wouldn't gain the language to make sense of these experiences until her early 20s. She joined the anti-war movement after President Bush declared war on Iraq in 2003, and eventually became part of an anarchist collective dominated by educated white men who didn't take her seriously. As she told me, "I was coming out of East County, I didn't have any experience politically, I didn't have language, I didn't have a formal education, [and] these were all college educated people." Although the collective wasn't welcoming—they would continually schedule meetings without notifying her—she was "fucking determined not to get pushed out and ended up doing a lot of support work," using her practical skills to help them organize conferences and cooking food for 200 people, entirely by herself. When "two queer women and a genderqueer person" who organized the WTO protests of 1999 came down to support the collective's work, Malia was able to connect with other activists who "saw through a lot of the bullshit" and gave her relevant language to describe her experiences and participate in political conservations.

A few years after the twin towers fell, the group's anti-war focus evolved as violence intensified at the U.S.-Mexico border. Malia supported a group of activists conducting surveillance on the Minutemen, a vigilante group of armed white supremacists who frequently worked alongside Border Patrol agents to harass, intimidate, and detain undocumented migrants crossing the border. Drawing on the caregiving knowledge she cultivated at home, Malia mostly worked as a medic and support person for volunteers collecting video. She told me about a particularly hard day surveilling a Minutemen meet-up organized by co-founder Chris Simcox, "who is now in prison for molesting children." She described:

> [The] National Lawyers Guild [was] out there observing, too...and [the Minutemen] were like, "Do you want to see what it's really like?...Get in the back of the truck and we'll show you," and we're like, these lawyers are hopping into the back of a truck going into the middle of the desert with these armed people who are not trustworthy in any way…oh no, shit, don't do that! So, we followed, and we get out there, right in the middle of a Border Patrol arrest of a bunch of migrants. There was nothing we could do. They weren't giving them water, the Minutemen were laughing, getting off on it...there was nothing we can do… [my friend] Alabastor was there for that, too. I stayed with him in the van because you know...others were trying to do video and other things. But I just wanted to make sure he was okay, and you know, both of us...being who we are, it just...it broke our hearts.

While this was an instance in which Malia could do nothing but bear witness, there were other times that the group worked to disrupt the Minutemen through direct action. Malia and other anarchists would show up at events where Minutemen were gathering and would provoke their members to lash out so media reporters could grab incriminating soundbites that would delegitimize their cause. Malia told me:

> Someone has a video of Jim Gilchrist, the founder of the Minutemen...[he was] trying to attack me and bait me and say that I'm a child molester and things like that, and I went off on him about having [been] sexually abused as a child…and there were actually a couple of people who were there with the Minutemen that day and came up to me after and apologized…By being there and keeping an eye on them and…giving them an antagonist to spout off on, the real vitriol and disgustingness would come through and for people who weren't true believers, who weren't already there, it would help peel them off. So...so we took it.

While Malia recognized this tactic as being an effective way to delegitimize the Minutemen's cause, it also took its toll. She told me, "It was really hard for me to not take it personally because it gets back at that kind of violence and racism that I remember experiencing from my childhood, that *fundamental kind of wound*." [emphasis added]

The daily trips down to the desert to document the Minutemen eventually transformed into encampments that they were able to maintain for days at a time. The goal of the encampments was to render the Minutemen’s tactics useless; flood lights and blaring music sent a message to crossing migrants that surrounding areas were populated and not safe to cross. While Malia and other activists were surveilling the Minutemen from their border encampments, they themselves were surveilled by the FBI. They were frequently followed by vans outfitted with satellite dishes. On several occasions federal agents infiltrated the camps, posing as activists, and tried to misdirect the organizers and create “chaos and fuckery to scare people away.” Once, when they were meeting with activists from Arizona to plan the first permanent autonomous cross-border camp, agents burst into the house where they were meeting and hauled off one of the members of their collective.

Malia describes that period of her life as marked by a “constant level of stress and threat” that also reached its boiling point. While there were warning signs of EDS and Fibromyalgia throughout her childhood and adolescence, her symptoms grew increasingly disabling in this period of her life. Malia later told me:

> Honestly, all those years are part of what broke my body…part of why, my trauma, my body, still can't handle stress in the same way...not that it was great [laughs] you know, it's hard where you live a life where there's constant traumatizing things…but 2007 *actually broke my body*, so...other than that, I've done some local organizing but as I've gotten more and more disabled I haven't been able to do that level of political work since.” [emphasis added]

In our interviews, Malia described a life marked by chronic illness, poverty, precarity, and physical and emotional abuse; yet it was the unrelentless stress and threat associated with state surveillance and sociopolitical struggle that ultimately left her feeling “broken” and disabled beyond the point of repair. There was no clear-cut moment of injury. Unlike her father, she could not point to a specific moment where her body fell to physical harm. Rather, the amplification of her physical pain was a slow, simmering process, inseparable from traumatic experiences of fighting institutionalized and interpersonal racism, "*that fundamental kind of wound*."[55] While Malia walked away from the type of high-intensity activism that ultimately "broke" her body, she now lives with physical and psychiatric disabilities that exceed curative models of recovery. For Malia, resting is not a form of rehabilitation, but is a necessity for day-to-day survival in the face of relentless fatigue and chronic pain.

Models of burnout management that mandate activists should just "slow down" or "take a break" fail to capture the *longee durée* temporality of burnout in the face of ongoing structural violence against multiply marginalized communities. Throughout Malia's narrative, there are many sites where her traumatic, disabling experiences were replicated and reproduced, surfacing across time and space at gas stations, border crossings, and administrative offices. In her childhood, discipline and surveillance were enforced by teachers, school administrators, and CPS social workers; in her adulthood, the FBI surveilled her efforts while bureaucrats wielded power over her life via Medical, Social Security, and Section 8. As a child, Malia comforted her brother in the back seat of her family truck while Border Patrol agents shoved her father and uncle against the windows; as an adult, she comforted her friend and fellow activist inside a van while feet away, migrants were being gruffly handled and detained. Throughout her life, Malia tended to her mother, then her father, then activists harmed by police violence, and later herself, alone in an apartment subsidized by the state. While Malia "stepped back" from organizing, the fundamental conditions of her burnout have not changed.

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[55] For more on "the wound" of colonization, see: Anzaldúa, Gloria. 1987. *Borderlands/La Frontera: The New Mestiza*. San Francisco: Aunt Lute Books and Ureña, Carolyn. 2019. "Decolonial Embodiment: Fanon, the Clinical Encounter, and the Colonial Wound." *Disability and the Global South* 6.1: 1640–58.

Although she no longer fights white supremacy from organized border encampments, Malia is still engaged in endless battles against the white supremacist, ableist, capitalist state systems that she relies upon for care. These systems eerily mirror her childhood conditions, intensifying the sense that time folds in on itself within matrixes of ongoing domination, exploitation, and carceral care. As Malia told me:

> It just endlessly feels like we're being punished…I don't mean to make light of it at all, but it's an abusive relationship with the state. We are dependent, you know…I've managed to put together some level of stability…but I can't know that I'm going to be able to hold it together. And I come from plenty of experiences of depravation and having life just fall apart, over, and over and over again, it's one of the significant things underlying my PTSD, and this goes back to my childhood and so, I can't break out of that cycle of trauma. And that same relationship of like, either having unstable or abusive parents, with all the unpredictability and just having housing disappear out from under you, having no food, a number of those kinds of experiences that you know, I've already lived... feel like they're constantly being replicated by what's supposed to be there as the social safety net.

Malia describes herself as “stuck in a cycle of trauma.” Her early experiences of precarity and abuse are not contained in the past but are active in her present – reproduced through a relationship of dependency with a violent state. What is supposed to be a space of care is instead a continuation of violence that Malia has experienced throughout her life, at different intensities. Carcerality was ever-present via the healthcare workers who invalidate, dismiss, gaslight, and misdiagnose and the state agents who surveil, mandate proof of worthiness, and deny resources; yet Malia cannot “take a step back” from these negotiations—however flawed, these are the resources she depends upon for survival.

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Vicky’s parents were Black Panthers. Their earliest memories include organizing meetings, picket signs, and strangers planning actions from the living room couch. They were raised around militant Black Power ideology, which they held onto for all their life. They went into healthcare as an adult, first studying nursing, and then working in the Neonatal Intensive Care Unit, spending time with neonates when their families, usually young teenagers, didn’t or couldn’t visit, and when they were need in of extra care. After losing a friend to the HIV/AIDS epidemic, they began working for a HIV/AIDS foundation. Although they describe the foundation as large and well-funded, much of the work was grassroots. They were a constant presence outside of the courthouses, always protesting changes in policies, access to HIV medication, and cuts to research and funding. When their child was born and grew old enough to help with their work, he would help them pass out condoms outside of various healthcare venues, concerts, and other social events.

Although Vicky identified as queer, their involvement with the LGBTQ+ community was always peripheral, something they did as part of their paid work for the foundation. They told me, “Trying to find a Black queer femme is like trying to find a unicorn…my age, and the fact that I'm a parent throws people off, so nobody really checks for me, nobody really sees me.” Vicky’s relationship to the broader LGBTQ+ community eventually shifted when their son became a teenager and came out as transgender. They had never heard the term before and had to turn to the internet to educate themselves on transgender identities and experiences. They spent the next few years learning how to navigate complicated health systems, switching insurances, booking appointments, and calling local LGBTQ+ organizations to get their son on hormones and on track for top surgery. Overwhelmed by the intricacies of navigating transgender care and gender identity and expression, Vicky asked themselves, how many other families were in their same situation, in need of resources and support?

They joined a local meeting space for parents of LGBTQ+ youth, hoping to make connections with other families, but were disappointed to find a complete absence of Black or "even brown" people in the organization. Vicky explained that the whiteness of the space made it difficult for them to participate: "You can't be 100% yourself. You can't relax. You can't use slang or use different references, cause…they go over their heads. I knew this had to change." They attempted to start a local Black support chapter specifically for BIPOC parents and families, but it didn't gain approval from the national board. They later found out a cis-het, white parent who founded their own nonprofit organization for LGBTQ+ youth had advocated against the formation of the chapter—killing any chance of a Black chapter in San Diego ever forming.

After Vicky's attempts to create a chapter for Black parents and families of BIPOC LGBTQ+ youth were thwarted, they ended up creating their own support group specifically for BIPOC LGBTQ+ people and their families, where they could meet once a month to talk, share food, and gain access to whatever resources they may need. Their support groups offered three simultaneous meetings: one for LGBTQ+ youth, one for LGBTQ+ adults and adolescents, and one for parents with LGBTQ+ family members. Although finding Black mental health providers in San Diego was like "finding a needle in a haystack," Vicky kept reaching out to various mental health organizations until they identified and recruited Black LGBTQ+ therapists willing to be on-site at every meeting.

In addition to coordinating the monthly support groups, Vicky became a go-to support person for BIPOC LGBTQ+ youth and their families. They always had binders and STPs on hand to distribute to youth experiencing gender dysphoria.[56] Whereas the local nonprofits require clients to fill out forms before accessing services and resources, Vicky made these materials as accessible as possible. They explained:

> A 14, 15, 16-year-old is not going to want to fill out a fucking form to get a binder, you know what I mean? They don't want you to know where they live,

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[56] Binders and stand-to-pees are gender affirming devices that help some trans and/or gender non-conforming people manage body dysphoria.

> they don't want [to give] their phone number and all this personal information, that's not what I'm about. I'm about here, you need it, I got it. I'm like okay, we'll meet at group, or where are you? I'll come to you. What size do you wear? If I don't have it, I'll buy it. And I just give it to them.

While Vicky expressed frustration at the bureaucracy of many LGBTQ+-serving institutions, they nevertheless partnered with as many of these organizations as they could to plan programming, get connected to families, receive and offer trainings, and serve as a member on their boards. These NGOs referred parents, families, and youth to Vicky, and they connected them to services in their homes, support groups, and schools. Although Vicky wasn't paid for much of the work in these collaborations, they told me they valued their freedom as a "private citizen." If they were to do this work as a staff member, they would have to deal with "a lot of red tape," but because they're a parent, they can go into schools and give out products like binders and STPs "without any clapback."

Vicky's positionality as an independent, unaffiliated "resource hub" made them more flexible and responsive than bureaucratic nonprofits and state institutions, but it didn't mean that they didn't face surveillance or criticism. They told me about a string of trainings they signed up for—mandated reporting, mental health support, professional development, training for trainers—so that they could avoid being "called out in the community" for just being a parent with no skills or qualifications. While these steps toward professionalization improved their legitimacy in some circles, they increased skepticism in others. Vicky described feeling misunderstood and undervalued by community members who critiqued their partnerships with nonprofit organizations and involvement in transgender organizing. They told me: "I've developed a lot of good relationships in the community, and they trust me…that's why I feel really bad when people say really shitty things about me…I'm putting in the work, so why are you mad at me?" While Vicky developed strategies for managing backlash and criticism, it nonetheless impacted their ability to show up for others. As they told me, it “kind of dismantles everything that you’re trying to do.” Sometimes, they confided, they skip events or meetings they would otherwise attend because they don’t want to be in spaces where people are “really mean.” Vicky explained, “I pick and choose my spaces very carefully.”

When I interviewed Vicky in September of 2019, they were unpacking from a recent move, nursing injuries from a recent health flare-up, and were managing multiple community care projects focused on BIPOC and LGBTQ+ communities. Before I could begin asking any of my interview questions, they began telling me about how they were building connections with a housing project that helps formerly incarcerated people transition into life after prison. They were meeting with the program manager to learn about purchasing and renovating homes in San Diego so that they can someday use this model to create housing and training programs for Black trans women who have nowhere else to stay. They told me they don’t really want to own property in San Diego, but who else is going to house our community?

Within the same breath, they transitioned from the problem of housing to food insecurity. They noticed many people in the QTPoC community skipping meals to pay other bills, so they made connections with the San Diego chapter of the Black Panthers and now refer people of color to their food distribution events. They want to pick one a day a month where they will set up and distribute food once they have enough resources and volunteers: “I’ll give it all out, I’ll sit there until it’s all gone.” They told me they recently made connections with another organization that puts together hygiene buckets. They thought they could likely distribute around 100 per month if they could just find space to store them.

My conversation with Vicky was littered with acronyms of nonprofit organizations, churches, social justice organizations, and schools. They moved between them quickly, sometimes fumbling the letters, giving a sense that all these partnerships and collaborations were a lot to remember, much less to manage. When I asked them what kind of support they have in organizing these projects, they told me, “I don’t. I do everything myself. I’m a one person show, and I think that’s why my body is retaliating.” They explained that earlier in the year, they found themselves on the brink of burnout. At their waged work, they were dealing with immense stress, in part due to a hostile work environment after their employer began expressing transphobic sentiments, knowing full well about Vicky’s son’s identity and their own activism in the transgender community. Their organizing work was rife with in fighting and endless calls for resources and support. They struggled to juggle their waged work with their unpaid community work and responsibilities as a single parent. They reached out to a friend, confiding, “I don’t know if I can do this.” Their friend encouraged them “to pull back, take a couple days off, a week off, whatever you need to do, but don't stop doing it.”

While Vicky increasingly felt their responsibilities were spiraling out of control, people in their life were managing more immediate forms of crisis and needed care. When Vicky’s friend of 32 years was dying of colon cancer and had nobody to rely on for support, they immediately took him into their home. They explained:

> He had metastasized everywhere in his body but his brain and his lungs. His family wasn't taking care of him, he kept calling 911, it was insane. So, I finally just [said] you need to come stay with me. I got hospice set up here…He came on March 17th, like a Friday, and he died that Monday, the 21st... That was the hardest four days of my life. I cooked constantly and…it was just hard work. But I loved it because it was like, okay you're here with me, you have peace, you can sleep, I know you're okay, I'm not calling 911, you're being taken care of, the nurses are coming. And then he died that Monday night, in my home. He was finally at peace.

Vicky told me that witnessing their friend’s terminal illness caused them to think seriously about their own life and how they wanted to spend it. They knew that “something has to give,” that they couldn’t work full-time and sustain the community care work they had invested countless time and energy into over the past two years. They decided to quit their job. They told me, “I had 16 years at my company, I have a little bit of a pension, I feel I can do a lot with that within the community…I'll probably blow through it and won't have any savings left but I think it will probably be worth it.”

Within a week of quitting their job, Vicky’s body began to show the impacts of all the stress they carried in previous months. They told me, “This is when my body kicked in. I was perfectly fine, and then when I finally let go of it, I guess the stress… *my body just literally broke down*.” [emphasis added] They went to see a specialist and were diagnosed with Polymyalgia Rheumatica (PMR). They explained that it’s an immunomuscular disease “where your body just gets stiff…and it hurts, it’s very painful.” Some days they wake up and can hardly walk. Over-the-counter pain relievers don’t help, so they are now on a high dose of prednisone, which made them come down with type two diabetes. They told me: “I’m on hella drugs for the type two diabetes, for the prednisone, for the inflammation, [and] it makes me have high blood pressure, so I’m on that too.” Within a matter of weeks, they went from taking multivitamins to multiple prescription drugs, all meant to control each other’s effects.

Vicky explained that PMR is hereditary, and that members of their family should have also carried the condition, although to their knowledge, nobody ever knew about it. While their white primary care provider never noticed the warning signs in the seven years they were seeing each-other, their rheumatologist—a Black woman—caught it right away. Vicky said, “A lot of our [Black femmes’] health goes under the radar. A lot of our health isn't taken seriously. For some reason, white providers think we have a high pain tolerance, or our pain isn't real, our diseases aren't real. So, we don't get the same pain treatment as white women. I'm a primary case of that.” Although Vicky was angry their PCP never caught the diagnosis, they told me they’re too sick to even address their provider right now. Plus, they just quit their job, and no longer have health insurance. They are paying out of pocket for their medicine, "which is like another mortgage…it's a very expensive disease."

Vicky's testimony illuminates the ways that Black femmes are disproportionately called to take on responsibilities for others in their communities, often at the cost of their own physical, emotional, and financial wellbeing. Their testimony also highlights the gross lack of care that exists for Black femmes who are routinely asked for help but are rarely offered support in turn. Time and time again, Vicky has stepped up to fill the gaps left by negligent families, bureaucratic care systems, and white-washed social services. Yet, when they find themselves in need of care, it becomes a problem of individual responsibility. When Vicky is burnt out, they are encouraged by friends to "pull back, take a couple days off, a week off," but not to stop doing the work. Whether the work should fall upon Vicky in the first place is never questioned or challenged.

Leah Lakshmi Piepzna-Samarasinha writes in *Care Work: Dreaming Disability Justice* (2018) that "endless free care work and emotional labor is simply the role my community and the world has for us [femmes of color]" (138). Joy James argues that, within a "legacy of racism and US democracy," certain groups—usually, but not always women and femmes of color—are socialized into feminized forms of reproductive labor that ensure their disposability: "Captive maternals are designated for consumption in the tradition of chattel slavery; they stabilize with their labor the very social and state structures which prey upon them" (2020). While the endless consumption and disposability of femme of color labor is a carceral logic that is harmful for our communities, these responsibilities can nonetheless be difficult to eschew. As Leah explains:

> They're going to ask you to listen, do a favor, do a errand, drop everything to go buy them some cat food or crisis-counsel them. Manage logistics, answer

> feelings emails, show up, empathize, build, and maintain relationships. Organize the childcare, the access support, the food. Be screamed at, de-escalate, conflict resolute…Some of them will be people who are close to you; some of them will be total strangers. *Do you have a minute?* For free. Forever. And you know what's going to happen? You're going to do those things. Because you do, indeed, care. Because it's the right thing to do. Because you're good at it. Because you want to. And because: your life as a working-class or poor and/or sex-working and/or disabled and/or Black or brown femme person has taught you that the only damn way you or anybody survives is by helping each other. (137)

While Leah loves and celebrates community care work and the femme of color knowledges and practices that accompany it (140), her critique is aimed at the expectation that women and femmes of color will engage in this work at any time, without appreciation, support, or reciprocity. She notes: "my conversations with other femme people are full of us describing our care labor—and of us bitching about how exploited, unappreciated, and exhausted we often feel when that labor isn't recognized" (142).

Vicky similarly told me that they organize, very simply, because others aren't picking up the slack:

> It's hard to find people that have that same passion that you do, to want to do it. That's my biggest hurdle right now. I can't find anybody that's on the same page as me, that has the same passion and desire to help people the way I want. They talk a good game, a good talk, 'oh I'm going to come out one time,' and then they disappear. Where did you go? This is ongoing. 'Oh, I can't do this, it's too much.' Well, that's putting in the work. Either you talk the talk, or you walk the walk. I'm walking the walk. It's easy to talk shit and say you're going to do this and that, and you're down, let's do this, but you have to actually do it. It takes a lot of effort. So, I'm a one-person show. I do everything on my own…But I knew this when I took this on, that I would not probably find anybody to help me. *That's why I did it. Because that's why nobody's doing it. Nobody wants to do the work.* [emphasis added]

When community care is set up in such a way that a disproportionate amount of labor falls upon women and femmes of color, mandates for rest, boundary setting, and other "self-care" strategies fail to address the root causes of burnout: gross inequities in who is being called upon for care. Individualizing burnout fails to acknowledge that burnout is, in fact, a product of our social relations, and is thus a collective responsibility. When things fall apart for women and femmes of color, who is there to pick up the pieces?

Resisting the Captive Maternal: Rest as Crip-Abolitionist Praxis

The 2018 New York Times article, “They Push. They Protest. And Many Activists, Privately, Suffer as a Result,” explored the life and loss of Erica Garner, a Black woman, parent, and activist who was politicized after her father, Eric Garner, was choked to death by police in 2014. The article describes how Erica staged die-ins on the corner where her father was murdered, spoke out against police brutality in the media and at protests, and educated herself on structural racism and mass incarceration. Despite her ample work to educate and organize against police brutality, she was rarely invited to participate in conferences, public forums, and other spaces where she could be paid for her labor. Erica struggled to financially support herself and her two children and her “housing situation was constantly in flux.” A few weeks before her death, Erica revealed in an interview that she was struggling with stress: “I’m struggling right now with the stress and everything…Because this thing, it beats you down. The system beats you down.” A few weeks later, Erica went on vacation and posted a photo in a bubble bath with the caption, “Just what I needed.” Three days later, she had a heart attack. Five days later, she was dead.

While the official cause of death was heart failure, many Black activists and academics have noted that structural racism is equally responsible for her death. Black political scientist Melissa Harris-Perry notes that when Black men are criminalized, incarcerated, or murdered within the criminal punishment system, Black women carry the “social, economic, and psychological costs” (2017). The stress of state violence combined with the demands of sociopolitical organizing forced Erica “to carry burdens [that may have been] too heavy for her to bear." Erica is not alone. Harris-Perry points out that many young Black adults feel called to sociopolitical activism, but that their organizing efforts "exacerbate stress and anxiety." Racial battle fatigue, or the psychosocial stress that Black women and other racialized people endure within racist, white supremacist societies, is just one of many social determinants of health that contribute to shorter life expectancies in Black communities. Black women, on average, die 4 years earlier than white women in the United States (Harper, MacLehose, and Kaufman 2014).

Within dominant burnout discourses, retention is upheld as a self-evident good. Activists, organizers, and care workers *must* take care of themselves so they can continue to do the work. The academic studies preach the importance of coping skills, mindfulness, and resilience while the popular articles offer a checklist of activities for stress relief and decompression. Often, these mandates fail to acknowledge the inequities of social justice labor—how women and femmes of color, queer and trans folk, immigrants, disabled people, and poor people disproportionately carry the movements that seek to make everyone's lives more livable. They never question whether some activists deserve to stop, whether their mental and physical wellbeing would be improved by stepping away. Perhaps more importantly, they never ask why this simply isn't an option for many of us straddling multiple marginalized identities—why women and femmes of color become sick, disabled, and die before they take a break from their social and political commitments. [57]

Erica Garner's story is a powerful reminder of why abolitionist projects must entail worldbuilding. The current structures and systems are literally killing our communities. While

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[57] The anonymous blog Low End Theory suggests, for Black women, these "murderous" and "superhuman" demands carry on even after death: "While it may appear to honor the Audre Lordes (1934-1992) and the Barbara Christians (1943-2000) and the VèVè Clarks (1944-2007) and the Sherley Anne Williamses (1944-1999) with the demand that they rest in power, there may also be an ethics, if not also a justice, in insisting on their right to rest in peace" (2013).

some of us may be fortunate enough to escape incarceration, gender-based violence, or war, there are many mechanisms by which our lives and livelihoods can be strangled by the state. Given that there are far too many organizers, activists, and care workers burning out and dying young, how might the development of chronic illnesses in burnt out Black women and femmes of color be regarded not as a sign of dysfunction, but as a reminder of our remarkable resilience and adaptation, our bodyminds' creative ability to inhabit the world otherwise?

There is a documented relationship between trauma and the development of chronic illnesses, especially autoimmune and muscular disorders (van der Kolk 2015), which both Malia and Vicky developed. When the nervous system is exposed to danger and threat—via our individual, collective, and historic experiences with domination and oppression—it fires off stress hormones in its attempts to activate a fight, freeze, or flight survival physiology (Carnine and Perkal 2019). For traumatized people, our stress hormones take longer to stabilize in the wake of stress and other triggers, causing a "system of healing" to turn "into one that creates more harm" (Marya and Patel 2021: 6-7). However, the bodymind's response to distressing stimuli should not be viewed as a defect—as Raj Patel and Rupa Marya write in *Inflamed: Deep Medicine and the Anatomy of Injustice* (2021): "The inflammatory diseases we are seeing today are not the cause of the body's dysfunctional reactions. They are the body's *correct responses* to a pathological world" (10) [emphasis added].

In other words, autoimmune, muscular, and inflammatory diseases could be understood as evidence of our bodyminds' orientation towards survival, protection, and care. When femmes of color develop chronic illnesses because of burnout, they may be tapping into ancestral, embodied, and genetic knowledge of what our bodyminds need to not only survive but thrive. As Aurora Levins Morales writes of her experience living with environmental illness: "This isn't just a tale of damage. It's also a chart of where we need to go" (2013: 8). Indeed, a major contribution of disability arts and activism has been highlighting the productive value of the disabled subject position. Chronic illness can engender new modes of relationality and subjectivity, alongside crip embodiments. As white genderqueer activist and writer Eli Clare writes of his experience living with cerebral palsy: "On mountain trails, I yearn to fly downhill, feet touching ground, pushing off, smooth and fluid. Instead on steep stretches I drop down onto my butt and slide using both my hands and feet…Only then do I see the swirl marks that glaciers left in the granite, tiny orange newts climbing among tree roots, otherworldly fungi growing on rotten logs. My shaky balance gives me this intimacy with the mountain" (2017: 88). Given that the disabled standpoint can generate new intimacies and ways of relating with the world around us—how might approaching queer femme of color burnout as not a closure—but as "the still and shattered space where transformation begins" (Morales 2013: 11)—inform the abolitionist praxis we can forge from these burnout experiences?

Tricia Hershey's Nap Ministry intervenes in the racialized, feminized, ableist logics of femme of color disposability by preaching the political power of rest. Her work to address the "racial sleep gap" focuses on "deprogramming" what she understands to be a "toxic grind culture" that reduces human beings to machines. As Hersey wrote on her blog on December 1, 2019: "The everyday pace of our culture is not healthy, sustainable, nor liberative." Bringing together Healing and Disability Justice frameworks with Afrofuturism and Black liberation theology, Hersey describes rest as a pathway for abolitionist worldbuilding: "Naps are a holy place, spiritual practice and a form of resistance for those living in the margins, navigating racism, poverty, violence, and discrimination. What could have happened if we were allowed the space to rest? What dreams and innovations could have been produced? How can we capture what was lost?” (August 28, 2018). Her speculative exploration of abolitionist, queer, Black feminist, and crip embodiment propels us beyond present dynamics of carcerality, disposability, and exploitation to ask: starting from the level of the body, how can we build the world otherwise?

While both Malia and Vicky found themselves to be “broken” by chronic stress and, to varying degrees, unable to return to the types of organizing they did before, their queer, crip, femme of color bodyminds demanded that they rest—engendering an abolitionist praxis in line with Hersey’s calls for embodied freedom dreaming (Kelley 2002). For Malia, slowing down and focusing on her body’s needs generated an interest in herbalism—a new skill that was healing not only for herself, but for her broader communities. Between 2009 and 2014, Malia helped create and sustain a medicinal community garden serving Mexican, Central American, and African immigrants and refugees who largely lacked access to traditional medicine, herbs, and foods from their homelands. Since then, she has co-authored essays on herbalism and presented her work at conferences, with the intention of giving people more agency in how they manage their health. These days, when her friends are sick, she likes to bring them healthy meals packed with medicinal herbs. When they are managing crisis, she likes to listen and provide emotional support. While she wishes she could help “in more significant ways,” she is aware that she can’t overextend herself and needs to be aware of her boundaries.

In the first conversation I ever had with Malia, both of us hugging warm teas between our palms in a large and quirky Egyptian-themed San Diego coffee shop, she told me that herbs have taught her a lot about interdependence. A few months later, when I asked her how she imagines a better world, an ideal world, a world where care is ample—she told me she used to have bigger aspirations, but now she just wants a stable housing situation and some community support to be able to organize against these systems. She dreams of a bunch of disabled queers living in a big communal house—without the threat of their benefits being stripped away—working together to plan a revolution. Working at the slow, intentional pace of chronic illness has helped her to shift her perspective towards her immediate surroundings, to recognize the potential for liberation—or if left unchecked, the replication of oppression—in our intimate relations. She told me a major lesson she has taken away from her years of organizing is that "there's no real shift in the overarching culture that's oppressive, in any direction, if we can't really fundamentally shift how we have relationships."

For Vicky, the emergence of an immunomuscular disease demanded that they learn, perhaps for the first time in their life, to treat themselves with the same care that they carry for their community. As Vicky told me in our interview:

> Self-care is very, very, very important and I'm learning that the hard way, because I'm constantly going. I actually took off five days to just rest. I didn't know what to do with myself…I went to the mall, bought a book, tried to read, tried to sit by the pool, but my mind is still going a thousand miles a minute. I don't know how to be still. I have to re-learn how to take care of myself.

Vicky's experience gestures to the "deprogramming" that is required for many Black femmes to be able to rest. It is not as simple as taking a day off, or laying down to nap, when you are part of a community that has been socialized—for generations—to constantly engage in reproductive labor for the benefit of others. For Vicky, "re-learning" how to take care of themselves was a gradual process of shifting their relationship to their bodymind, time, and community. They told me they now practice stillness in the mornings: "Most people grab their phone and I try to be still for a few minutes. Ten minutes, maybe twenty. Just breathe. I try to remember my dreams, or journal my dreams, so I can go back and look at them." They have been spending more time with their son. They are taking naps, for the first time, in years. They are still organizing, and view meetings with activists, organizers, and community partners as a “kind of self-care too,” but are setting limits on their community work: “The weekends are mine, and [for] recovery.”

Vicky’s reorientation towards self-care rejects the role of the captive maternal—the expectation that Black femmes will shore themselves up for exploitation and consumption until there is nothing left to give. Their rejection of their own Black queer femme disposability is a crip-abolitionist practice of survival and social transformation—arguably as important as their work in the community to sustain the lives of trans and genderqueer youth. Yet, like Malia—who finds it difficult to rest when social services must be managed, and benefits must be maintained—Vicky admits to me that they struggle to relax until their son is home and safe. They know too well the dangers posed to a young Black man driving in their mostly white community.

The generative, and yet fraught, space of rest for queer femmes of color gestures to the importance of interdependency. It is essential that an abolitionist praxis of rest does not become yet another duty that queer femmes of color are alone responsible for. How is Malia supposed to relax when her housing, medical care, and monthly stipend for food and other necessities are dependent on state care systems that continually threaten to disappear? How is Vicky supposed to rest when their son drives while Black, when their friends get sick and die, when people with no-one else call upon them for help? Therapeutic approaches to burnout put the onus of “recovery” on the person who is burnout, but if these stories show us anything, it’s that burnout is a product of our social experience, something that should be supported by collective action and shared responsibility.

In Assata Shakur's autobiography (1987), she describes the liberation movements of the 1970s as "medicine" that made her feel "well" and "whole." In recalling the early days of her politicization at the City College of New York, she writes:

> I would be at the construction workers' demonstration one day and then marching with the welfare mothers the next. We got down with everything—rent strikes, sit-ins, the takeover of the Harlem state office building… *It was like medicine, making me well, making me whole.* I was home. For the first time, my life felt like it had some real meaning. Everywhere I turned, black people were struggling, Puerto Ricans were struggling. *It was beautiful.*" (189, emphasis added)

Her descriptions of the burgeoning Black Power movement highlight how interdependence can make us well. It is essential for activists to feel we are a part of something larger, that we are acting in solidarity, that we are supported, and not alone. As Malia once told me: "real community is interdependency." I know from my own experiences, the times I've felt the must burnt out is when I've felt the least supported—when people reach out to ask me for resources and contacts and favors, or to offer (unsolicited) critique and criticism, but never ask what I need help with, how I'm doing, or whether I'm even in a place to take on feedback or requests. I've felt the most hopeless and powerless when I've put up posts on social media asking for help giving my disabled QTPoC friends rides, and only one out of the 150 people who view the post, respond.

A queer femme of color crip-abolitionist epistemology must be grounded in the lessons of the feminist abolitionists who came before; the Black women and femmes of color, like Mariame Kaba, who tell us that nothing worth doing is done alone (Ewing 2019). It is essential that rest does not become another neoliberalized concept that is a matter of individual self-responsibility. If we ask our friends, "How are you taking care of yourself?" we should also ask, "When can I drop off some food? Want some company while you do your laundry?" Throughout my fieldwork, I found that most QTPoC activists—despite all the work they do for their communities—don't have ample networks they can call upon for care.[58] As Vicky told me in their interview, "I do everything on my own." Too often it is the same handful of activists, anarchists, queer, trans, traumatized, and disabled women and femmes of color who will share the flyer, drop off the food, send $20, or join the meeting, while juggling multiple other responsibilities. Working towards health, safety, and sustainability in social justice movements requires real solidarity from men, cisgender and heterosexual people, white folks, abled folks, and people with wealth. People who are not already showing up need to show up, and need to do so consistently, if we want our activists to stop burning out and dying young.

In our movement spaces, friend circles, families, and broader communities, we must always ask: who is doing care work, for whom, and what do they need to be supported? What do our activists and care workers need to feel valued and acknowledged? How can we make sure their labor is reciprocated? How can we democratize rest, and make sure that the work continues, even when our organizers and care workers need to slow down, take a step back, or walk away? How can we move at a pace that honors every bodyminds' varying abilities and capacities? How might we approach burnout as not just a syndrome to be avoided, but as a powerful form of resistance to capitalist demands for productivity? Managing burnout requires that we continue to ask these questions, that we learn how to develop answers, and that we care for ourselves and most importantly, each other, every step of the way.

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[58] As Transformative Justice activist Mia Mingus was doing community accountability work with the Bay Area Transformative Justice Collective, she found that most people struggled to identify what networks of support they could call upon within their "communities." For this reason, she developed a "pod mapping" exercise that helps people identify the specific relationships they need to maintain or strengthen to create community care and accountability networks. See: Mingus, Mia. 2016. "Pods and Pod Mapping Worksheet," Bay Area Transformative Justice Collective, https://batjc.wordpress.com/pods-and-pod-mapping-worksheet/

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Conclusion

Figure 1: An illustration by white abolitionist artist, Molly Costello. Three activists, holding torches, stand amid a burning Amazon warehouse, a melting block of I.C.E., and a prison.

In the summer of 2020, just months after the United States declared an official quarantine due to the onset of the COVID-19 pandemic, police stations burned. In Minneapolis, police fled the 3rd precinct when activists, responding to George Floyd's murder at the hands of officer Derek Chauvin, occupied the building and lit it aflame. In San Diego, the Chase Bank in La Mesa was burned to the ground after police violently responded to local protests, pelting a 59-year-old grandmother with a beanbag round between her eyes. I vividly remember, amid the protest coverage on Instagram and Twitter, flipping my calendar made by white abolitionist artist Molly Costello to the month of June, to be met with an illustration of three activists holding torches, a burning Amazon warehouse, I.C.E Detention Center, and prison at their feet. This speculative illustration suddenly felt like a portent. A portal. A promise that our communities can and will tear these institutions down, brick by brick. We were witnessing abolitionist imagination made material.

It is relevant that the activists depicted by Costello—two Black femmes and a person with light brown skin and facial hair—carry markers of queer and trans of color aesthetics; from dyed hair to colorful clothing, thick gauges, and feminized styles on bodies that would be marked as "masculine" under a system of cisheteropatriarchy. The illustration seems to suggest queer and trans people of color—and femmes in particular—are on the frontlines of abolitionist struggles. Meanwhile, in much of the United States, white male anarchists were blamed (or given the credit, depending on your perspective) for much of the disruptive and confrontational tactics that emerged across the nation.[59] While women, femmes, queer and trans people, and disabled folks are continually sidelined in abolitionist struggles, we are the ones maintaining much of the necessary, gritty, technical, and mundane labor that makes sure these movements sustain themselves beyond the capricious waves of protest and crisis/emergency temporality.

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[59] The various responses to the confrontational tactics of the 2020 uprisings were not straight forward or shared among actors, even among the Left. Some protestors, for example, condemned "rioting and looting," and insisted that the folks responsible were outside agitators trying to hurt the Black Lives Matter movement. In many US cities, activists documented police inciting and maintaining looting and rioting—by slashing tires, smashing windows, and encouraging vandalism by suspected informants (See TMZ 2020; Walsh 2020). There were understandable concerns voiced by Black communities that the white folks participating in property destruction would unleash retaliation and criminalization against the very Black communities they were aiming to protect and defend. At the same time, there were militant Black folks and people of color who felt erased by these discourses and critiqued the continual whitewashing of anarchism. Amid these complicated dynamics, a consistent abolitionist response has been to challenge mainstream definitions of "violence" (Buchanan and Miller 2020; Cobb 2014; Osterweill 2020) and to remind folks that much of the violence carried out during the protests was waged by the police (Doucette and Miller 2020; Gabbatt 2020).

It is further relevant that the prison in flames is situated alongside a melting "I.C.E." cube and a burning Amazon warehouse; that the femme foregrounded in the illustration wears a lavender tee that declares: "Imagine a world beyond capitalism." Costello's illustration powerfully communicates the interconnectedness of these various carceral institutions via their shared logics of exclusion, abandonment, and disposability. For Costello, and for many QTPoC and Black feminists, abolition requires an intersectional framework and a commitment to cross-movement organizing. Abolition, here, is immigrant justice, labor justice, the fall of racial capitalism, and the triumph of our collective capacity to imagine the world otherwise. While direct action across the United States was continually disparaged as violent, divisive, and counter-productive, the soft colors of the illustration and the serene expressions on the activists' faces, suggest that there is a peace to be found amid the wreckage. Fire is not just destructive; but generative—it is from ash that the world builds itself anew.[60]

Harsha Walia reminds us that the act of prefiguration—of building the abolitionist worlds we wish to inhabit—is not just a radical departure, but also a return (2013: 11). As I show throughout the dissertation, abolitionist care has an extensive crip of color lineage that stretches across generations, geographies, and collectivities. Davis, Dent, Meiners, and Richie (2022) conceptualize abolition feminism as a wild and lush ecosystem in which these various efforts, ideas, imagination, movements, strategies, and tactics support one another, deepening the roots of resistance and allowing for new combinations of regeneration and growth. While none of these organisms, individually, may offer the solution, "collectively they shape, deepen, and

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[60] It is worth noting that intermittent burning has been a traditional practice of many Native communities in the US, who recognize the regenerative properties of fire as a necessary part of healthy ecosystems. These traditional practices have been criminalized and punished as indigenous lands have been seized and managed by federal and state agencies. For an example of these dynamics, see: Kosek, Jake. 2006. *Understories: The Political Life of Forests in Northern New Mexico*. Durham and London: Duke University Press.

expand the ecosystem" in which transformation occurs (170). Looking around at the massive popularization of abolition, collective care, mutual aid, Disability Justice, and Transformative Justice in the years since I conducted my dissertation research, I understand the work of Krys, Simone, River, Malia, Vicky, myself, and all the other QTPoC who weren't named in the dissertation, as seedlings for this wild and fertile growth. At its core, this dissertation has been a story of disabled QTPoC working to build less oppressive ways of being in the world through their experiments in survivance and healing. While this work, at times, is bent on destruction—of academic ableism, systems of policing, abuse, borders, trans antagonism, anti-blackness, and medical neglect—it is always, also, about reaching for something more—access, coalition, accountability, safety, healing, and sustainable collective care.

This dialectic between destruction and regeneration has been at the forefront of activists' abolitionist tactics and strategies, especially as they have worked to organize a mass movement amid an airborne pandemic. Activists engaging in protests, marches, and direct action have been vigilant about masking, social distancing, and finding opportunities for immunocompromised and otherwise vulnerable populations to participate in collective struggle. Ultimately, these efforts demonstrate that abolitionists' demands for destruction are rooted in a deep commitment to the preservation of life. For example, in San Diego, activists organized by March for Black Womxn and Black Lives Matter San Diego formed a moving tour of resistance, caravanning to jails, detention centers, and other sites of police brutality to demand we free all incarcerated people and defund the police, ICE, and Border Patrol. According to studies analyzing the impacts of the 2020 protests on COVID-19 transmissions, activists across the nation were largely successful in mitigating transmission and keeping each other safe (Lazer et. al 2020).

"Defund the police!" became the rallying cry of 2020, quickly gaining unexpected supporters as underfunded agencies and organizations recognized the immense potentiality of resource redistribution in a world not dominated by carcerality and racial capitalism. In Seattle, for example, where abolitionist organizers have been successful in pushing the city council to cut the police budget two years in a row, activists are creating a coalitional "Solidarity Budget" that uplifts investment in the environment, housing, transportation justice, Indigenous sovereignty, and labor, instead of the police (Cházaro 2022). Although pundits and politicians have been quick to declare the "death" of the defund demand, Black lesbian immigrant writer, lawyer, and activist Andrea Ritchie (2022) asserts: "the defund movement has gotten more coordinated, skilled, sophisticated, and deeply embedded in communities since 2020."[61]

In 2021, nearly 3 years after Krys launched his petition demanding a remote teaching position at UC San Diego, 30,000 supporters signed a petition organized by UCLA's Disabled Student Union titled: "UCLA: Stop Endangering Us! Let Disabled Bruins Learn Remotely!" Hundreds gathered on the campus and over Zoom to demand that university policies prioritize the health and safety of disabled and immunocompromised students.[62] The following year, students held a 16-day sit-in—the longest in UCLA history—to demand that the university prioritize collective access. The coalition, which consisted of the Disabled Student Union, American Indian Student Association, Pacific Islands Student Association, Afrikan Student Union, Black Student Athlete Alliance, and Mother Organizations Coalition, conceptualized

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[61] While some may be discouraged by Biden declaring in his 2022 state of the union that, "the answer is to fund the police," Andrea Ritchie, Mariame Kaba and other abolitionist organizers noted that it was unprecedented for a presidential administration to acknowledge abolitionist demands in the state of the union address. The immense backlash to the defund demand, attempts to announce it dead, and rewrite the narrative of collective organizing, is a sign of how powerful the demand is and continues to be.
[62] While faculty were given the option of conducting their classes in person or remotely, disabled and immunocompromised students' safety was at the whim of their professors' teaching preferences.

access through an intersectional, Disability Justice lens. While access to remote learning options was a critical demand, the coalition also recognized that BIPOC students deserved access to programs and resources made by and for marginalized students. The broad coalition, which "came to administration with distinct fights…[and] a strong sense of solidarity" was able to gain considerable wins (Disabled Student Union and Mother Organizations 2022). However, the struggle for remote access is ongoing, not just in the UC system, but across the United States, as the COVID-19 pandemic makes underlying inequities and exclusions more clearly defined and fraught.

The present moment offers so much realized and unrealized potentiality—for the radical progression and clarification of our vision for abolitionist worlds, on the one hand, and for cooptation, backtracking, and erasure of that work, on the other. I have written, for example, about how the popularization of mutual aid in recent years has not mitigated, but rather exacerbated underlying inequities and forms of exclusion, especially among disabled queer and trans people of color (Arani 2020). Leah Lakshmi Piepzna-Samarasinha, likewise concerned about these developments, wrote an essay exploring "How Disabled Mutual Aid is Different than Abled Mutual Aid" (2021). Likewise, while Transformative Justice has circulated in popularity, many are replicating practices of surveillance, punishment, social shunning, and disposability in the name of "community accountability" (See Chapter 2).

Making mistakes and unintentionally and inadvertently causing harm are the growing pains of any movement. Yet, many of our activist spaces expect perfection and react harshly when people show they are, in fact, flawed and human. Carcerality gets reproduced in our interpersonal relations in subtle and insidious ways (brown 2020; Montgomery and bergman 2017; Schulman 2018; Thom 2019). Rejecting ideas of political purity and perfectionism is essential for building liberatory movements beyond the rigid expectations of ableism-racism, which lead queer femmes of color in particular, to develop burnout and chronic disease. As I show across the chapters, developing deep connections, intimacy, and relationality is a necessity for building abolitionist worlds. We must see each other in our full, complex, messy humanity to avoid replicating the cycles of objectification and disposability propagated by carcerality.

Commitment to deep, enduring, reciprocal care must also be paired with reflexivity and integrity. As Simone suggested in our interview, "If you can argue with this random homophobic stranger on Twitter, please use this energy to talk with your friend you have a problem with." This intimate, interpersonal work applies to our movement spaces, as well. Abolitionists warn that our gains will be diminished if we don't stay vigilant and keep up the pressure.[63] They also implore us to get clear on what kind of world, exactly, we want to build. In my interviews with interlocutors, folks were readily able to describe the types of care and community they *didn't* want, but often struggled to articulate what care and community might look like in an ideal world. The everyday work of experimenting, compromising, and renegotiating must be paired with larger strategies, visions, and end goals that are steadfastly maintained—as the Black femme abolitionist of Costello's illustration insists: "We must imagine a world beyond capitalism."

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[63] In the "Abolition on the Ground: Reporting from the Movement to #DefundthePolice," webinar (2022), Black feminist abolitionist organizer Erica Perry talked about the importance of "holding the line": as soon as activists stop being vigilant, people in positions of power will backtrack the gains made by collective organizing. Similarly, Carol Anderson's *White Rage: The Unspoken Truth of Our Racial Divide* (2016), shows that racial justice gains are always met with backlash, often through a series of quiet and clever bureaucratic and technical maneuvers. These reflections suggest that the struggle is ongoing, and that activists must be wary of how small concessions or indicators of progress may breed apathy or complacency in a context that requires sustained resistance (See also Chapter 2 for an exploration of these dynamics in university organizing).

While this chapter is a conclusion, it is also an invitation. If you are part of these struggles—whether you are figuring out non-punitive ways to manage harm, developing affirming forms of care for yourself or others in psychiatric distress, coordinating mutual aid for your communities, or demanding abolition in the streets—I invite you to document your experiences and share them so others can learn, listen, and be invited into the fold of abolitionist work. I invite you to collectivize your complaints, to build coalitions around your demands, to resist the atomization demanded by bureaucracies, neoliberal care infrastructures, and sometimes even activist groups themselves. I invite you to create small, intentional, reciprocal communities where you can practice building the type of world you want to live in. Small, intentional, reciprocal communities where survivors can be truly seen, held, and heard. I invite you to share the labor, to step in and offer support to those for whom endless care work is expected and required. If you were nodding while reading my burnout chapter—*yes, yes, this is exactly my lived experience*—I invite you to delegate some of your tasks, ask for help, and bring others into the work. I invite you to work towards an abolitionist commons that prioritizes rest and reciprocity. An abolitionist commons where no one is left behind.

I wrote this dissertation amid a pandemic, international uprisings, traumatic flashbacks, suicide loss, ongoing grief, retraumatization, and incidents of community infighting, manipulation, and abuse that ultimately left me feeling “broken” and past the point of emotional or social repair. While none of it has been easy, sitting with these stories has transformed many of my feelings of despair into feelings of hope and determination. Because of the various efforts catalogued in this dissertation—and the innumerable efforts being made every day, across the world, by people whose labor may never be recognized as abolitionist—we are one step closer to building a world where many worlds fit.[64] We can and *will* build a world beyond racial capitalism, carcerality, ableism-sanism, cisheteropatriarchy, and systematic death and destruction. Each of our individual actions creates a powerful collectivity of resistance and reimagination—seedlings for the transformation, realization, and growth of our wildest abolitionist Disability Justice dreams.[65]

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[64] "Un mundo donde quepan muchos mundos"—a world where many worlds fit—is a political vision that has been articulated by Zapatista communities in their struggles for indigenous autonomy.

[65] This phrase is borrowed from Leah Lakshmi Piepzna-Samarasinha. See: Piepzna-Samarasinha, Leah Lakshmi. 2018. "To Survive the Trumpocalypse, We Need Wild Disability Justice Dreams." *Truthout*, May 20, 2018. https://truthout.org/articles/to-survive-the-trumpocalypse-we-need-wild-disability-justice-dreams/.

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