t we were doing. We knew we were

ıick, in the last three weeks before
› a quick WordPress site asking for
·tly Black and brown, people to find
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led queer people of color found us,
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nber of CCA drove up from North
ɛr disabled POC and her personal
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e dorm suites so we could sleep and

s I ran into what I would later call
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sed some "poor, cute cripple" skills
ı to unlock the fourth-floor kitchen
s. One neurodivergent person who
:ed a mile to the closest restaurant

to load up someone else's spare manual wheelchair with our shawarma orders and walked the food back to everyone who couldn't walk that far.

Being less isolated helped us make group demands of the AMC that were effective because they came from collective disabled power, not just one individual crip writing a request on a registration form. The AMC ordered in fragrance-free soap for the washrooms because Detroit back then didn't have any supermarkets, let alone one that stocked Dr Bronner's unscented. The relationships and collective power we built also helped us survive the USSF, which had some major access challenges (like, no wheelchair-accessible shuttle, even though it was on all the promo material, and when we called to ask where it was, the person we talked to was like, "Can you come to the conference site and ask about the shuttle?" and didn't quite get it when we were like, "No, we can't, because we can't physically get there"). I remember someone texting, "I am spooning out, I need crip love" from where they were passed out at one end of the conference center, and all of us getting there as fast we could, and them saying that just watching us walk and roll up made all the difference.

We didn't just survive the conference—we made powerful community. Committed to leaving no one behind, we rolled through the conference in a big, slow group of wheelchair users, cane users, and slow-moving people. Instead of the classic able-bodied conference experience most of us were used to, where able-bodied people walked at their able-bodied rate and didn't notice we were two blocks behind, or nowhere, we walked as slow as the slowest person and refused to abandon each other. People got out of the way. Instead of going out to inaccessible party sites, we chose to stay in, and ate and shared about our disabled lives. For some of us, it was our first time doing that. People cried, flirted, and fell in love.

CCA changed everyone who was present for it and a lot of people who just heard about it. It was just four days, but people went home to their communities transformed. We were no longer willing to accept isolation, or a tiny bit of access, or being surrounded by white disabled folks as the only kind of disability community we could access, or being forgotten. We talked about how it had been for us to be with each other. We threw queer disabled femme of color brunches that were maybe just us and the three other sick and disabled femmes of color we knew, but we sat in bed and talked and talked about our lives. We tried out starting crip hangouts and zines and performance nights. We started thinking about what it would mean to have our own care collectives, on a permanent basis. We came back less willing to accept ableism from conferences and community spaces, because we knew it could be different—and if CCA could happen in someplace with scarce physical resources like Detroit, it could happen anywhere. Being part of that wild pack of slowness, talking tentatively about our disabled lives in ways we'd never said out loud before, changed everyone's lives.

AN ASIDE: STORY THREE: THE CRASH-AND-BURN EMERGENCY MODEL

In many able-bodied activist communities—QTBIPOC and mostly-white punk—I've been a part of, I've been witness to another form of care web that is very different from the ones I've written about so far. They're the emergency-response care webs that happen when someone able-bodied becomes temporarily or permanently disabled, and their able-bodied network of friends springs into action. When the friend gets hit by a car when they're on their bike or gets pneumonia, there are emails and calls and care calendars set up, and (mostly able-bodied) people show up to the hospital. (Mostly able-bodied) people cook food and throw benefits. There's a sense of urgency! Purpose! Action! OMG, someone is sick! We must come together as a community to help them. (Many disabled people roll their eyes at this moment: *Wow, when it's your mountain-climbing friend who gets hit riding their bike, you care, huh? For me and the other folks who are always disabled, not so much, huh?*)

The urgent care calendar care web lasts for a few weeks, a month.

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And then ... people trickle off. People think that the person's all better. It isn't a fun cause of the moment anymore. People think: *Wow, you're still disabled?*

These models have a lot to learn from disability justice models of centering sustainability, slowness, and building for the long haul. They tend to come from people who don't know, well, that disabled people or community or activism, um, exists. Since they don't know (or have been firmly ignoring) that we exist, they often reinvent the wheel(chair). I'm not the only crip who's felt bitter when I've seen calls for benefits and care earnestly sent out for someone who's been able-bodied up to that point and now has an acute, sudden need, when I've watched myself and my friends who have chronic disabilities, have been disabled since birth or live with chronic physical illness or dance with madness/mental health, struggle to get responses to our everyday and acute asks for care and support.

These emergency-response care webs often really fall apart when and if the person they're for becomes disabled in a long-term way, and the members realize that the "issue" isn't an individual problem that their buddy has—that beyond needing care, their friend is being impacted by the ableism of both the everyday world and much queer and activist space. Clubs they used to hang with aren't wheelchair accessible (they notice for the first time); fighting with insurance companies and the access van take hours. Huh! Is this a thing? The emails start coming in to the one crip they know: "Hey, do you know where so and so can find accessible housing? Seems like it's kind of hard to find." It's not that I don't want folks to access what they need—but I also have to roll my eyes that these folks are noticing ableism for the first time. I want them to understand that the struggles their friend is facing are not new or unique to them, that although I'll usually share my knowledge, so many of us have been using (limited) spoons[16] to fight these fights for a long time.

If these care webs are going to keep working, a paradigm shift needs to occur in those friends' heads. They need to see the disabled people they've blanked out on listening to for years when we've been trying to talk about access or our lives. (An apology might be cool, too.) They need to understand that their friend isn't a special cripple, cooler than the rest—that the problems they're facing aren't individual ones but systemic struggles that face all crips and need collective solutions. They need to ask themselves why they have systematically refused to value or take in what disabled folks around them have been and are saying. They need to listen and learn from the care work and skills disability communities have been doing for years—and maybe offer some compensation for that knowledge. Or at least say thank you.

STORY FOUR: CCA BAY AREA

In the fall of 2010, some of us who'd been in Detroit came back to the Bay Area where we lived or moved there for the first time. And it occurred to us: Why didn't we try and do something similar here? What would it mean to take the temporary experiment in crip-of-color-made access that had worked so beautifully during the four to ten days we'd be in Detroit to our homeplaces, in a long-term way?

We dove right into the modest, wildly ambitious plan of attempting

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[16] "Spoons" is slang created by sick and disabled communities to describe units of energy and capacity, specifically within a sick and disabled context of having a limited amount of energy because of chronic illness or disability (thus having to make decisions about which tasks to do and which to let slide, moving at a slower pace/"on crip time," etc.). The concept was created by Christine Miserandino in her essay "The Spoon Theory," posted on her website, *But You Don't Look Sick*. In her essay, a chronically ill woman attempting to describe what it's like to live with chronic illness pulls out a handful of spoons and uses them as units of energy, relating what it's like to have to carefully count how much energy you expend on daily tasks many abled people take for granted.

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to create a Bay Area care collective by and for disabled queer and trans people of color.

We came together with a lot of hope and a ton of longing, a longing for a community we had been wanting for most of our lives.. We came together with so much need and so much fear, like icebergs, where most of the mass lies below the surface.

When we sat down at our very first meeting, I thought I knew exactly how it was going to go. When I thought about what I might need in terms of disability care and support, I could name it right away: I could sure use some help driving my best friend to acupuncture and the grocery store and the mosque twice a week—I loved helping them, but between supporting them, supporting myself, and working two to three jobs, plus working on two or three unpaid collectives that were each like part-time jobs, I was exhausted. And, in a smaller tone of voice that didn't reach outside my head, *I could use folks who could help me do some stuff too.*

This project turned out to be a little more complicated than I'd thought it would. Everyone had a lot of questions. Should CCA Bay be open to white folks or just POC? Just crips or non-disabled QTBIPOC allies? Some argued that some of us had white crips in our "pods" of people we shared care with already, so it wouldn't make sense to exclude them. Other folks felt strongly that white disabled people always dominated crip space and did not want to risk creating a space where we would have to fight to continue to center people of color. Some felt that including non-disabled BIPOC folks could help develop seed organizers who could work to make the non-disabled QTBIPOC community less ableist.

But before we jumped into Google calendar, one member pulled out a flip chart. She said that before we did anything we needed to talk what would allow us to give and receive care. Most of us, she pointed out, had received shitty care, abusive care, care with strings