t we were doing. We knew we were

tick, in the last three weeks before

tly Black and brown, people to find

knew we couldn’t create access for

t to see what we could do with the

ted queer people of color found us,
s and friends of friends, and, once

us on-site. It came together in that

sometimes when something’s time

avity, hustle, and fun—and disabled

aber of CCA drove up from North-

r disabled POC and her personal

accessible van. That van legally fits

hirteen crips crammed into it and

er asses off. We shared information

products are important and shared

me for Black and brown hair and

with people who’d never heard of

own if we meant we were able to be

ed dorm suites so we could sleep and

1 ran into what I would later call

than that, the reality of our different

there could be ways we supported

ed some “poor, cute cripple” skills

with 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 crib 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 crisp 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 AGENDA, STORY THREE: THE CRIP AND BORN 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.

And then ... people trickle off. Peoq. It isn’t a fun cause of the moment: still disabled?

These models have a lot to be of centering sustainability, slowed. They tend to come from people v people or community or activism (or have been firmly ignoring) th wheelchair. I’m not the only cr calls for benefits and care earnest able-bodied up to that point and n I’ve watched myself and my friend, been disabled since birth or live w with madness/mental health, strug and acute asks for care and suppo

These emergency-response care if the person they’re for becomes c members realize that the “issue” is buddy has—that beyond needing by the ableism of both the everyday space. Clubs they used to hang wi notice for the first time); fighting access van take hours. Huh! Is th in to the one crip they know: “He find accessible housing? Seems lil that I don’t want folks to access roll my eyes that these folks are I want them to understand that are not new or unique to them, l
being surrounded by white disabled community we could access, or how it had been for us to be with femme of color that were sick and disabled femmes of color liked and talked about our lives. We and zines and performance nights, would mean to have our own care. We came back less willing to accept community spaces, because we knew it could happen in someplace with scarce could happen anywhere. Being part of it tentatively about our disabled and before, changed everyone’s lives.

...WITH-BURN EMERGENCY MODEL

Communities—QTPOC and mostly-white witness to another form of care web I’ve written about so far. They’re the people when someone able-bodied not disabled, and their able-bodied friends. When the friend gets hit by a car pneumonia, there are emails and texts (mostly able-bodied) people show up and help. People cook food and throw a party! Action! OMG, someone alive they have to help them. (Many this moment: Wow, when it’s your friend’s is riding their bike, you care, huh? Always disabled, not so much, huh?) web lasts for a few weeks, a month.

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. I’m not the only cripple who’s felt bitter when I’ve seen calls for benefits and care earnestly sent 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 can take hours. Huh! Is this a thing? The emails start coming in to the one cripple 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* 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: 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 cripp-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 to create a Bay Area care collective.

We came together with a longing for a community we had
We came together with so much
where most of the mass lies belc

When we sat down at our
exactly how it was going to go.

need in terms of disability care
away: I could sure use some help
and the grocery store and the
them, but between supporting the
the jobs, plus working
that were each like part-time job
tone of voice that didn't reach or
could help me do some stuff too.

This project turned out to
I'd thought it would. Everyone
Bay be open to white folks or ju
QTBIPOC allies. Some argued ti
“pods” of people we shared con
sense to exclude them. Other folks
people always dominated cripp sh
space where we would have to
color. Some felt that including
develop seed organizers who co
QTBIPOC community less able

But before we jumped into C
out a flip chart. She said that be
talk what would allow us to giv
pointed out, had received shitty

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*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 cripp 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 keep working, a paradigm shift
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ir homeplaces, in a long-term way?
, wildly ambitious plan of attempting

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 crips 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