




Sick
of it!

Vol. 1, ISSUE 1.

A Disability Inside/Outside Project

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"This may feel true for every era, but I believe I am living in a time where disabled people are more visible than ever before. And yet while representation is exciting and important, it is not enough. I want and expect more. We all should expect more. We all deserve more."

- Alice Wong, *Disability Visibility: First-Person Stories from the Twenty-first Century*



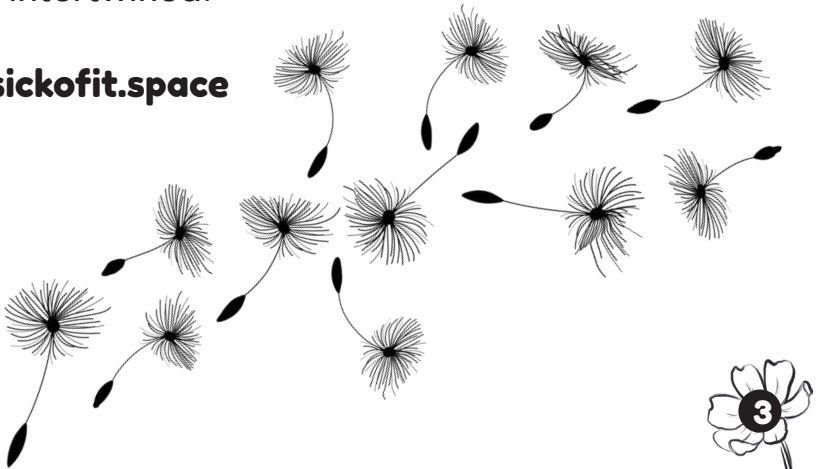
GREETINGS COMRADES,

This is the first volume of Sick of It! A Disability Inside/ Outside Project. We are a group of abolitionists and disabled activists working to build connections between the free world disabled community and that behind bars.

Along with a quarterly zine featuring writings about disability justice, strategies of care and work submitted by our incarcerated community, we will be starting a penpal project to connect disabled folks inside to outside disabled penpals! We believe that support from other disabled people is vital to surviving and thriving as a disabled person. See pg. 19 to find out more about subscribing to the zine and contributing work!

We aim with this project to amplify the voices of incarcerated disabled people, and provide education about the ways disabled liberation and a world free of cages are intertwined.

More at sickofit.space



WHAT IS DISABILITY?

Disability is a wide variety of things. It is an umbrella term to describe a huge range of medical conditions, mental health conditions and neurodiversity. It is a way of describing how social systems fail to include people whose body-minds are different from what is considered "standard" or "healthy." It is a political identity. It is a legally protected class of people.

There are different ways of thinking about disability, but because disability describes so many experiences, no one model applies to every disabled person's experience.

One important way is the **Social Model of Disability**, which explains that a person is disabled not because of their illnesses, impairments or differences, but because of the ways that society does not accommodate their needs. For example, if a person is paraplegic and uses a wheelchair, they are not disabled because of the impairment to their legs, but because most buildings are not built for wheelchair users. They need a ramp.

This is different from the **Medical Model of Disability**, which looks at the body as a machine that needs to be fixed. According to the medical model, a paraplegic person is disabled because their legs are impaired. They need medical intervention to make their legs function again.



Most disabled people prefer the Social Model of Disability for a number of reasons. It recognizes the personhood and agency of disabled people, and breaks down the stigma that often comes with disability. Many conditions that are disabling are also not things that can be “fixed” by the medical model. It can be impossible to make someone’s legs function, but it is relatively easy to build a ramp.

Who is Considered Disabled? Anyone can be disabled, it is estimated that at least 1 in 4 Americans have some kind of disability. Disability is also not static, people can become disabled at birth or at any other point in their life. Some disabilities are visible, like a missing limb, and some are invisible, like Lupus or other chronic illnesses. While there is a list of “qualifying” disabilities that entitle a person to legal protections, disability extends far beyond this list, and includes things that aren’t often acknowledged by most medical and legal systems as disability like addiction.

Why should you think of yourself as disabled? Many people with serious medical conditions, impairments, mental illnesses, neurodiversity or addictions do not think of themselves as disabled because of the stigma and the lack of information about disability that has been created by an ableist culture. But disability is an essential part of diversity. Being part of the disabled community means many things, including access to resources, legal protections and an inventive, resilient community.



“A Disability Justice framework understands that all bodies are unique and essential, that all bodies have strengths and needs that must be met.” - **Leah Lakshmi Piepzna-Samarasinha**, **Care Work: Dreaming Disability Justice**



WHAT IS DISABILITY JUSTICE?

Disability Justice is a recent movement founded by three disabled women of color that was created because of the exclusion of more marginalized people from the mainstream Disability Rights movement. Disability justice centers “disabled people of color, immigrants with disabilities, queers with disabilities, trans and gender non-conforming people with disabilities, people with disabilities who are houseless, people with disabilities who are incarcerated, people with disabilities who have had their ancestral lands stolen, amongst others.”

People facing more than one type of oppression are often left out of the discussions on disability rights and accessibility. Disability affects People of Color at a much higher rate than white privileged people because of factors like generational trauma, environmental and medical racism and resource deprivation. Disability Justice focuses on the people and things that are left out of white carceral systems of thinking about disability and access needs.



10 PRINCIPLES OF DISABILITY JUSTICE

From Sins Invalid, a disability justice performance project

- 1 **INTERSECTIONALITY:** “We do not live single issue lives” –Audre Lorde. Ableism, coupled with white supremacy, supported by capitalism, underscored by heteropatriarchy, has rendered the vast majority of the world “invalid.”
- 2 **LEADERSHIP OF THOSE MOST IMPACTED:** “We are led by those who most know these systems.” –Aurora Levins Morales
- 3 **ANTI-CAPITALIST POLITIC:** In an economy that sees land and humans as components of profit, we are anti-capitalist by the nature of having non-conforming body/minds.
- 4 **COMMITMENT TO CROSS-MOVEMENT ORGANIZING:** Shifting how social justice movements understand disability and contextualize ableism, disability justice lends itself to politics of alliance.
- 5 **RECOGNIZING WHOLENESS:** People have inherent worth outside of commodity relations and capitalist notions of productivity. Each person is full of history and life experience.
- 6 **SUSTAINABILITY:** We pace ourselves, individually and collectively, to be sustained long term. Our embodied experiences guide us toward ongoing justice and liberation.
- 7 **COMMITMENT TO CROSS-DISABILITY SOLIDARITY:** We honor the insights and participation of all of our community members, knowing that isolation undermines collective liberation.
- 8 **INTERDEPENDENCE:** We meet each others’ needs as we build toward liberation, knowing that state solutions inevitably extend into further control over lives.
- 9 **COLLECTIVE ACCESS:** As brown, black & queer-bodied disabled people we bring flexibility & creative nuance that go beyond able-bodied/minded normativity, to be in community with each other.
- 10 **COLLECTIVE LIBERATION:** No body or mind can be left behind – only mobbing together can we accomplish the revolution we require.



"It is imperative that experts and decision-makers include and collaborate with communities disproportionately impacted by systemic medical racism, ageism, and ableism, among other biases. - Alice Wong



KEY CONCEPTS & LANGUAGE:

Here is an incomplete list of terms and concepts that are often used in conversations about disability and disability justice.

Ableism: Discrimination and social prejudice against people with disabilities, or those perceived to be disabled. This includes things like paying disabled people under minimum wage, not providing ramps/ elevators or interpreters, and generally ignoring the needs of disabled people and prioritizing the experiences of able bodied people.

"Ableism is the system that assigns value to people based on how much [they] can produce for capitalism."

-Dustin Gibson, Carceral Ableism

Able Bodied: Fit and healthy; not physically disabled. A person whose body works the way they expect it will the majority of the time and fits with what medicine says most bodies should be able to do for the person's age, size, etc.

Accommodation: Very broadly, accommodation is a modification or adjustment to ensure that a disabled person is able to access a space or participate in a situation.

Americans with Disabilities Act (ADA): The ADA is a civil rights law from 1990 that prohibits discrimination on the basis of disability in employment, and state and public institutions. According to the ADA an individual with a disability is defined as "a person who has a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment."
(Source: U.S. Department of Justice, Civil Rights Division, Disability Rights Section)



Body-minds: Approach to viewing the relationship between the body and mind that describes how they are inseparable from one another.

Crip time: Slowing down to make space for the needs of disabled bodies. Expectations for how long things should take, like getting dressed, walking down the street, finishing a project, etc, are founded on the speed that able bodied people work and live. Crip Time then is a way of thinking about time that includes disabled experiences.

Dependence v Interdependence: Dependence is a one way relationship where someone relies wholly on someone else. The dependent person here is in an unequal and vulnerable position. Interdependence is a two-way relationship where people rely one on another. This builds more equitable and humanizing relationships.

"In an ableist context, interdependence will always get framed as "burden," and disability will always get framed as "inferior." To actively work to build something that is thought of as undeniably undesirable and to try and reframe it to others as liberatory, is no small task...Interdependence moves us away from the myth of independence, and towards relationships where we are all valued and have things to offer. It moves us away from knowing disability only through "dependence," which paints disabled bodies as being a burden to others." - Mia Mingus, Access Intimacy, Interdependence and Disability Justice

Eugenics: A violent and racist practice of social sorting that deems individuals as "fit" or "unfit" / "desirable" and "undesirable". Those with undesirable traits have been immigrants, people of color, poor people, and disabled people. In the early 1900s, scientists applied genetics to breeding "better" and "more efficient" individuals. These ideas were legitimized through immigration policies and applied in other sciences such as psychology. Today, the eugenic logics continue to be embedded in our culture, policies, and practices, including the forced sterilization of incarcerated people.

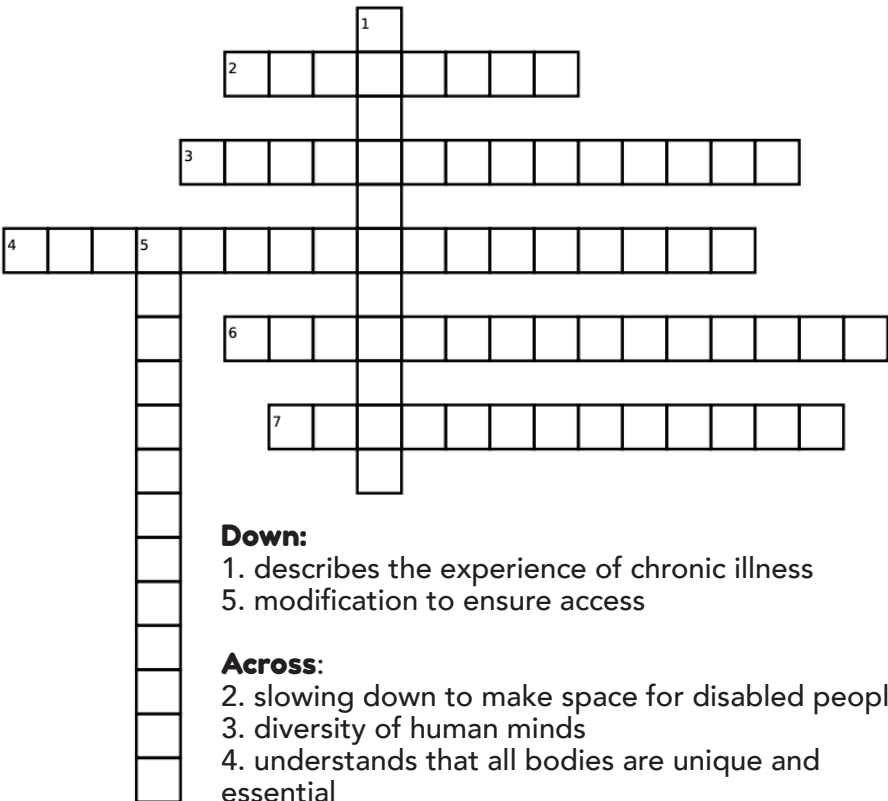
Neurodivergent/Neurodiversity: Neurodiversity is the diversity of human minds, the infinite variation in neurocognitive functioning within our species. Neurodivergent, sometimes abbreviated as ND, means having a brain that functions in ways that diverge significantly from the dominant societal standards of "normal." The term often refers to things like ADHD, Autism and Dyslexia, but like the term disability it covers a broad range of conditions.



Madness: An alternative framework for thinking about the experiences of people who are often called or diagnosed as mentally ill. It rejects the biomedical approach to thinking about "mental health" and draws from patient/survivor movements instead.

Prison Industrial Complex: "The overlapping interests of government and industry that use surveillance, policing, and imprisonment as solutions to economic, social and political problems." - *Critical Resistance*

Carceral state: The ways the state incorporates punishment and surveillance into all aspects of life, ranging from the formal criminal justice system as well as other policies, practices, and ideologies that organize society and culture through the logic of control, criminalization, and un-freedom (*Adapted from the Documenting Criminalization and Confinement, a research initiative of the U-M Carceral State Project*)



Down:

- 1. describes the experience of chronic illness
- 5. modification to ensure access

Across:

- 2. slowing down to make space for disabled people
- 3. diversity of human minds
- 4. understands that all bodies are unique and essential
- 6. relationship where people rely on each other
- 7. incorporates punishment into all aspects of life



Spoon Theory: A way of describing the experience of chronic illness and its limitations using a metaphor. It was created by Christine Miserandino, who has lupus, an invisible illness which causes chronic fatigue, chronic pain and many other symptoms that limit her energy levels and ability to do everyday things. It is commonly referenced in disabled and chronically ill communities.

This metaphor assumes that everyone has a limited amount of energy every day. Some tasks require more energy than others. People who are chronically ill or fatigued may have less energy (or "spoons") to use per day, or some tasks may require more spoons for a disabled person than an abled one.



These might require 1 spoon.



These might require 2 spoons.



These might require 3 spoons.



These might require 4 spoons.



Getting out of bed



Writing a letter



Calling family



Running/ Exercising



Showering



Making coffee



Studying



Working

What happens when you're forced to use spoons you don't have? Spoon theory is a useful way to communicate and manage your energy levels. However not everyone is able to, or allowed to respect the limits to their energy. Being forced to work through pain and fatigue, either because of economic circumstance or incarceration, will often lead to worsening of existing illnesses, or can contribute to the development of new disabling conditions. In this way prison becomes a cause of disability, as well as an exacerbating factor.

Write to us and tell us what strategies for self & community care you use. How do you protect your energy?



DISABILITY JUSTICE & ABOLITION:



“Prisons do not disappear social problems, they disappear human beings. Homelessness, unemployment, drug addiction, mental illness, and illiteracy are only a few of the problems that disappear from public view when the human beings contending with them are relegated to cages.” **-Angela Davis**

Disabled liberation and prison abolition must go hand in hand. Not only are disabled people imprisoned at higher rates, not only do prisons directly create disability through trauma and medical neglect, but the prison and the institution (emergency room, psychiatric hospital, “group home”, nursing facility) are both a means of controlling those who are deemed deviant and whose bodies are noncompliant, and who are systematically denied support at every turn .

Society has conflated treatment and punishment.

As Steph Kaufman says in *Carceral Ableism*: “Incarceration isn’t just something that exists in prisons and jails. It’s a web that encapsulates psychiatric institutions... Group “homes”; nursing facilities, ... these systems of what we’re taught to think of as care and healing and recovery and treatment are actually part of what we would refer to as the carceral state or setting. Where somebody’s ability to be free is limited. Your decisions are limited, you’re being monitored, surveilled, coerced into taking medications to get privileges or leave.”



CARCERAL ABLEISM

Excerpt by Dustin Gibson in collaboration with Project LETS

Understand that disability is fluid. The way in which predominantly white-centric understandings of disability is painted does not capture the experience of Disabled people that are marginalized.

[There are] a wide range of Black disabled people who have talked about the disability in the art they create. J. Cole is a rapper who made an entire album about addiction. That is not something that is viewed as a disability often. Lil Boosie, a rapper from Baton Rouge, Louisiana, spent time in the Louisiana State Penitentiary which is often called Angola, which was a plantation at first. Then it was a site for convict policing. Now its a state penitentiary. It is situated in the middle of 13 nuclear waste sites. Prisons and institutions are often situated next to waste sites where there is toxicity in the land and water. We see this in Black and brown neighborhoods all over the world and in the U.S.

There is this campaign to say that Black folks need to talk about mental health or disability more. That is saying we need to talk about it the way white people talk about it, the way privileged people talk about it... specifically wealth privileged. I would argue that we do talk about it. If we didn't talk about it, we wouldn't have survived to this point. The way we tell about it is different because how disability lives in our bodies and minds is different. The way we come to disability is often different.



Disability is shaped by our experiences, namely capitalism and how capitalism creates poverty and exploitation. How capitalism festers violence and deprivation. I think about Palestine and how people who have restricted mobility to move. The freedom of mobility is restricted in the same way that it is in some communities that are heavily policed across the globe.

The main point is what I'm trying to make [is] disability lives in marginalized communities at much higher rates than in other communities. It is often erased because the way we constructed our understanding of disability does not incorporate ...the generational traumas. It does not incorporate what it is to have to be resilient. We talk about Black women a lot in public discourse as being strong and resilient. But what does that take? What is created because of that? Then it becomes intrinsic in who we are in living with disabilities.



CRIPPING TJ

Excerpt by Leah Lakshmi

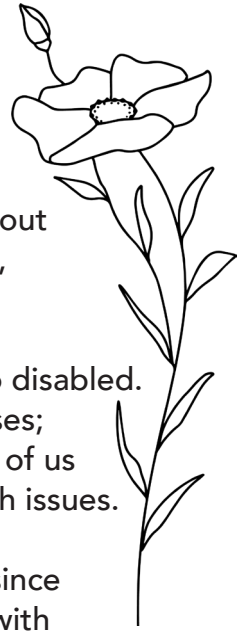
Piepzna-Samarasinha, *Beyond Survival*

We do transformative justice work because we're survivors; or the people closest to us are. We care about survivors; we know what it's like to survive brutal shit, often alone.

Many folks doing transformative justice work are also disabled. Some of us have physical disabilities or chronic illnesses; some of us are deaf; some are neurodivergent. Many of us have Madness, psychiatric disabilities or mental health issues.

I've lived with panic attacks and debilitating anxiety since I was 18. I danced with panic and altered states and with the impact of the ways ableism impacts Mad people. When I confronted my parents about my [memories of incest and abuse], my parents threatened to institutionalize me. Their threat was terrifying; it's a place where their ableism (manifesting as threatened forced psychiatric institutionalization) intersects with survivor-hatred, telling me "nothing happened, you're crazy." In my early 20s, as a very young, poor, feral survivor of color, a large part of how I healed was finding the psychiatric survivor movement and other movement spaces that talked about Madness and ableism as political.

It's an understatement to say there's not a ton of writing about disability and abuse. There's rarely any discussion of the sexual, physical, and emotional abuse that is ableism, from medical stripping in hospitals to medical experimentation to the genital mutilation of intersex people; from forced treatment, restraints, and chemical or psychiatric surgery to forced sterilization, or to simply never being asked before being touched by a medical providers. The abuse of many disabled Black and brown people that happen in jails and residential schools and special ed classrooms don't always get mentioned. Neither do our stories of individual and collective resistance to abuse.



I want to talk about how ableism pushes us into isolation, strips us of social capital, and thus so many of us stay in abuse relationships of all kinds--or sometimes act in ways that cause harm--because finding love, sex, and companionship as a disabled person is so goddamned hard, and we feel like we have to take what we can get, or because we haven't had any role models of other disabled people loving and dating well.

I want more disabled people to write our real stories of just how fucking hard it is to find love, sex, and friendships that are not violent. I want to start to dream about what transformative justice looks like when someone who causes harm is disabled.

A gift I have cherished in many disabled communities is how, out of our experiences being disposed and forgotten, we can be skilled in not throwing people away when they cause harm and still asking them to change their ways.



**Image from the Spurlock Museum,
“Crippling TJ” talk with Leah**

POMO WOMAN, EX-PRISONER, SPEAKS OUT

**Excerpt by Stormy Ogden,
INCITE! Color of Violence Anthology**

I'm a recognized member of the Tule River Yokuts, Kashaya Pomo, and Lake County Pomo Nations. I am a former prisoner and was housed at the California Rehabilitation Center (CRC), located at Norco. Since the beginning of colonization, the peoples of these lands were imprisoned as a form of social control, which can only be described as deliberate genocide against the Indian people.

The prison environment differs little from that of boarding schools or the mission system established early on in California. When prisoners initially enter prison, they are stripped of their identity; names are replaced with numbers. They must give up their street clothes for state-issued uniforms; they are showered, deloused, and searched for any type of contraband, which usually means a cavity search.

I know that a major problem is accessing reliable healthcare. Many are afraid that incompetent medical attention, more than illness, will lead to death. Nevertheless, many walk around like zombies from all the "medication"; high dosages of Thorazine are given to "calm us down." Many of the women I knew in county jail and prison were medicated. Some prison staff may believe that women are more vulnerable to emotional upsets and are in need of medical treatment, but the stark reality of psychiatry in prison is that it has everything to do with control and management and nothing to do with effective treatment or healing.

While in county jail before being sentenced, the doctor prescribed for me 100 milligrams of Elavil twice daily and the same dosage of Mellaril three times daily. These "medications" made me sleep most of the day and night. I would wake only to go to chow hall and to take a shower.

Since this was county jail, we were never allowed yard time. The only daylight we saw was when we were being transported back and forth to court.





I received this "medicine" for the nine months I was incarcerated. By the time I left for prison, the pills had affected my speech. Speaking became difficult for me: the thoughts were there, but I had difficulty getting the words out. My mouth and skin were dry and I was weak from constant sleep. Upon arriving at prison, Thorazine and chlorohydrate were given to me interchangeably for two weeks at a time. These "medications" made me a walking zombie. Many other Indian women, I discovered, were also given high doses of these "medications."

A few hours after returning to jail after being sentenced to five years at the California Institution for Women (CIW), I was given a med packet with a small pill inside. I asked the guard as she locked my cell door: "What is this for?" She replied, "It came from the doctor this morning when he found out that you were being sentenced. Take it. Stormy; it's just to calm you down."

The next thing I remember was my cellee shaking me as I was sitting on the floor watching my cigarette burn a hole into my night gown.

She said, "What did they give you Storm?" With slurred speech, I said, "I am not sure what it was. All I know is that it was small." "Must have been Thorazine," was her reply. "The doctor gives that to all of us women, especially the Sisters that get sentenced to prison."

What was my crime?

Why did I do five years in state prison?

Less than \$200.00 in welfare fraud.

My crime?

Being addicted to alcohol and drugs.

My crime?

Being a survivor of domestic violence.

My crime?

Being a survivor of incest, the first time at the age of five.

My crime?

Being an American Indian woman.



CAGED, GODDAMN PHILADELPHIA

Leroy Moore,

**Excerpted and re-formatted from Liat Ben-Moshe's "Intersecting
Disability, Imprisonment & Deinstitutionalization, Decarcerating Disability**

Nina Simone sang in 1964 I speak my spoken word in 2013
Responding to what have brought me to my knees

Down right painful Some people are too powerful This is beyond shameful

Locked in a cage at a young age Stories in newspaper Page after page

Shit now I'm full of rage It was Mississippi Goddamn Now it's Philadelphia

Goddamn Locked in a basement Sleeping & eating on cold cement
No, this is not imprisonment

Taking their SSI Abuse and neglect from family's ties
Black on black leaving open wounds & black eyes

No brotherly love Oppression lingers around like a stormy cloud
Can't hear the cries raining out loud

From Joice Helth being displayed in an exhibit
Now four disabled adults chained up downstairs in their own shit
This country has a nasty habit

Of treating people with disabilities Worst than animals
Behind four yellowish walls out of sight from our communities

Shit now I'm full of rage It was Mississippi Goddamn
Now it's Philadelphia Goddamn

We don't learn Yesterday & today it's New Mexico, San Jose, Missouri
State by state we continue to get burn

Nursing homes to group homes to our own damn home
Where can you go when home is not safe?
Goddamn Philadelphia, where is the love

Nina Simone I hear you loud and clear
I'll speak my spoken word in everybody's ear In the winds of oppression
I'll stand solid with no fear

Children to adults Where can we lay faults?
Because this must & will come to a screeching halt



WE WANT TO HEAR FROM YOU!

Tell us your thoughts, experiences, struggles and victories of navigating medical systems and disability in prison to be published in future issues.

What strategies for self and community care work within prison? What do you want the outside disabled community to know about being disabled inside? How can we build a world without prisons? How do you advocate for your medical and access needs?



To subscribe to this zine or submit works, please send the following to the address below:

SEND:

Legal First Name, Legal Last Name

#Number (eg. Jamie Smith #F05B56)

Cell/Bunk Location (if given after the number, eg. B1 Lower)

Facility Name (eg. Michael Unit or Arrendale SP or SCI Greene)

PO Box #

City, State Zip

TO:

Matilda Sabal

c/o Sick of It!

PO Box 180177

Brooklyn NY 11218





Image by
Luke Thomas at
Just Seeds

CULTIVATE RESISTANCE

