Imagining More Care-Full Futures: Care Work as Prefigurative Praxis

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Abstract: This essay explores care ethics and possibilities for caring otherwise through the lens of prefigurative praxis. It draws on the conceptualizations and critiques of care, care practices, and care futurism of writers, theorists, activists, and organizers from Black, Indigenous, and people of colour (BIPOC), disabled, and/or LGBTQIA+ communities, particularly those whose work is underpinned by disability justice and prison industrial complex abolition. It understands disability justice and abolition as integral to our ability to collectively respond to care crises in ways that think beyond austerity, carcerality, and institutional forms of care.

Care Lineages: Learning and Unlearning Care

I wipe a lot of butts these days. As a parent of two toddlers and a five-year-old, my days and nights are structured by the often joyful and sometimes exhausting work of caring for three children. I choose my clothes based on how easy it would be to remove pee, poop, spit up, or dirt from each garment, a kind of pragmatism my fashion-conscious younger queer femme self couldn't have imagined. A closet full of brightly patterned dresses and carefully curated high heels goes unworn as I reach for my everyday uniform: a cute-yet-functional cotton t-shirt and a pair of dark-coloured pants made of a sturdy, stretchy fabric I can easily crouch or kneel in. While I don't identify as a mother, I've dubbed my current...
aesthetic “sport mom”; it gestures to how I often feel like I’m in perpetual motion from the moment I wake up to the moment I fall asleep. “Keep moving like a shark,” I tell myself, thinking of those species that must move in order to breathe. I remind myself there is a lineage of femme sharks (Piepzna-Samarasinha 2008) and take pride in what I’ve come to call my femme praxis of macho homemaking.

In an essay called “Interdependence Is Not Some Giant Living in the Hillside Coming Down to Visit the Townspeople: The Church of Show the Fuck Up, in Real Life,” Leah Lakshmi Piepzna-Samarasinha (2022a) offers readers a homework assignment: the invitation to answer a series of questions about care. These include, “What are your care lineages?,” “What were you taught about care growing up?” and “What do you want to unlearn?” (104–105). As someone raised in the aftermath of intergenerational trauma, my caregiving skills were forged early out of necessity. I internalized the idea that care was an always asymmetrical way of relating where it wasn’t permissible to assert my own needs or establish boundaries. I know in my body what it feels like to live in a constant state of wanting, with an insufficient care web. Coming into my identity as a queer femme in early adulthood taught me a femme ethic of care—ways of caring queerly that both reclaimed and challenged dominant norms of femininity—and helped me to begin weaving a sturdier web of relations and mutual care. Caring for my mother at the end of her life and becoming a parent as I approached middle age further transformed my relationship to care, a transformation that’s still unfolding. These are all parts of my care lineages. So are my whiteness, my abledness, and the financial privilege I’ve accumulated in adulthood after growing up in poverty; how I care and form kinship are both enabled and constrained by my entanglements with the violences of white supremacy, settler colonialism, ableism, and capitalism.

My care lineages also include a period of immersion in the academic study of care: I spent seven years formally studying care work and gender in graduate school, wrote master’s and doctoral theses on the topic. My interest in this subject initially grew out of a feminist preoccupation with emotional labour and workers’ experiences of being paid to care. I eventually chose to focus my research on the recruitment and retention of home health care workers because of the complexity and sophistication of their highly valuable yet systematically devalued work. I couldn’t square the apparent contradiction between a health system—and a wider society—that relied so heavily on this work while treating these care workers and the people they cared for so poorly. I understand more clearly now that it wasn’t a contradiction so much as a foundational
element of a system that extracts gendered, racialized, and classed care work from paid and unpaid caregivers while stingily doling out care to those it deems “deserving.”

My academic training left me disillusioned with the potential impacts of my research on systems that felt so immovable and resistant to change. I found an antidote to my disillusionment in a parallel process of learning to care for those around me. It's a form of embodied learning that's grounded in place, community, and relationships, one that will never be completed or lead to a credential. Over the years, I've grown more confident in my ability to show up for people and more humble about the limits of my expertise in care. Now, more than a decade after finishing my PhD, I'm asking myself how I learned to care and what care is to me. How do I do care, for whom, and under what circumstances? Where does theory meet practice as I attempt to make sense of care and enact care in ways that are reflective of my values? This essay is a foray into thinking about the relationships between care ethics and prefigurative praxis—in essence, how we might practice for our desired care futures today—as I traverse the terrain from the macro scales of systemic oppression to the micro scales of our everyday/night care practices and back again.

**Everyday Care Ethics: What Futures Are We Practicing for Today?**

As someone engaging with care ethics from outside philosophy (and indeed, outside academia), I notice in myself a desire to understand where our theories about care come from and how we might apply them in our lives. I'm especially interested in care ethics as something we *do*—a doing that can include refusal—because I experience ethics as an active process that's situated in place, relationships, and accountability. Our care practices can be a means of diagnosing where and how our care ethics collide with our circumstances—collisions that can lead to moral injury and harm our relationships (Clark Miller 2021). When I fuck up ethically, it has the potential to reverberate through my relationships and communities in ways that harm others. As an abled cisgender white woman, the impacts of my harms are not equitably distributed. They land with greater force on those already experiencing white supremacy, settler colonialism, ableism, transphobia, and other forms of systemic oppression. These same forms of oppression actively harm and attempt to control or prevent Black, Indigenous, and people of colour, disabled people, and trans people from engaging in care practices or forming the families, kinship, and caring relations that are integral to their survival and thriving.
Our care practices also have the potential to help move us toward alternative futures where caring otherwise becomes part of a larger liberatory project grounded in resistance to oppression. I’m preoccupied with ways of doing care because my life is suffused with care work and because I’m interested in the places where our theories meet action. This is, fundamentally, a preoccupation with praxis. Praxis is commonly defined as the application of a theory in a practical way, a definition that appeals to the raised-poor pragmatist in me (just what are you doing with all that book learning, anyway?). Still, I appreciate the nuances offered by the idea—rooted in Paulo Friere’s writing on pedagogy—that the “combination of reflection and action is at the heart of praxis” (Stuart 2020). Praxis enables us to practice putting our theories, ethics, and values into action in the world. As Hil Malatino (2020) writes, “Practices of care are always part of an emergent ethos. Because care isn’t abstract, but only ever manifested through practice—action, labour, work—it is integral to our ways of doing” (41). We learn through our experiences of giving and receiving care, through repetition and practice. Some aspects become easier over time, others increasingly complex and challenging. The rhythms and patterns change. Picture a fractal spiraling and repeating, not a linear progress narrative.

Praxis can be prefigurative, a way of living into the shape of the future worlds we’re striving to build today. As Sara Ahmed (2016) writes in her Killjoy Manifesto, “a politics of transformation, a politics that intends to cause the end of a system, is not a program of action that can be separated from how we are in the worlds we are in. Feminism is praxis. We enact the world we are aiming for; nothing less will do” (255). Often based on a theory of praxis, prefigurativism is “the deliberate experimental implementation of desired future social relations and practices in the here-and-now” (Raekstad and Gradin 2020, 66–67). It’s one among many possible tactics we might strategically employ in our efforts toward social change.

Prefigurativism is sometimes criticized for being naive, insular, and overly focused on one’s individual circumstances at the expense of solidarity with oppressed groups. Raekstad and Gradin (2020) challenge this characterization by emphasizing prefigurativism’s feminist and antiracist foundations in what they call the “personal-is-political” argument for prefigurative politics: “... prefiguring does not mean simply pretending that society is already free, equal, and
democratic. It does not mean ignoring currently existing hierarchies and inequalities. Rather, it means bridging the gap between what is and what could be, in a way that implements important aspects of the desired future society in the here-and-now” (519–520). For me, prefigurative care praxis raises both ethical and strategic questions: how might I act today in ways that are in greater alignment with the futures I’m trying to build? What enables and constrains these possibilities and how might I contribute to creating more possibilities for others?

I look to theories of care as one of many sources of guidance in the ongoing process of answering these questions as they apply to me and my life. I find the most vivid and visionary possibilities in the conceptualizations and critiques of care, prefigurative care praxis, and care futurism of writers, theorists, activists, and organizers from Black, Indigenous, and people of colour (BIPOC), disabled, and/or LGBTQIA+ communities, particularly those whose work is underpinned by disability justice1 and the anti-carceral analysis of prison industrial complex abolition.2 This is where I feel most able to understand how practices of caring otherwise are already integral to the survival and liberation of the people and communities most impacted by the violences of white supremacy, settler colonialism, ableism, and cisheteropatriarchy. I experience this understanding intellectually; more importantly, I feel it somatically. It becomes a vision and set of practices to shape myself around, a compass pointing me toward a desired future that I may not live long enough to experience and will keep working toward every day.

It was while wiping one of the aforementioned butts that I realized how frustrated I feel when I encounter analyses of care and care work that devote insufficient attention to praxis, an absence I’ve noticed in some writings about care ethics. I feel a sense of detachment when I read more conventionally academic accounts of care ethics where care is held at a distance like an object to be turned over and examined, or conceptualized as a scarce resource to be distributed. Care recipients are positioned as dependent subjects who deserve better and ought to be protected from the ravages of neoliberalism. There are flashes of passion and glimmers of lived experiences in these writings and what I perceive to be deeply-felt desires for societal transformation, yet they often feel hemmed in by the conventions of discipline and the strictures of academic voice.

I poked curiously at my feelings of frustration as I put the used wet wipes in the garbage can, flushed my kid’s poop down the toilet, and washed my hands. What was it about these experiences of reading that felt so irritating to me? I found my answer in the very act of butt-wiping:
that is, a yearning for theorizing about care and more care-full futures that engages with the messy, embodied, durational, and relational aspects of care work and the everyday/night solidarities, interdependencies, and survival strategies it’s embedded in. I’m instinctively mistrustful of theorizing about care or how to build a more caring society that glosses over these qualities. I’ve learned to fear who will fall into the cracks of frameworks, policy solutions, and future visions for care that are too neat, too simplistic, too institutional, too utopic, too one-size-fits-all.

These imagined futures are dystopic to me in how they leave behind people and communities who don’t conform to their limiting frames or exceed their stingy care rationing. Too often, those left behind are disabled, sick, and Mad people, Black, Indigenous, and people of colour, older people, LGBTQIA+ people, poor people, and all those who live across the intersections of these identities. As I discuss below, it’s from within these communities that I find the most compelling theorizations of care, care practices, and care futurism; these futures are simultaneously visionary and pragmatic in their imaginings and everyday/night practices. When I feel frustrated by scholarly work that appears to devote insufficient attention to praxis, what’s underneath is my desire to understand how we’re each grappling with and learning from our experiences of the embodied, the visceral, the mess of it all. I want to understand how we care, not because there’s a single “right” way to care but because it’s in the doing that caring otherwise becomes possible. As Leanne Betasamosake Simpson writes, “I cherish the belief and practice that it is never enough to just critique the system and name our oppression. We also have to create the alternative, on the ground and in real time” (Maynard and Betasamosake Simpson 2022, 36).

**Embracing Dependency and Fighting for Survival:**

**Care as Collective Resistance**

I lock myself in the bathroom, not bothering to turn on the light. There, in the privacy and confinement of a small, dark room, I press my face into a towel and scream. My intention is not to be heard but to release the pent-up rage and frustration that have been building up in me while caring for several other adults in my life. These caring relations feel depleting, one-sided, and threaded through with threats of severed belonging. I’m choosing to care for my loved ones but it doesn’t feel consensual, exactly, because the stakes of not-caring are too high. When I finish screaming, I turn on the light, straighten out the towel, and check myself in the mirror to make sure no visible traces of my outburst remain. I unlock the door and return to the rest of my day.
This moment happened nearly ten years ago but the memory of it lives in my body, a part of my care lineage. Susan Raffo (2022) evokes this scream in an essay on the etymology of care: “... in its oldest sense, [care] is the clear articulation of a scream, a shout that interrupts whatever is going on so the rest of the collective can pay attention to what is happening.” Raffo reminds me that care is an embodied and collective way of being; it’s how we respond to a scream, whether it comes from inside or outside of us. I learned early on to muffle my own screaming while becoming hyper-attuned to others’ needs. It was a lopsided sort of care practice, one in which I habitually made myself smaller and quieter than I needed to be, often without voicing my own needs and desires for care.

Informed by Mia Mingus’ (2011) concept of access intimacy, Piepzna-Samarasinha (2022a) cites Teukie Martin’s concept of care linguistics—an emergent, multimodal form of communication grounded in an “understanding [of] access and care as a dialogical process where both the asking and offering of care is iterative and cyclical” (100). Through care linguistics, those who give and receive care may develop care fluency, a way to more deeply learn, understand, and more skillfully and confidently navigate their care needs and the needs of others (100). As I practice becoming more fluent in care, I take comfort in remembering that it can be more challenging to learn a new language in adulthood. I’m still learning. This is, for me, a form of praxis.

The word “care” is often paired with the word “crisis” in some contemporary writings on care. Dowling (2021) points “to the growing gap between care needs and the resources made available to meet them,” though she’s cautious not to flatten these experiences into universality (32). Leonard and Fraser (2016) argue that capitalism has stretched our caring energies to the breaking point, an inevitable outcome of structural conditions that create and perpetuate crises of care. The use of the plural “crises” is key here, in that how we each experience and seek to resolve the manifestations of the care crisis in our own lives is highly situated and relational. Clark Miller (2021) characterizes the crisis of care under neoliberalism as one that is as much moral and relational as it is political and economic (163). She asserts that neoliberalism weaponizes care by using the “desire many have to take care of others and warps it into a hyper-individualized matter of personal responsibility. When things go completely belly up, neoliberalism further warps the inability to care well into a matter of personal failing” (197).

Ever the hypervigilant queer doomsday prepper, my ears perk up when I hear the word “weapon” used in relation to care. A weapon can be a tool with myriad uses depending on who is wielding it and how.
I spent my childhood immersed in the world of my disabled mother’s trauma survivor activism and solidarity-driven organizing, where I learned early lessons about relating to power and institutions with skepticism and defiance. I carried these lessons with me into queer adulthood, where I became part of another community with an instinctive wariness toward and habitual avoidance of many institutional forms of care, and with its own lineages of highly sophisticated community care practices. After fifteen years of LGBTQIA+ health advocacy and activism, I still feel a little shocked when I meet someone who’s surprised to learn that queer and trans people—and indeed, many people—often don’t trust or feel safe with their health care providers. What might it feel like to walk into an ostensibly caring institution and feel an instinctive sense of trust and belonging? For whom is this (im)possible and why? What might drive certain people and communities to create their own alternative care systems and practices?

Akemi Nishida (2022) describes care as a “modality of power dynamics” used to “enforce top-down dominant power” while simultaneously being “exercised at the grassroots level to enable resistance against such dominant power and enact transformative power for a more just world and way of living” (125–126). She examines formal programs like Medicaid and the care that circulates informally through disabled communities and care collectives. Nishida offers an incisive critique of the state violence that deprives marginalized communities of structural and public care, arguing that “it is community-based care or care for one another that lets marginalized communities survive and thrive” (107–108). It’s in these spaces of community-based and collective care that I often notice prefigurative care praxis in action.

Nishida’s work helps me more clearly understand and articulate care in relation to power: the affective, embodied, and material implications of care as power-over versus care as power-with. When enforcing top-down dominant power, care too often manifests as harm and coercion, exclusion and disposability, warehousing, and exile. Here, care is denied, rigidly controlled, stingily rationed, and impossible to access, with often hurtful and sometimes fatal consequences. A stark example of this is unfolding in Canada, where I live. Here, disabled activists have spent years organizing against the expansion of Medical Assistance in Dying (MAID)—specifically, Bill C-7, which expands disabled people’s access to MAID “regardless of their proximity to death” and “specifically identifies disabled people as the only marginalized group [in Canada] granted access to physician assisted suicide” (Linton 2021). This expansion of access to death is happening alongside systemic refusals of formal
support and care. As Nora Loreto (2022) notes, “Over the course of the pandemic, expanded MAID was the most significant change in [Canadian] federal healthcare policy,” with “no permanent significant social supports established for disabled people, guaranteed income projects, financial supports or rent controls, or creation of new financing programs for assistive devices.”

In response to this, activist Liz Kessler (2022) created a crowd-sourced database to gather accounts of disabled people in Canada who were killed by the state using MAID. There are fifteen names on this list today in May 2023, each a once-living, beloved person who is no longer here. The reasons they cited for choosing an assisted death include poverty, trauma, being unable to find supportive housing, inadequate home care, and inhumane treatment in a long-term care facility. Their deaths were not imminent or, in the language of the state, “reasonably foreseeable.” Each of these people died because they were living in contexts of systemic ableism and eugenicist policy-making where accessing the means of death has been made vastly more accessible than accessing the care and support they need to continue living.

Prefigurative care praxis often emerges as a form of resistance to the austerity, disposability, violence, and carcerality inherent in the systems and institutions one might otherwise turn to, or be violently confronted by, when in need of care: hospitals, psych wards, long-term care facilities, foster homes, the police. As we seek to imagine solutions to the care crises unfolding around us, we must heed Robyn Maynard’s (2020) reminder that “the opposite of a carceral state is a care-based society in which human beings are not disposable but cared-for.” Maynard points to the racialized delineations of who society deems worthy of care and who it renders disposable, framing prison industrial complex (PIC) abolition as a way to create a society based in care.

Katie Tastrom (2020) observes that “carceral control of bodies takes many forms beyond prison,” citing examples like hospitals, psych wards and psychiatric emergency rooms, treatment centres, nursing homes, foster care, and child protective services (3). These institutions are often positioned as sites of care, yet many people and communities more commonly experience them as sites of coercion, refusal, and harm. TL Lewis (2020) points to the importance of bringing a disability justice analysis to carcerality and abolition; in the absence of this analysis, Lewis notes, “ableism will continue to be used as an excuse for inflicting violence upon marginalized people under the guise of care, treatment, and rehabilitation.”
Care is often weaponized against communities experiencing systemic oppression, yet it can also be used as a weapon in our fights for survival and collective liberation. Malatino (2020) conceptualizes this as an infrapolitical ethics of care—that is, “a form of care that circulates among a beloved community that enables both political resistance and intracommunal survival and resilience” (119). When I picture what this weapon might look like for me if it took physical form, I keep imagining a multi-tool: a queerly coded accessory with many possible uses and functions that some of us are in the habit of carrying or stashing in our survival kits. What do you keep in your survival kit? Mine has things like KN95 masks and hand sanitizer, Naloxone and a CPR mask, first aid training, and the death doula course I took last summer. It has the access check-ins I learned from my disabled friends and strategies for supporting people who are feeling suicidal and want to stay out of the psych ward. It has pots of soup dropped off on porches, cards and letters sent by mail, and the harm reduction and trauma healing practices I’ve learned from the leatherdykes and sex workers I’m privileged to know. My survival kit is vast yet portable, its contents an archive of my care lineages.

In their 2018 book *Care Work: Dreaming Disability Justice*, Piepzna-Samarasinha (2018) asks, “What does it mean to shift our ideas of access and care (whether it’s disability, childcare, economic access, or many more) from an individual chore, an unfortunate cost of having an unfortunate body, to a collective responsibility that’s maybe even deeply joyful?” (33). It’s a question that points to the transformative possibilities of care, one Piepzna-Samarasinha vividly illustrates through examples of disabled-led experiments in creating collective access rooted in solidarity and mutual aid. In *Care Work* and its follow-up, *The Future is Disabled* (2022a), Piepzna-Samarasinha doesn’t shy away from the complexities and challenges of community-led forms of care. They point to gendered and racialized dynamics of burnout and exploitation among community members who are caring for each other; how isolation makes it challenging or impossible for some people to access community, let alone community care; and why one’s ability to access care should never be dependent on being liked or loved. Piepzna-Samarasinha (2022a) names the pain, grief, sadness, and rage that many disabled, Black, Indigenous, and people of colour, and/or queer and trans people feel about their experiences of giving and receiving care.

In recognition of these complexities, Piepzna-Samarasinha (2022a) advocates for a “diversity of care tactics”:...
I believe in care collectives and care webs, networks of often unpaid people caring for each other through disabled mutual aid and collective care. And I also believe in the need to create societies where everyone who needs it has access to care that is safe and skilled, whether or not they have relationships or community—because many disabled people do not have many relationships or community. (103)

Piepzna-Samarasinha envisions a “world where paid care workers are highly paid, skilled employees with workers’ rights, time off, training, and good pay” and where we have in place care systems that offer collective benefits, including “care cooperatives, care banks, systems that allow everyone to get [personal care attendant] care, and/or a variety of forms of care, not based on popularity or being in relationship/community” (103). In this same spirit, Nishida (2022) cites disability justice activist Stacey Park Milbern’s writing on how crucial it is to “continue fighting for the improvement or even fundamental abolition of existing care structures to dream and rebuild a more justice-based one” while never “let[ting] the government off the hook” in a context where the majority of lower-income disabled people’s care needs are primarily met through public programs (1464–1465).

When I reflect on the diversity of care tactics I make use of at the micro scale of my everyday life, I think about how I’m living in an ongoing experiment in queer collective care. I’m co-parenting three children alongside three other queer people in a family formation of our own making. We live together, pool our resources, and share the work of caring for our children and each other. Every weekend, we create a schedule for the week ahead, assigning responsibilities for things like daycare drop-off, putting the kids to bed, or cooking dinner. It’s a structure that helps anchor the ebbs, flows, and unexpected developments of our days and nights, with time off built in for each of us. We’ve been at this for more than five years now, our care practices and domestic routines reconfiguring themselves as we’ve grown to a family of seven. Together, we’re embracing what Nishida (2022) calls “messy dependency,” a form of entanglement in the unruliness of each other’s needs in ways that exceed and overspill the clean-cut reciprocity with which interdependence is sometimes characterized or imagined (1231).

I don’t scream my frustration into towels anymore, though when not wiping someone else’s butt I do sometimes hide in the bathroom for a few minutes of privacy or respite from parenting. Though I often feel stretched by parenting while working full-time, I feel grateful to be caring under conditions that enable me to do so with more consent and reciprocity than I might have in a more normative family formation. I’m
conscious of the privilege—racial, ability, class, and otherwise—that enables our family to sustain this structure, yet I remain intrigued by Madeline Lane-McKinley’s (2018) question: “Rather than orienting toward this question of abolition in negational terms—withdrawal, undoing, subtracting—how might alternatives to The Family be made imaginable and practicable as a political project of dismantling capitalism’s care crisis?” Instead of prescribing specific alternatives to the family, Kathi Weeks (2021) invites us to “think about how to create structural and material conditions that are more conducive to their invention” (16). She cites examples of potential changes to these conditions, including a liveable minimal guaranteed income, shorter working hours (a 30-hour workweek) without a decrease in pay, adequately funded caring services with well-paid and highly skilled employees, universal healthcare de-linked from employment and family membership, more affordable housing and a range of units that could fit both single residents and a variety of groups.

Family abolition is but one of many possible answers to how we might create and prefigure more robust caring futures. For these care-full futures to be more liberatory and just, more pleasurable and enlivening, more lushly and expansively accessible, they must be grounded in and informed by disability justice, prison industrial complex abolition, and the transformative power of care led by and for communities, against carcerality and in service of collective liberation. I invite us each to ask ourselves, “how might I practice for this future today?,” and to keep asking and seeking the answers to this question as part of our personal and situated ethical practices of caring otherwise.

Conclusion: “Imagine What We’ll Build for One Another”

Caring otherwise is an everyday/night practice, a way to live our care ethics in real-time in the contexts of our lives, relationships, and communities. Through this, we have opportunities to prefigure the futures we’re trying to build. I often return to Jules Gill-Peterson’s invitation to “imagine what we’ll build for one another” by collectively materializing our desires and letting overflow those “feelings of want, which we have been commanded to see in the language and in the economy of deprivation and scarcity” (Adler-Bolton 2022). As Gill-Peterson points out, it’s a form of resistance to the more limiting mindset many of us have internalized as a consequence of living under sustained conditions of austerity.

Prefigurativism is one of many tools we have available to us as we work toward social change, co-create solutions to the care crises perme-
ating many of our lives, and envision alternative caring futures. I find the richest and most creative visions for these futures in the conceptualizations and critiques of care, prefigurative care praxis, and care futurism of writers, theorists, activists, and organizers from Black, Indigenous, and people of colour, disabled, and/or LGBTQIA+ communities whose work is underpinned by disability justice and prison industrial complex abolition. It’s through learning from their work and finding ways to practice it in my life that I feel most able to imagine care beyond austerity, carcerality, and institutions in ways that hold me ethically accountable in the caring relationships and communities I’m rooted in. Care is collective, relational, and embodied; it can be a form of resistance and a strategy for surviving the harms and violence of everyday life together. It’s also a profoundly creative act, one through which alternative futures become possible and are created every day.

Endnotes

1. Disability justice is “a term and a movement-building framework (i.e., a way of envisioning the ways people can organize around and think about disability) that centers the lives and leadership of disabled Black, Indigenous and people of color and/or queer, trans, Two Spirit and gender non-conforming people” (Piepzna-Samarasinha 2022b, 11). It was developed by members of these communities in response to the rights-based strategies of the disability rights movement (Sins Invalid 2019).

2. Prison industrial complex (PIC) abolition is a movement grounded in the activism, organizing, and scholarship of Black, Indigenous, and people of colour and other communities disproportionately affected by the PIC’s violence. Abolitionist organization Critical Resistance (n.d.) defines the PIC as “the overlapping interests of government and industry that use surveillance, policing, and imprisonment as solutions to economic, social and political problems. Through its reach and impact, the PIC helps and maintains the authority of people who get their power through racial, economic and other privileges.”

References


Kessler, Liz. (@E_Kess). 2022. “I have an announcement to make. It’s a bit of a depressing one but I think it’s important. I have started a list of disabled people who have been killed by the Canadian State using MAID. You can view my progress here: https://t.co/NqfPvdqgUG 1/. “ Twitter, October 10, 2022, 7:58 a.m. https://twitter.com/E_Kess/status/1579486428404535297?s=20&t=Yw0-M1pbIkUZMKN55tFBTg.


