Disability (and) Care in Late-Capitalist Struggle:  
A Dialectical Analysis of Toronto-based Disability (and) Care Activism

By

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Abstract 
Disability organizing has proliferated across North America, particularly in the historic centres of disability organizing: San Francisco and Toronto. Similarly, attention to “care” in its multiple practices and formations has proliferated in community-based and radical activism. This proliferation is linked to the historical developments of austerity, neoliberalism, and imperialism as dominant material and ideological social relations. In this context, the meanings of disability (and) care are being reworked and reconceptualized by the state, grassroots organizers, and a variety of financial interests, proliferating disability identities. These social relations place care (and social reproduction) at the heart of radical and revolutionary organizing. Disability organizers and activists seeking to consciously intervene and change these conditions and social relations must grapple with the disability (and) care of the past as well as possibilities for the future in order to shape their projects from forms of resistance to prefigurative and strategic revolutionary struggle. Drawing on oral stories, zines and blogs of activists and organizers, I use a relational/reflexive method (Gorman 2005) to dialectically investigate how disability activists, anti-poverty organizers and political care workers develop “disability consciousness” as they mediate and politicize the contradictions of their disability care praxis. In my interviews with activists beyond the umbrella of disability politics proper, I broaden the historical and material dialectics of care to include disability consciousness around processes and stigmatized drug use in the context of gentrification and drug wars. By expanding these dialectics I can better attend to the social relations of race, imperialism and finance capitalism that remain marginal in disability politics. This thesis is an investigation of how disability activists, anti-poverty organizers and political care workers develop “revolutionary disability consciousness” through struggle. My analysis will develop dialectical methods for recognizing this struggle, while also charting a path towards a revolutionary future, which is not wistful, but realistic, necessary and already becoming.
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Chapter 1: Introduction

Prologue

Since 1990, or for most of my life, my mother has been institutionalized in the nursing home where she ultimately passed away in February 2014. For the last 10-15 years she was completely unable to speak, move or communicate effectively. Nevertheless, my father placed great emphasis on visiting her, bringing my twin sister and me along 3 to 4 days a week. While this was difficult at times, it felt fairly normal for us growing up as kids. Yet for most people outside our immediate family, this arrangement was difficult to understand. Most people assumed that my father would seek out relationships with other women and that my sister and I should be excused from what they saw as the “chore” of visiting with our mother so that we could engage in normal childhood activities. Community members would ask us, quite bluntly, if she could understand what was happening around her, if she was “still alive”, or if she wished to die. It seemed that, even as we visited with our mother every day, people found it difficult to understand her presence in our lives, the value of her life, or the work of maintaining our family. I did not have concepts to challenge these attitudes growing up, but it was frustrating for me. I often wanted her to be more “normal” and wished for some magical cure. As I grew older, I was often angry that people could not think of her as an important part of our family.

Much later, when I discovered disability studies, I felt that I finally had access to concepts that could help me articulate why my mother’s life was valuable and important. I found frameworks for thinking through how caring for her and struggling to “keep her in the family” were social justice issues that my activist friends should care about too. Years later, at a joint book launch for Disability Politics and Theory by AJ Withers and Direct Action, Deliberation and Diffusion by Leslie Wood, I grappled for the first time with new ways of thinking about human value beyond the capitalist logic of productivity and liberal autonomy. Someone asked something like, “if we don’t value someone for their productivity, how do we value them?” I remember thinking, Good question! I wanted to have a good answer, but I had no idea what it might be. Leslie Wood had a quick, simple response: “You value them for being human.” I remember thinking, Could it be that simple? What does that even mean? When people’s (re)productive labour seems to define their very value as human beings, how do we value the lives and the forms of labour that simply don’t count within capitalism? How can these lives and their labour become powerful enough to transform the capitalist ideology that exploits,
dehumanizes and destroys them every day? These questions motivate this dissertation. This dissertation is my attempt to develop a method of breathing life and humanity back into how we understand the lives of disabled people¹ and the care labour deemed so worthless under capitalism, so that we can better organize to resist and overthrow that dehumanizing system.

*********

Towards a Politics/Political Practice of Disability (and) Care

In the last ten years, concepts of disability and care have proliferated and flourished in the political left—particularly in the realms of anti-oppression politics and critical and social research. Ten years ago, I would be hard pressed to find mention of disability in any of the anti-poverty, environmental, women’s rights or anti-capitalist political projects I was involved with in Saskatoon, Saskatchewan, where I was just beginning to be exposed to critical disability studies theory and literature. After I moved to Toronto, I learned from disability studies academics and activists, that disability was “there if you look for it,” but ultimately not really a part of people’s consciousness—it seemed to disappear all the time. Now the terms disability and disability care are invoked in political organizing across Canada, and disability studies programs and courses are offered in 12 Canadian universities.

This is a different movement than the disability studies that demand rights, and even radical transformations in the 1970s, ’80s and ’90s. A growing number of disabled activists have disassociated from mainstream disability organizing associated with de-institutionalization, independent living, disability rights legislation, formal accessibility, and inclusion in the workplace/labour market. This “third wave” of disability activism (Withers 2012a) has grown simultaneously out of the radical, queer communities of colour in the San Francisco area, and queer, anti-capitalist organizing in Toronto. Disability activists in Toronto speak of radical disability organizing to describe the work that that they do, whereas the American organizers often refer to themselves as disability justice organizers—a movement closely associated with

¹ I will not use what is known as “people first” language (e.g., people with disabilities, differently abled people) in this dissertation. The vast majority of the people I interviewed and the political community they belong to use terms like “disabled people”, “disabled community”, “disabled activists” to emphasize disability as an oppressive process that happens to them rather than simply a static characteristic of who they are (Withers 2012a).
transformative justice\(^2\) (Nocella 2011). Disability activists in Toronto tend to refer to “radical disability” organizing to describe this new wave of organizing, although, in activist literature and in common parlance, it is used in extremely diverse ways, ranging from a framework for addressing (dis)ableist oppression as it “intersects” with other forms of oppression such as sexism or racism, to a radical rethinking of the very nature of disability and our most intimate interrelations with bodies, technologies and the environment (Lamm 2015). To be clear, there is no common definition of disability justice, particularly within published works. When I attended a disability justice workshop and conference in Atlanta in 2015, I was warned by a number of disability justice activists that academics were not particularly welcome to use or explore the term. It was for activists—particularly queer, disabled women and trans of colour—to use, define and organize around. Such caution reflects commitment to the idea that this is a political framework coming from the margins, and that academic or popular usage, or even formal definition of the term, risks enclosing or appropriating the language and ideas for largely non-revolutionary academic purposes. This pattern of appropriation and de-politicization in academic work is not new, and I will struggle with it in this dissertation.

This new terrain of disability activism has produced and been produced through changing and sometimes contradictory epistemologies and ontologies of three key terms: disability, care and disability care. Disability activism and care (or social reproduction) activism, are often not explicitly related to each other. Nevertheless, throughout this dissertation, I often use the term “disability (and) care” to signify that the social relations that I investigate engage with understandings and experiences of all three terms, and I work to explicate the social relations disability (and) care using a dialectical analysis that exceeds both disability politics proper and its radical margins such as disability justice and the radical model of disability. In this way, I endeavor to reveal important historical contradictions of disability (and) care and their revolutionary potential. In this next section, I will briefly review central politics of these terms and how I bring them together conceptually and dialectically.

\(^2\) According to Nocella (2011), transformative justice is a community-based alternative to criminal justice systems. It challenges the distinction between victim and offender, as well as the notion of crime and the use of police and prisons to punish offenders. Rather than reproducing state institutions that reify notions of crime, police and prisons, transformative justice relies on community-based responses like mediation and negotiation that support non-violence and prison abolition.
Disability, as a political project, commodity fetish, and identity has experienced a resurgence that is quite different from its historical association with discrimination, eugenics and racism. There is now a “disability pride” and disability rights movement as well as massive cultural project around the celebration and desiring of disability as an identity. People have also begun to talk about “crip” politics and theory (see in particular McRuer 2006, 2016, and Kafer 2013), where crip is reclaimed in much the same way as the word “queer.” The crip politics and theory refers to a thoroughly political understanding of disability that challenges identity politics and demands a more radical accessible and crip futures, albeit mostly within a liberal academic framework. Nevertheless, Robert McRuer (2010) notes an “uneven biopolitical incorporation … of disabled subjects who in certain times and places are made representative and ‘targeted for life’ even as others are disabled in different ways … or targeted for death” (171). Attending to a political analysis of disability, Mia Mingus (2011c), makes a distinction between being descriptively disabled and politically disabled:

When I say “descriptively disabled”, I mean someone who has the lived experience of being disabled. They may not talk about ableism, discrimination or even call them selves “disabled,” but they know what it feels like to use a wheelchair, experience chronic pain, have people stare at you, be institutionalized, walk with a brace, be isolated, etc. There are many people who are descriptively disabled who never become or identify as “politically disabled.” When I say “politically disabled,” I mean someone who is descriptively disabled and has a political understanding about that lived experience. I mean someone who has an analysis about ableism, power, privilege, who feels connected to and is in solidarity with other disabled people (regardless of whatever language you use). I mean someone who thinks of disability as a political identity/experience, grounded in their descriptive lived experience. (The same is true for descriptively queer, descriptively woman of color, descriptively adoptee and so on.)

Disability theorists such as Kelly Fritsch (2015) and Kateřina Kolářová (2015), who draw on the work of Jasbir Puar (2009), have suggested using the word “debility” rather than disability to refer to the ways in which disabled bodies are “targeted for death” or other forms of violence. Rachel Gorman (2016) frames this as a dialectic of disability/disablement wherein disability
indexes the mobilisation of both state entitlements, through disability rights and benefits, as well as state violence, through imperialist war or immigration policy.

In the contest of global financialization, austerity and imperialism, disability (and) care are intimately related to the multiple ways our bodies and minds are broken down by poverty, never-ending war and work, state violence, highly exploited and “disposable” labour, and poorly resourced and rapidly privatized public services. Yet the ways this identity is claimed and this work is classified also morph according to these shifting social relations. As Gorman (2016) states “The precaritisation of work means more disablement for workers; the precaritisation of migration means that workers cannot afford to claim disability without jeopardising their immigration application or work permit. Whether we claim disability as an identity, then, is complicated by the realities of racialization and precarious status” (253). Nirmala Erevelles frames disability as an “ideology of difference” that has numerous material formations that change quite dynamically over time and location depending on the social relations of capitalism, colonialism and imperialism (2011). Unless otherwise specified, I will work with a definition of disability that acknowledges these contradictions of materiality and identity.

Care, particularly in the area of activism and disability, has also experienced a kind of renaissance. For many disabled people, care has a long history of violence and dehumanization ranging from forced institutionalization, sterilization, slave labour as “rehabilitation” and other medical and policy options that undermined self-determination (see Fritsch 2010, Hande and Kelly 2015, Socialist Patients’ Collective 1972). For these reasons, the term care, and even the concept, was often dismissed as personal and insignificant to disabled people and their organizing (see Kelly 2016, Priestley 1998). This legacy continues, yet new forms of activism and organizing—particularly disability justice and radical disability organizing—are emerging now that prioritize and embrace care as a necessary way to deal with worker and activist burn-out (Hande and Kelly, 2015), as well as a fundamental terrain for transforming the way we value and relate to each other as disabled and non-disabled people (Mingus 2011b, 2015). In a less liberatory framework, “self-care” has become a growing mantra within corporations and non-profit organizations encouraging their overworked, and sometimes traumatized, workers to take care of themselves, presumably because no one else will. At the same time, Sam Gindin (2016) notes that, “Personal, in-home care work and institutionalized long-term care—both exceptionally difficult jobs predominantly done by women—are the fastest-growing occupations
in North America” (227). Erevelles (2011), Fritsch (2010), Hande et al. (2016) also discuss the myriad ways in which “disability care” (and social reproduction more generally) has become generative by commercializing multiple forms of care, from reproduction, mothering and peer support, to relaxation, privatizing public care provision, and financializing care technologies.

Care, in this context, can be neoliberalized or masked by buzzwords like “self-care,” “peer counsellors,” “support workers,” “harm-reduction” and “outreach.” Because there will always be a need to provide care in the context of austerity, financialization, and imperialist war, the opportunities to commodify care and exploit it for capital will continue to proliferate. Disability, in other words, is a growth industry, while disabled people, many of whom are already struggling financially, are further burdened as public services are restructured, cut back or eliminated (Withers 2015a). Often out of sheer desperation, new modes of meeting care needs are cobbled together. Yet even many of these creative innovations, whether initiated by poor or working-class people or petty bourgeois entrepreneurs, become commodified examples of “resilience” and “cost-savings,” or even new sites of profit generation (Hande et al. 2016). In these cases, disability (and) care appears and disappears depending on political demands and goals as well as class interests.

The social relations of disability (and) care are thus contradictory, yet mutually dependent and ever-changing. Disability and the care that it allegedly necessitates are simultaneously sites of violence and strength, exploitation and profit generation, vulnerability and pride. Yet these enduring, dynamic contradictions are not often explicitly named in Disability Studies, Feminism, Labour Studies, disability organizing, cultural production or activism, although there are some notable exceptions (in particular, Rachel Gorman 2005, 2013, 2016 and Nirmala Erevelles 1996, 2011). This means that while discourses and general consciousness around disability (and) care proliferate, the social relations that produce these concepts are rarely conceptually tethered to the material and irreversible shifts and intensifications of capitalist exploitation and dispossession in the form of illicit economies, financialization, gentrification, debt, militarization, nationalism, environmental destruction, colonialism, imperialism, incarceration, precarity, and general insecurity. This strictly discursive analysis makes it easy for the material processes and relations of disability (and) care to be masked. Rachel Gorman (2016) argues that the ideological concepts of disability (and) care intentionally mystify the violent relations of disablement, white supremacy, and hyper-
exploitation of labour. This also glosses or obscures the class antagonisms that structure disability (and) care and makes revolutionary organizing of disability (and) care appear abstract, unnecessary, utopian or impossible. How do we understand disability (and) care as integral to class relations, rather than as additive dimensions of these processes? This dissertation, attempts to explicate these relations, focusing less on where the disability (and) care discourse and language explicitly appear in social movements, organizing and political projects, and more on how we can recognize disability (and) care within the historical relations of class struggle (perhaps in places where they disappear or are hidden), and thus better understand their revolutionary potential.

To do this, I follow Gorman’s (2005) relational/reflexive analysis to move from the multiple particularities of disability and care in my immediate world as a disability activist, organizer and academic, and the social movements and political projects that my participants and I myself have been involved with in Toronto, to the general social relations of austerity, militarism and finance capitalism that characterize contemporary capitalism. I do this in three ways. First, I investigate disability consciousness (or the processes of becoming politically disabled) and care practices by identifying major themes and projects that emerged through 12 in-depth interviews that I conducted with disability activists and organizers and what I call “politicized” care workers and organizers. Next, I focus on how disability (and) care appears and disappears from consciousness in the context of harm reduction, hyper-precarity and financialized gentrification of Toronto’s downtown east end. Finally, I examine two historical political projects—the Black Panther Survival Programs and Anarchist Harm Reduction—as preconditions of contemporary struggles around disability (and) care. In this historical analysis, I trace the revolutionary disability consciousness and material potential of these projects to understand how they dialectically build the conditions of a revolutionary present and future.

**Thesis Statement**
The proliferation of disability (and) care discourses and organizing is linked to the historical development of austerity, neoliberalism, and imperialism as dominant material and ideological social relations. In this context, the meanings of disability (and) care are being reworked and reconceptualized by the state, grassroots organizers, policy makers, and a variety of financial interests, proliferating disability identities. These social relations place care (and social reproduction) at the heart of radical and revolutionary organizing (see also Federici 2016).
Disability organizers and activists seeking to consciously intervene and change these conditions and social relations must grapple with the disability care of the past as well as possibilities for the future in order to reshape their projects from forms of resistance to prefigurative and revolutionary praxis. In my interviews with activists beyond the umbrella of disability politics proper, I broaden the historical and material dialectics of care to include disability consciousness around processes of “addiction,” “trauma” and stigmatized drug use in the context of gentrification and drug war. By expanding these dialectics I can better attend to the social relations of race, imperialism and finance capitalism that remain marginal in disability politics. My thesis is an investigation of how disability activists, anti-poverty organizers and political care workers develop “revolutionary disability consciousness” through struggle. My analysis will develop dialectical methods for recognizing this struggle, while also charting a path towards a revolutionary future, which is neither utopian nor wistful, but realistic and indeed necessary.

I postulate three central areas of inquiry that guide this analysis:

1. How is/are disability (and) care conceptualized in the current historic moment? What are the central contradictions of disability care? Who is included and who is excluded from these conceptual categories?

2. How do we learn to demystify and recognize disability (and) care in our everyday lives? How do processes of imperialism and austerity rework the dialectics of disability (and) care, and shape our capacity to understand history and think about a revolutionary future?

3. What is revolutionary disability (and) care? What its historical contradictions? How do they structure our possibilities for the future?

These three areas of inquiry guide the three analysis chapters (Chapters 3, 4 and 5) described in more detail below.

**Theory and Literature**

I now turn to a discussion of the theorizing around disability care. I move from traditional feminist analyses of care labour to critiques from feminist disability studies scholars to ethical interventions for disability care from the new materialist traditions. I will then emphasize the

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3 These terms are placed in quotation marks to indicate that they reflect the language used by participants, but also reflect institutional categories that have been used to pathologize and oppress poor and marginalized communities. For the most part, I maintain these quotations marks as a means of avoiding “institutional capture” (Burstow 2016, 12)
necessity of a historical, dialectical approach to understanding disability care relations and the ways in which it might lend itself to revolutionary practices and ideologies. This historical and dialectical analysis of disability care is integral to my dissertation and, I believe, an important contribution for theorizing and organizing around disability (and) care.

Disability (and) care, in some form, have actually been a critical terrain of struggle for decades. There is ample literature on the politics and contradictions of disability care relations and activism (Dossa 2005; Erevelles 1996, 2011; Federici 2012, Fritsch 2010; Gleeson 1997a, 1997b, 1999; Kelly 2013, 2016; Hande 2013a, 2014; Hande & Kelly 2015; Hande & Mire 2013; Morris 1995; Munson 2011; O’Brien 2005; Priestley 1998, Thomas 1993, 2001; Withers 2012a). Traditionally this research has focused on either the severe exploitation of disabled people’s labour and their frequent exclusion from the wage labour market, or the exploitation of (primarily) women’s domestic labour, often described as “care.” Much of the research about labour exploitation draws on Marxist frameworks, yet very little of it has been dialectical and attuned to the social relations of this care work. The tendency to negate or dismiss a dialectical analysis of these relations often leads to a vilification of “the other side of the dialectic” (Erevelles 2011) (either women care givers or disabled care recipients) with sometimes disastrous political consequences. For example, the independent living and “direct funding” movements have struggled against institutionalization and dehumanizing care practices by advocating a more consumer-oriented approach to attendant services and care (Dossa 2005; Kelly 2013, 2016a, b; Hande and Kelly 2015; Priestley 1998). Because of the associated violent history, these movements have rejected the term “care,” preferring terms such as “attendant services” and “support” (Priestley 1998, Kelly 2016). While lauded as an important victory for disabled people, this consumer approach has largely failed to challenge the exploitation of feminized, racialized care work.

Feminism
Many feminist disability scholars have addressed these absences by drawing attention to the gendered and embodied dimensions of care. Early on, feminist disability scholars, particularly Jenny Morris (1995) and Carol Thomas (2001), began exploring how the conversations around care and gender in feminist literature should be introduced into disability care work. Thomas demonstrated the importance of making the personal political and of pulling the particular experiences of impairment back into the political analysis of disability rights and care. In doing
so, she challenged the social model of disability, preferring a feminist analysis of disability oppression. She also thoroughly challenged dominant concepts of care as limited by their focus on care in the domestic sphere, predominantly done by female family members (1993). Her analysis problematized the so-called “natural division” of care labour, showing how care labour is structured by gender, space, and ability. Morris’ (1995) work also troubles these divisions of labour, but more implicitly emphasizes the lack of disabled women’s perspectives of care both in disability and feminist scholarship (1995).

This attention to the personal, embodied experiences of disabled women was an important counter to the male-dominated disability activism that had dismissed intimate gendered experiences and perspectives, as described above. These analyses also provided more scope to explore the dialectical relations between care giver and care recipient. This work did more than simply problematize notions of dependency and the role of care discourse by categorizing some needs as exceptional and others as normal or non-existent. Feminist disability scholars sought to explore the material interdependency of these relations and shine new light on the care roles played by so-called helpless, disabled women. In particular, Morris (1995) accomplished this by revealing how disabled women are active both sexually and as caregivers, even as these roles are often severely restricted in care institutions and neglected in community care policies. These restrictions on active sexual and care-giving roles motivated many women to join the independent living movement.

For many disabled women, then, independent living was not just a means of gaining independence and rights. Additionally, it was a means of better negotiating their interdependence with others through mutual care-giving and sexuality. In many cases, these struggles are just as relevant today as they were ten years ago. For example, Dossa (2005) examines the limitations of community care from the vantage point of racialized, disabled immigrant women and the importance of resistance. Her analysis of the everyday experiences of care for these women reveals how the relations of transnational capitalism articulate and reinforce differences that alienate disabled women from traditional gender roles and social life.

To be sure, these feminist interventions have not always been dialectically framed and analyzed. But they have refocused attention on the everyday, intimate social relations of care and enabled a more critical analysis of care roles that were often invisible to and/or considered natural by traditional Marxist disability activists (for example, see Brendan Gleeson 1999).
Moreover, focusing on these more concrete everyday social relations provides a location from which to conduct a more thorough analysis of how transnational capitalism structures care politics through disability (Gorman 2005).

During the time that disability activists were fighting for legal rights, job opportunities, deinstitutionalization and independent living (1970s-1990s), the feminist movement was well under way, focusing on the exploitation of women’s (social) reproductive labour, including the labour of care. Feminists sought to socialize and politicize the power relations that confined women to the household and reinforced their role as “natural” caregivers. Feminist activist-scholars such as Dalla Costa (2012), Mies (1998), and Federici (2012) advocated for the remuneration of women’s care labour and an unrelenting interrogation of the ever-changing shape of this exploitation through gender, racial and geographic stratification. Surprisingly, the bulk of this research either completely ignores disability care relations in the domestic sphere, focusing instead on unpaid childcare, illness and old age (Dalla Costa 2012 and Federici 2012), or it focuses on the exploitation of underpaid care labourers in the formal sector (Lee Treweek 1997, Nakano-Glenn 2010).

While these feminist theories broadened the scope of analysis for disability care, numerous scholars (Begum 1992, Erevelles 2011, Morris 1995, Thomas 2001) have noted the uncomfortable, sometimes antagonistic relationship between disability studies and feminism. Just as Morris and Thomas were early to incorporate feminist perspectives into disability care analysis in critiquing the social model of disability and the male-dominated independent living movement, they were also early critics of the lack of attention to disability in feminist theorizing. Thomas (2001) argued that feminists have systematically ignored the issues of disability and that their focus on the exploitation of women through informal care has been one of the key reasons for the absence of a disability perspective in care studies. Similarly, Morris (1995) noted that disabled women in particular have been the “absent subject” in feminist analyses of care, except for instances in which feminist literature simply focuses on the burden and drain of ill and disabled people on care workers (see Dalla Costa 2012 and Nakano-Glenn 2010). Unfortunately, feminist literature tends to negate disabled people’s experiences of receiving and providing care.

Erevelles (2011) echoes Morris’ and Thomas’ criticisms, noting how feminist research continues to ignore the experiences of disabled people within care relations, sometimes preferring to frame disabled people as clients (Dossa 2005) or even oppressors (Nakano-Glenn
2010). This is clearly exemplified by a recent issue of *The Commoner* focused on “‘Care Work’ and the Commons,” which features essays by prominent feminist scholars of care. I was surprised to find no sustained attention to disability whatsoever, except to frame disabled people as burdensome obstacles in the liberation of women (Dalla Costa 2012). Thus, feminists’ fight for autonomy and self-determination for un(der)paid women care workers has made it difficult for them to frame disabled clients and employers as allies in demanding liberatory care relations. Furthermore, Erevelles (2011) notes that feminists’ reliance on liberal humanist notions of autonomy has made it easy for them to naturalize disability and disabled people’s experiences of care and ignore or trivialize their role in transforming the social relations of care. Erevelles describes this uncomfortable relationship:

> It has been proven difficult for disability rights activists to claim a humanist subjectivity because, unlike feminists or antiracists or queer theorists, disabled people (especially persons with severe disabilities) cannot make unequivocal claims of meeting the prescribed criteria used to define and describe rationality and physical wholeness. Often, the difficulty to compensate for physiological difference also places the disability movements in an antagonistic relationship with other liberal social movements. (2011, 34).

Liberal humanism thus needs to be more seriously interrogated and challenged within feminist research to develop a more fulsome and dialectical analysis of disability care relations. While Erevelles convincingly points to the problem of liberal humanism, a more nuanced dialectical approach might better reveal the everyday contours of exploitive care relations, thus providing a more concrete standpoint from which to attempt to unravel them.

For the most part, feminists have been concerned with developing care ethics that make care labour more explicit and challenge its so-called natural location as women’s labour in the domestic sphere. Because of care’s double meaning of caring about—feeling sentimental or emotionally involved—and caring for—the activity of assisting or providing care for someone—the notion of affective labour has been an important concern for many feminist scholars of care. While some feminists attempted to explore how emotion and sentiment factored into the labour exchange of care relations, most early feminists were concerned with denaturalizing the link between women’s care labour and a natural capacity for nurturance. For example, Geraldine Lee-Treweek (1997) demonstrated how women care-givers resisted their harsh care work conditions
by dehumanizing or objectifying their care recipients (or patients) and treating them in similar ways to the products produced by male factory workers along an assembly line. Similarly, Thomas (1993) and Tronto (2010) are careful to articulate exactly why concepts of care practice need not be related to family ties, emotion or inborn concern for loved ones. Indeed, care can be consciously and explicitly articulated in highly formalized settings. According to Thomas and Tronto, these formalized settings can be highly ethical and equitable because care delivery can be more accountable, negotiated and purposefully practiced. Accounts of the patterns of domestic and sexual abuse in informal care settings (see Morris 1995 and Munson 2011) certainly strengthen the argument that the merits of informal care should not be assumed, but must be consciously or formally articulated and practiced.

The goal of developing a care ethic and practice that could enable justice or equity, rather than exploitation, has thus been somewhat of a preoccupation for many scholars of care (Dalla Costa 2012, Dossa 2005, Federici 2012, Fritsch 2010, Gleeson 1997a, Kelly 2016, Morris 1995, Munson 2011, Priestley 1998, Thomas 1993, Tronto 2010). Most of the liberatory care models or concepts so far developed denaturalize the affective characteristics of labour, focus particularly on action and justice, and attempt to render an implicit challenge to capitalist exploitation, institutionalization, and feminized, racialized labour. This has been marshalled mostly by Disability Justice organizers such as Patty Berne (see Berne, quoted in Lamm, 2015) and Mia Mingus (2011b). However, these care models are frequently trapped by the humanist ideals of choice, autonomy and self-determination in similar ways to the traditional Marxist analyses of community care discussed earlier. Furthermore, with the exceptions of Federici (2012), Hande and Kelly (2015), and Tronto (2010) the so-called implicit challenge to capitalism, assumed by many, is not dialectically marshaled and is poorly situated materially and historically, thus providing weak transformative potential.

New Materialism

Erevelles (2011) reminds these theorists that care-recipient’s ability to choose “does not resolve the power relationships that are inevitable in a market economy crisscrossed by the racial, sexual, and transnational divisions of labor” (175). Further, she argues that care relations within the historical material context of capitalist exploitation cannot be reciprocal; rather, they are dialectically structured by sexual, gender, racial and ability difference through capital and wage labour. Shifting the focus from reciprocal exchange to dialectical tension reveals that no matter
how the care giver/care receiver relationship is corrected and fine-tuned through various ethics of care, emphasizing action, choice and autonomy, only a broader transformation of global capitalist power relations can accomplish the liberatory ends desired by these feminist disability theorists.

Partly in response to this polemic and seeming political impasse, the new materialist notion of assemblage re-examines the oppressive, subversive, and even revolutionary possibilities of disability care relations (Fritsch 2010, O’Brien 2005, Shildrick 2009). This lens is, perhaps, more appropriate for understanding the ways in which globalization has intensified the exploitation of both care labour and disabled care consumers, particularly as it defines how disability care relations and politics are rapidly disarticulated and then rearticulated using increasingly common globalized neoliberal market strategies, such as labour market flexibility, austerity measures, urbanization and migrant labour. Labour is being reorganized in such a way that the exploitive capitalist relations become increasingly complex and obscured, and new theoretical frameworks are deemed necessary to make sense of the new forms of social organization. In this context, new materialism has come to dominate academic perspectives on disability activism and care, particularly in the last ten years. New materialism proponents take a particular interest in how the new forms of globalized care labour might become assemblages of “radical possibility,” subversion, or “transgressive becomings” (Fritsch 2010, O’Brien 2005, Shildrick 2009), particularly in the forms of “affective” or “immaterial” labour.

For new materialists, affect is not simply sentiment or emotion. Brian Massumi, the translator of Deleuze and Guattari’s (1987) *A Thousand Plateaus*, explains that affect or affection, in this context, does not

…denote a personal feeling (sentiment in Deleuze and Guattari). *L’affect* (Spinoza’s affectus) is an ability to affect and be affected. It is a prepersonal intensity corresponding to the passage from one experiential state of the body to another and implying an augmentation or diminution in that body's capacity to act. *L'affection* (Spinoza's affectio) is each such state considered as an encounter between the affected body and a second, affecting, body (with body taken in its broadest possible sense to include "mental" or ideal bodies) (xvi).

Disabled bodies are thus conceptualized materially, but always in a process of becoming through assemblages, which establish connections between multiplicities without any causal logic, and
“haecceities,” which are described as “mode[s] of individuation very different from that of a person, subject, thing, or substance” (Deleuze & Guattari 1987, 261). Such assemblages are profoundly intercorporeal, dynamic, non-linear, and non-dialectical. Deleuze and Guattari thus move beyond the liberal subject as a unit of analysis and pave the way for disability theorists to sharply critique liberal humanism, which has been, historically, an oppressive framework of analysis for disabled people (Erevelles 2011).

Deleuze and Guattari (1987) focus on Bodies without Organs and Becoming-Animal or Becoming-Minoritarian, where they move beyond the body as a fixed organism with ordered organs and predictable functions, to a being that is unfixed, in motion, and ontologically open and transmutable, yet nonetheless very material and real. Thus Deleuze and Guattari insist that reality is never fixed, never linear; instead it is structured by desire, pain, lack and potential (153-158). Accepting and embracing this reality, they suggest, is the means through which to develop a practice of “nomadology” (23) that refuses to be fixed to place and can materially resist the violent capture of capital, state, history and discourse. In their chapter “7000 B.C.: The Apparatus of Capture,” they scrutinize transnational capitalism as the so-called “apparatus of capture” and how becoming-minoritarian (or minorities) might transform the social relations of capitalism. But they pay most attention to the transformational ethical projects that can be endeavored in the intimate, embodied everyday reality. Their focus is thus on projects of becoming and intercorporeal fluidity that have been taken up by theorists of disability care such as Kelly Fritsch (2010) and Margrit Shildrick (2009).

In the realm of disability theory, Shildrick (2009) explores the affective and transgressive possibilities of care relations in contemporary transnational contexts, in which care becomes a transformative, intimate, intercorporeal assemblage where both the caregiver and the care receiver are transformed by the relationship. For example, what are the transformative possibilities when a young woman from the Philippines who speaks limited English begins care work with an elderly woman with Alzheimer’s in Sweden (where Shildrick lives)? Seemingly inspired by Shildrick’s work, Fritsch (2010) uses new materialism to craft a “relational ethic of intercorporeality that we can begin to conceptualize care in a way that benefits disabled people and their attendants” (3). While acknowledging the exploitive global relations of care work and the vulnerability of receiving care, Fritsch suggestion that care workers and care recipients experience a “leaking of identities,” in multiple and dynamic “becomings” and assemblages of
various humans, animals, technology and the environment that “denounce[…] the exploits of capital while imagining other ways of living together” (5).

Unfortunately, both Fritsch and Shildrick neglect to explore the tenacity of the violent social relations that structure these care encounters. While particularities exist, the general exploitative and often dehumanizing care relation is not and cannot be dissolved within the “intimate assemblages” (Fritsch 2010) of disability care. The disability care relation does not negate interdependency or intercorporeality, it just obscures it. Acknowledging this interdependency does not fundamentally transgress or transform it. Late capitalism has arranged the care industry in such ways that the bulk of care labour is provided by grossly underpaid immigrant women of colour (Dalla Costa 2012) to an ever-increasing disabled population, often due to increased poverty, social alienation, lack of health care and environmental destruction. In this context, the care giver and care receiver can both be thought of largely of in terms of lack, precarity and dispossession. Even while moments of transgression may materialize in these care relations, they are not revolutionary in and of themselves. Erevelles (2011) argues that ignoring these violent economic conditions is a common and dangerous limitation in new materialist theorizing.

According to Erevelles, the transformative potential created in these relations has been referred to as “affective labour” by new materialists like Michael Hardt. Hardt insists that affective labour is a more appropriate context for understanding the so-called immaterial labour of the service industry, such as healthcare, education, finance, transportation and entertainment, which has increasingly replaced the manufacturing industry (Hardt 1999). In the area of disability studies, theorists are optimistic that the notion of “affective labor may augur well for persons with severe and cognitive disabilities, because it enables a form of reciprocity that is emotional rather than economic” (Erelleves 2011, 193). Moreover, in cases in which certain disabled people have been precluded from traditional forms of citizenship or social justice projects, their recognition of the transformative potential of their care relationships may enable them to claim a kind of “affective citizenship” (Wolff 2010).

As Marxists, both Erevelles (2011) and Federici (2012) critique the limitations of affective labour and citizenship. Federici (2012) argues that a focus on affective labour, as produced by female workers, obscures the un(der)paid, oppressive conditions of care work that serve capital accumulation more than either the immediate care giver or the care recipient.
Furthermore, the recent intensification of migrant care labour has actually broken down affective bonds “as immigrant women become estranged from their children, stipulated arrangements fall apart, relatives die during their absence” (241). As Federici points out, a reorganization of these immediate care relations, by disarticulating them from the domestic family unit or the formal institution, does not address the violent global economic context in which these care relations are structured. With this context in mind, Erevelles (2011) notes that it is difficult to celebrate the breakdown of exploited economic units of care, such as the family unit or formal institution, and the development of new so-called “transgressive” global care relations. Affective labour, she argues, does not critically engage the dialectic of care wage-labour and capital; Instead, it attempts to dissolve the dialectic and ignores the violent dispossession and precarity of migrant, racialized and gendered care givers and of care recipients. These shortcomings of affective labour discourse demonstrate that without a dialectical analysis it is not possible to address the violent capitalist exploitation that continues to structure care relations and the intensive inequity of these exchanges.

Erevelles (2011) explores further limitations of the new materialist understandings of disability and transformative care relations. Not only is the emphasis almost entirely on the immediate everyday relations of care, to the neglect of the great violence of transnational capitalism, but new materialism also lacks historicity as it focuses on what bodies and relations can do or become in any given moment, rather than how or why they do or become what they do. At the same time as this helps to radically destabilize our notions of the body and identity, by investing them with mutability, desire, and intercorporeality alongside other beings and events, one is also left without any concrete understanding of the how or why of these happenings within the capitalist political economy. Why are we transforming and to what? In response to what? Erevelles insists that we remember that becoming disabled is an historical and material event “that has played a critical part even within the relations of production” (196). When disability serves as a commodity fetish that enables and intensifies capitalist accumulation and the social organization of difference, it is difficult to embrace its transformative possibilities. More attention needs to be focused on why disability care is organized as it is, and this requires that we examine how historical material conditions produce the care relations with which we wish to engage in the present and which we hope to reproduce in the future.
Perhaps most importantly, Erevelles’ analysis demonstrates the ethical problems of ignoring the ongoing, intensifying violence of capitalist modes of care delivery. While theorists draw on new materialism to understand the transformative possibilities of disabled bodies and intercorporeal care relations, it is naïve to assume that these relations are always positive and progressively transgressive. Moreover, it is dangerous to embrace these new material arrangements without a broader analysis of how and why they occur and for what purpose.

Much of the literature and theorizing I review above does little to conceptualize disability care as a site of class struggle. While new materialists, feminists and traditional Marxist theorists struggle to address the oppression and exploitation inherent in these relations, they continue to be challenged by disability, particularly severe disabilities, as a historical production of “difference” through capitalist relations (Erevelles 2011). Often, when disability is addressed, it is as a fetishized, unchanging identity category, which makes it difficult to understand the social relations of disability over time. As Erevelles and Gorman argue, often “disability” as identity and discourse acts as an ideological mask for other social relations of capitalist exploitation, imperialism, colonial violence and white supremacy. In this theorizing, care too is, very often, understood as a formalized or naturalized ontology that fails to attend to changing relations of care in response to financialization, imperialism, austerity and globalization. At worst, disability care theorizing in the liberal feminist or new materialist traditions is what Teresa Ebert (2015) describes as “ludic theory” or “theory of play” that not only fails to take seriously the material violence of such relations, but also obscures the active role that we play in mediating and reproducing them and thus the work needed to fundamentally end such violence.

Disability theorists Nirmala Erevelles (1996, 2011), Rachel Gorman (2005, 2013, 2016), and Sona Kazemi (2016) are among the few to firmly place disability within the context of class struggle, transnational capitalism and imperialism, allowing them to do more than just destabilize and reframe dominant notions of disability and care as we understand them today. Their historical materialist analyses reveal how the relations between disability and other forms of difference-making such as race, sexuality, gender, etc. are inseparable and have developed together to serve capital in very particular ways, by naturalizing the violence of capitalism, enabling new forms of exploitation, and serving as ever-growing markets for financial investment. This also means that disability oppression is historical and arises out of, and is fundamentally structured by, capitalist social relations.
On this ontological terrain, I define “care” as a set of the basic, yet most important, human activities: our activities that help us reproduce life and survive socially, biologically and ideologically—what Joan Tronto (2010), using the Marxist terminology, calls a “species activity.” These activities, like all human activities, are structured by modes of capitalist production and ideology. This understanding of care builds on Susan Ferguson’s (2008) social reproduction feminism, which expands our understanding of the mode of reproduction and broadens our definition of labour as well (see also Federici 2016). According to Ferguson, this framework asks us to “start with a concept of labor as a lived, creative experience, and train our analytic lenses on the ‘survival strategies’ (not just the formal paid labor) of those whose lives are the grist for the globalization mill” (49).

In a capitalist system, care is predominately exploitive, abstracted and alienated labour—for both care giver and recipient. This means, that, very often, care labour is used to reproduce life so that it may produce and valorize capital. The task for “political care workers” and “disability activists”—whose work dominates this dissertation—is to find ways of transforming the care labour for more liberatory ends. This means transforming the capitalist mode of production and re-arranging the social relations of care so that they serve people, rather than capital, which necessarily involves fighting capitalism through revolutionary organizing.

This analysis builds towards what could be called a red disability studies of disability care, in the tradition of Teresa Ebert’s (2015) “red theory” or “red feminism”. Ebert describes this as theorizing that provides explanations as to the how and why of power differences and oppression rather than just reinterpretation or reframing. Of particular importance for identity politics and oppression around gender and disability is that red theory “demonstrates that the fragmentation of the social is an effect of the alienation of labour (Marx 1975)” and “unequal exchange of wages for labour power” (355) rather than an ahistorical mode of identity and “cultural difference.” This dissertation traces and analyzes these classed social interrelations through several entry points into disability (and) care—particularly anti-gentrification organizing, harm reduction, and anti-poverty organizing. My primary objective is to further develop a more “red” or revolutionary analysis of disability (and) care organizing, and also challenge the way that social movements and left politics, as well as dominant disciplines of disability studies, feminist studies, and labour studies trace these interrelations. After identifying the limitations of dominant discourse and theorizing around disability (and) care in Chapters 3
and 4, I move on to how to develop a more revolutionary analysis, method and consciousness around disability. In Chapter 5, I trace the historical contradictions and preconditions of radical and revolutionary disability care organizing and consciousness, and in Chapter 6 I comment on its particular relevance for a revolutionary disability future.

**Thinking Through Revolutionary Disability Care**

While conceptions of disability as a social and political project are proliferating, activists and cultural producers often speak in terms of transformative, radical, and revolutionary disability histories and imaginaries (Withers 2012a; Kafer 2013; Lakshmi Piepzna-Samarasinha 2015a,b). Yet, many of these “radical imaginaries” (Haiven 2014) do very little to fundamentally intervene in the process of capitalist exploitation, dispossession, and violence that structure most forms of care and (dis)ableism. For most, the contradictions of care, so passionately theorized and resisted in the independent living movement and in the Marxist feminist movements described above, are intensifying rather than resolving. Care givers are still fundamentally in conflict with care recipients, care is increasingly commodified and financialized through a plethora of neoliberal mechanisms and technologies ranging from new globalized reproductive technologies, to transnational care networks, to public-private partnerships. Even though disability is more widely discussed and celebrated, it remains a social category characterized by dispossession, violence and exploitation. In fact, as Rachel Gorman points out, disability discourse, rights and culture may actually be key mechanisms through which imperialist war, violence and dispossession of racialized poor people, particularly women, are obscured or even justified (2016).

Just as Marxist feminist theorists such as Teresa Ebert (2015), Shahrzad Mojab (2015) and Maryam Jazayeri (2015) insist that the end of patriarchy and gender oppression is wrapped up in the revolutionary overthrow of capitalism, so too the end of violent disability care relations, unnecessary disablement and oppression of disabled people and care workers will end through the destruction of capitalism. To develop the power and the means of doing this, however, the concepts of revolution must be properly developed and revolutionary consciousness must be prioritized. The second half of this dissertation looks at how class consciousness develops in the Toronto-based political movements that I discuss. What is their revolutionary potential? To help me theorize these movements I draw on revolutionary theory ranging from Marx, Lenin and Mao
as well as contemporary theorists such as Bertell Ollman (2003), Maryam Jazayeri (2015), Joshua Moufawad-Paul (2014), and Thomas Nail (2016).

The concept of “revolution” and even “radical” are part of common parlance today, particularly on the left (Fritsch et al. 2016, Nail 2016). Nail (2016) identifies two “intertwined trajectories” of revolution: (1) uppercase revolution, characterized by armed resistance and seizure of power through force and the overthrow of the state—exemplified in China under the Communist leadership of Mao Tse Tung; and (2) lowercase revolution, which has flourished in the last thirty years in community-based and anarchist movements. According to Nail, lowercase revolution may be thought of as having four distinct strategies: (1) intersectional analyses of power, consisting of no single axis of struggle; (2) prefiguration, which is typically practiced through creating counter-institutions to the state, mode of production, etc., at the same time as creating new social relations that revolutionaries would like to see after the revolution; (3) participatory politics, most often seen in popular assemblies, consensus decision-making, spokescouncils (e.g. the Zapatistas and the Occupy movement); and (4) horizontalism (e.g. the World Social Forum, social media, decentralized organizing). Nail argues that we need much more proliferation of these lowercase strategies, if not just because the historical record of “uppercase” revolutions have been “horrors” (381). The failures of these trajectories are documented at length and are almost taken for granted in the current left (e.g. Haiven 2014; Nail 2016; also see Moufawad-Paul 2014; and Badiou 2010 for analyses of these critiques). Yet there are very real limitations to lowercase trajectories as well. Jazayeri (2015) goes as far as to say that these conceptions of revolution are “dangerously vague” and may actually steer away from the actuality of a total revolution (305). She goes on to argue that the concept of lowercase revolution makes it impossible for non-capitalist or communist relations of production to take root under capitalism. Moufawad-Paul (2014) argues that without a “focused intention dedicated to the necessary end of capitalism” (35), these lowercase strategies are doomed to vagueness, indirection and impotence.

That lowercase revolutionary trajectories currently dominate the left (Jazayeri 2015; Moufawad-Paul 2014; Nail 2016), is clearly reflected in the data I reviewed. The consciousness that is developed in these lowercase revolutionary strategies is indeed powerful, yet I argue it is not necessarily a class consciousness that attends to the internal and external contradictions of capitalism, which structure the social relations of these revolutionary movements and their
efforts to fundamentally undermine and overthrow capitalism. As I traced the material history of these movements, I found that these strategies are often resist rather than productively engage the historical successes and failures of other uppercase revolutionary projects such as the Black Panther Party or the Socialist Patients Collective (both of which build powerful preconditions for disability care organizing). Nor do they effectively attend to the overwhelming reach and dynamic character of capitalism both globally and in the most intimate embodied activities and consciousness of everyday life. In order to effectively transform our everyday activities and the larger social relations of imperialism, exploitation, nationalism and fascism on a global scale, we need to do much more to link disability care organizing and cultural production into the larger revolutionary project of political consciousness and the fight for liberation from a capitalist mode of production and bourgeois ideology. I follow Gorman’s (2016) argument that disability studies and organizing, and indeed feminism, might look quite different if we were to do so.

The somewhat fragmented forms of resistance and struggle that I uncover in my research are not necessarily surprising in the current moment of neoliberalism, precarity and austerity. Max Haiven (2014) and Bertell Ollman (2003) analyze extensively the ways in which alienation and capitalist ideology keep our focus rigid and narrow, severely constraining and obscuring our understanding of what is possible, how and why things came to be and where things are going. In Toronto, as in most places in North America, our modes of cooperation and organization are largely orchestrated by the capitalist class—through means such as austerity measures, debt, precarity, institutions, surveillance, consumerism and bourgeois ideology—so that we remain docile and productive for the purposes of valorizing capital. This does not mean that we have no agency; in fact, we actively reproduce these conditions and relations in our everyday actions. As Karl Marx says at the beginning of *The Eighteenth Brumaire of Louis Bonaparte* (1852): “Men make their own history, but they do not make it as they please; they do not make it under self-selected circumstances, but under circumstances existing already, given and transmitted from the past” (n.p.). The fact that our modes of cooperation and organization are structured to serve primarily capitalist interest means that organizing instead in the interests of people is extremely difficult. Nevertheless, there is a long history of organized struggle from which to learn, and, as Ollman reminds us, in this history of struggle, and indeed in the contemporary and inherent contradictions of capitalism, lie a very real revolutionary future—not an imaginary one (Haiven 2014) nor an elusive horizon (Dean 2012). Christian Scholl (2016, 321-322) references Marx’s
1843 response to the early beginnings of prefigurative revolution saying, “the task was not to create a new, alternate content but rather to actualize the content of the existing world through conscious engagement so that it might accord with revolutionary desires. [Marx’s] dialectical approach encouraged a strategic orientation to the contradictions of capitalism” (321-322). As Ollman (2003) reassures us, “most of the evidence for the possibility of socialism/communism surrounds us on all sides and can be seen by anyone” (159), yet it is typically “concealed within capitalism” (159).

Following this method, then, to understand the revolutionary potential of disability (and) care organizing, I have not focused my analysis on political projects that create alternatives or “commons,” or that claim political innocence, but struggled to look more closely at the everyday contradictions and disjunctures (Smith 1987, 2005) of this organizing. I have also attempted to broaden my analysis, not only to global-scale social relations but also to the deeper genealogy of political struggle. Ollman (2003) describes this as critical for uncovering the revolutionary potential of the present by

- taking the longer view, not only forward to what something can develop into but also backward to how it has developed up to now. This longer view, however, must be preceded by taking a broader view, since nothing and no one changes on its, his, or her own but only in close relationship with other people and things, that is, as part of an interactive system (160).

It is for this reason that after tracing the relations of disability (and) care organizing in my own life and in Toronto to the larger relations of austerity, financialization, and imperialism (Chapter 4), I go back in time to examine some historical preconditions of this struggle, the movements such as the Black Panther Party and anarchist harm reduction practices that I mention earlier. Only then can I develop a more fulsome discussion of revolutionary potential and consciousness in disability care organizing.

**My Entry Point**

Now that I have demonstrated the importance of a dialectical analysis of disability (and) care in political and revolutionary struggle, I will make some brief comments on Gorman’s (2005) relational/reflexive method that I use is closely related to my theoretical analysis. However, a more thorough discussion of her method is found in Chapter 2. I begin with my own entry point, not as a way of claiming the “authority” (Ramnath 2016) or “experience” (Kaul 2016) to speak
on this topic, or to try to outline my political investments in this analysis, but rather to concretize
the starting point of my analysis in the immediate, everyday relations of my life. As I have
followed this dialectical analysis, I have sharpened my own consciousness of my life by finding
the overarching social relations and material conditions that structure these seemingly mundane
life events.

*Disability* (and) *care* have appeared and disappeared from my own life as a white,
working-class child of an institutionalized parent. As I mentioned above, my mother was
institutionalized for 24 years in a nursing home with the diagnosis of multiple sclerosis before
she died in February 2014. She stopped walking within a year of being institutionalized, and lost
her ability to speak about seven years in. She continued to come home for visits every weekend,
and my father, my twin sister and I visited her 3 or 4 times a week at dinner time. When we did
not visit, we talked to my mother on her speaker phone, getting the staff to answer the phone in
her room for her so we could tell her about our days. This was not called “care work”. It was
simply maintaining a family. Over these 24 years, my family maintained a very close
relationship to my mother. For a while, I think my sister and I hoped she would be “cured” of her
disease or disability and would be able to live at home with us like a “normal family.”

My sister and I became immersed in the lives of the residents at Parkridge Centre, the
nursing home in Saskatoon where my mom lived. The residents and the nurses at Parkridge
became almost like a second family to us. They saw us grow up and they heard all about our
lives outside of the nursing home. We participated in most of the recreational activities that they
organized—church services, blues performances, pie socials, and went along to outings to
greenhouses, museums and parks. We invited our friends to come with us to visit my mom in the
nursing home. For us, this invitation was similar to inviting a friend over to our home for dinner.

Parkridge Centre was one of the first Public Private Partnerships (P3s) in Saskatchewan,
built in the mid 1980s (French 2014). My family developed a detailed understanding of the
impacts of increasing nursing shortages, privatized food services, crumbling building
infrastructure, and an overrepresentation of poor, working class and Indigenous residents in the
nursing home. We also saw, on a daily basis, a rapidly increasing immigrant staff pool in a
predominantly white settler city. I remember my mother’s medication getting mixed up with
other residents’ on several occasions. I remember residents sitting like neglected pieces of
furniture. I remember when cafeteria food services were contracted out and typical meals would
include hotdogs and macaroni and cheese, with some fruit or cake for dessert. I remember talking to residents about how and why their families couldn’t come to see them for weeks at a time. Mothers and fathers becoming strangers to the children. People wailing for help, while nurses raised their arms in exasperation. Residents sneaking away through the parking lot to find better coffee at the Wal-Mart McDonald’s. On their way, some people with motorized wheelchairs would drag race with cars on busy streets, or set off in search of drugs in the residential communities nearby. These things became normal to us.

When my sister and I got older, it only seemed to make sense that we would find employment in the area of care and disability, since we had so much experience with disabled people and “caring” for them. It was such a “normal” part of our lives and it was clear that most people did not have the comfort level that we had working with disabled people in care settings. We found a way to trade our life experiences for low-wage employment. I began working at Camp Easter Seal—a camp for disabled people that my mother attended when I was young—as a camp counselor. My mom had attended this camp when I was younger and I was excited about being a part of it. I later worked as a personal care worker at two different nursing homes and in one person’s home. My sister has been working in a group home for people with disabilities for about seven years now. This work is highly exploitive and often dangerous for both the care worker and the recipient (Cranford 2014, Pfeffer 2015). My sister and I continued to be intimately involved with disabled people who were often abandoned by their families and ostracized from their communities.

While this was normal for us, we realized that these experiences were strange to other people. We learned that while many people knew someone who lived in formal care settings, they rarely visited those people. Many people in our extended family eventually stopped visiting my mother; her former friends also drifted away. Our family was also under strain both financially and emotionally. My father worked full time as a civil servant in a position that made him miserable. We had a long-term babysitter to help with childcare, but she stopped working for us when we were around eleven. My father became depressed and withdrawn and it seemed like our family was constantly fighting. We started seeing a family counsellor, who was not accessible for my mother. The counsellor placed much of the blame for our family’s problems on my mother’s situation, and most people suggested that we stop visiting her so often. People, including the counselor, felt that visiting her, amidst our busy schedules, was depressing and
stressful. My dad was prescribed a strong dosage of anti-depressants and my sister began extensive individual and group therapy. Years later, I was diagnosed with generalized anxiety and prescribed a number of psychiatric drugs to manage my anxiety and insomnia.

As I grew older and began working as a professional care provider, I was angry and disturbed by the neglect and dehumanization I saw, and I struggled not to normalize this. I started getting involved with different forms of activism and organizing around environmental issues and corporate globalization. As I developed my political consciousness of capitalism, poverty, race and gender through my organizing and academic work, I also started reading more critical perspectives on disability and care, particularly within the medical framework. I also tried, relatively unsuccessfully, to bring these conversations into my political work. It just seemed too strange for people. It was hard for activists to understand disability and why it was important for their struggles. This was difficult for me as I was still trying to figure that out for myself. As many people starting to do “disability activism,” I was focused on making political spaces physically accessible (Fritsch 2016) for disabled people. But it seems even this, for the most part, was too much to ask of people who were not used to considering disability in their everyday lives and for whom physical accessibility could often come at a great financial cost due to the limited physically accessible infrastructure in Saskatoon. I also didn’t know of any activist group that was working on issues that were directly related to disability. I felt like I had nothing to link into until I moved to Toronto, and I did not have the conceptual tools to think about disability in terms of material exploitation and ideological oppression, let alone dynamic, ever-changing social relations

When I moved to Toronto to begin graduate school, I became more interested in treatment and care. As an activist, I found that conversations around burn-out, self-care, trauma and injuries were common. For me, these social relations of care allowed me to materially link the concepts and practices of disability with the transformative, anti-capitalist, feminist organizing in which I was becoming more and more invested. I set out to build these skills and find meaningful ways to connect them to my own lived experience, something I still struggle with.

As I worked as both a caregiver and a social justice activist, I began realizing the ways in which I also needed care, and that under different conditions—if I became unable to work, lost certain social securities or resources, or needed to be hospitalized, my chronic anxiety and pain
would be turned against me and pathologized and I would thereby also be categorized as disabled. This further problematized what disability meant in my own life, helping me to see it as more fluid and dynamic and to imagine new forms of disability solidarity. This realization helped me to better identify with the disabled people with whom I worked and helped me to explain more clearly to others the set of relations that make disability and care.

Through this political work, I began to understand better how poverty and many forms of disability are actually processes of dispossession and exploitation that rapidly intensify and reorganize as the global economy becomes increasingly financialized. Care work is often the means of surviving these conditions—both reproducing ourselves and our world in whatever way we can before the dictates of the market. I have had to struggle to develop this understanding of care and disability under austerity and finance capitalism, and locate the relations in my everyday life. In 2008, as it became clear that the global economic system was crashing, I understood that it had something to do with “instabilities” in the financial sector, but I had very little conception of how this actually impacted my everyday life, let alone what exactly financialization was. I remember flying to West Africa in early 2009 seated beside an economics professor and we struck up a conversation about the financial crisis. He described the problem of sub-prime mortgages and how they create financial bubbles that eventually burst and throw the entire financial market into chaos. As I had been living in Saskatchewan at the time, I felt I was fairly insulated from the crisis. Saskatchewan’s economy was in a kind of economic boom as the resource extraction industry was intensifying under the conservative provincial government. Austerity measures were rapidly implemented in 2009, however, and continue to be implemented today, not only in the non-profit sector, in which I was employed in 2009-2010, but also in the health, education, and welfare/workfare sectors. Even so, I did not know how to explicitly connect these austerity measures with the financial sector, let alone theorize them as part of a global process of “financialization” that reaches into even the most intimate and mundane dimensions of my life such as disability care. As I worked with community organizations to fight these measures, and even tried to address the financial sector by discussing tactics such as the Financial Transaction Tax (FTT)\(^4\), our understanding was limited, and we found ourselves

\[^4\text{This is a taxation strategy or financial levy first proposed as the “Tobin Tax” in 1979 after the Bretton Woods system for stabilizing currencies collapsed as the American dollar was officially de-linked from the price of gold. Financial transactions became increasingly volatile, creating massive and dangerous...}^4\]
caught in what seemed to be a losing battle. Then came the Occupy Wall Street movement in 2011, where people from all over came together to address what they knew was a problem in the financial sector. But we found ourselves frustrated by the question of what exactly to do about it.

Similarly, working with disabled people and having a disabled parent, I felt the violence of healthcare and disability austerity measures acutely, yet there did not seem to be a way of addressing these problems and I did not always read these conditions as forms of violence. Reading the newspaper or asking questions about funding cuts seemed to elicit circular, unsatisfactory explanations that “times are tight,” or that “we need to make things more efficient due to a failing economy.” Without an in-depth understanding of financial capitalism and its relations with austerity measures, I did not know where to look for the impact, let alone how to trace it and fight it. In retrospect, however, I can now see how my mother’s life was jeopardized numerous times by the austerity measures implemented in the Saskatoon Health Region and the dangers of public-private partnerships in the health care system.

These experiences are both unique and common. They are specific to the trajectories of my life, and they at once confirm and contradict the stories told in the 12 interviews I conducted for this research. Building on these immediate experiences with the social relations of disability (and) care, this dissertation is about developing a method of linking the general and the particular, or the various entry points to the totality of social relations that make up capitalism today. I relate my own everyday experiences and somewhat fragmented ideas or perceptions of disability, care and finance capitalism, with a variety of other experiences and perceptions in my 14 interviews. Together, the analysis forms a more complete or total concept (Mao 1937) of the social relations that make up disability (and) care under capitalism today. I work through the ways in which the relations of austerity, financialization and white supremacy masked and obscured a class analysis of disability and care in my life. I end up focusing most intensely on the context of Toronto, Ontario, particularly the downtown area. This is where I live and where my friends, colleagues, loved ones and comrades live. I had not intended this to be my primary instabilities in financial trading. Leading up to the G8/G20 Summits in 2010, non-profit organizations in the European Union and other members of the G20 began to discussing the implementation of a new form of financial transaction tax (FTT), briefly referred to as the Robin Hood Tax (RHT), that would tax all international financial transaction such as derivatives, speculation, hedge funds around .05 cents on the dollar (Make Poverty History 2012). The hope was that this tax would curb the volatility of the financial sector by reigning in transactions, while also directing the tax towards social justice ends.
site of analysis, but as I conducted interviews with anti-gentrification organizers in this area of Toronto, I found the richest stories connecting gentrification to the social relations of finance, austerity, and rapidly changing concepts of disability and care. I develop a class analysis of these relations through chapters 3-5. Each of the chapters addresses a different cluster of questions related to this overall focus and develops my dialectical method more completely. While my interview data is central to my analysis, I use this data primarily as entry points into the relations of “disability care” under austerity, imperialism and finance capitalism.

**Brief Overview of Dissertation**

This dissertation is a dialectical materialist investigation of disability and care relations under austerity capitalism. Building on Ollman’s (2003) dialectical method, I use Gorman’s (2005) relational/reflexive method, which helps me to relate experiences, subjectivity and agency beginning with social inquiry and analysis in the local and immediate, and then expands to thinking through the organization of social relations across a historical trajectory. This is epistemologically similar to Dorothy Smith’s method (1987, 2005), yet focuses less on the “coordinating” role of texts and more on the process of embodied mediation as it relates to everyday activities, agency and consciousness and the overarching relations of capitalism. This is particularly important for my analysis of political organizing and revolutionary consciousness in disability (and) care activism. I discuss this method in more detail in Chapter 2, “Relational/Reflexive Research and Data Analysis,” describing how I move from and relate my own entry point (as detailed above) to the various experiences as articulated in the 14 semi-structured interviews I conducted with disability (and) care activists, organizers and workers. While many of these participants called themselves disability activists, several participants were unsure about the relevance of their contributions to this project. While the people they worked with (or themselves) were classified as “disabled” under ODSP, they did not claim the identity as a category of pride or desire the way that many disability activists do. Some were sex workers, harm reduction workers, or precarious care workers that preferred to frame their struggles with disability and care in very different ways. Their identities are complex and situational. For more demographic data, see Appendix A. I also outline Marx’s dialectical method as detailed by Bertell Ollman’ (2003) Dance of the Dialectic to mention the different kinds of dialectical methods I will use in my analysis and what attending to particular dialectics reveals in my data. I then expand upon my experiences recruiting participants, reflecting on interview content, and
modifying my interview criteria and questions. I end the chapter with some preliminary analysis based on this research experience.

Chapter 3, “Radical Care: Alternative Models and Practices of Interdependency, Mutual Aid, and Reciprocity,” looks at questions of ideology, class consciousness and mediation through activism, organizing and the building of political projects. I ask: What are the central contradictions in disability (and) care organizing in Toronto, and how are they mediated? I provide an overview of my findings as well as a critical analysis of the ideologies of disability care organizers and disability organizing more generally, drawing out themes of identity, survival, historicism, consciousness, the future, cooptation, collectivity and care. Through this analysis, I attempt to move from abstract to concrete understandings of disability and care and outline some limitations for current radical formations of disability politics and care. I identify and analyze dominant themes that emerged from my interviews and the ways in which care, social change, and the future were conceptualized within these political projects. These themes include (1) negotiating identity (particularly disability, race, gender and sexuality), (2) the importance of community-based (specifically radical and alternative communities) as opposed to state-organized or profit-driven modes of reproduction, and (3) building alternative and radical forms of care as a means of politicizing disability and prefiguring a disability future. Next, I look at how activists, organizers and workers mediate these themes through material care practices and relations, and how they form disability consciousness that attends to the relations of imperialism, neoliberalism and finance capitalism more generally. Finally, I make some comments on the political and material potential and gains from these disability care projects.

In Chapter 4, “Disability (and) Care in Crisis” I focus on the context of crisis, primarily in Toronto’s downtown east end. I ask: How are disability identity and consciousness taken up in the context of the war on drugs and financialized gentrification, and what modes of care are necessary and potentially revolutionary in this context? Drawing on interviews with activists and workers in crisis who engage in disability care largely through the processes of “addiction,” trauma, and drug use. Unlike many of the activists and workers described in Chapter 3, these people often describe disability in terms of crisis and “bodies being broken down” by capitalism and the state. Rather than focusing on building radical communities and alternative forms of care, their activism often involved providing emergency support, and often explicitly mediated paid and unpaid reproductive labour and made demands on the state. In this context, the concepts
and definitions of disability (and) care are reworked and often significantly different from dominant disability political formations. This analysis allows me to show the historical class relations that shape this disability work, as well as the ways in which concepts of disability and care change over time and across geographical spaces in ways that sometimes mask class contradictions. In particular, I look at how these concepts are drawn upon or rejected in the face of growing financialization, austerity, and imperialism, specifically in the “war on poverty,” the “war on drugs,” gentrification, and community-based responses—in the forms of harm-reduction work, anti-gentrification work, disability justice, and anti-poverty organizing. I look at austerity and gentrification as necessary components of the larger social relations of financialization and imperialism. These components foster a growing illegal economy of trafficking (Magnusson 2015; Bhattacharya 2005), deregulation, shrinking welfare state infrastructure, and privatized, ad-hoc development that have intensified dispossession, violence, poverty, and precarity. I conclude this chapter by examining how class and revolutionary consciousness are built through this organizing work.

Finally, in Chapter 5, “Developing historical depth: Expanding our imagination of the future”, I ask, How can we understand the revolutionary potential within disability (and) care organizing by analyzing the past? How does this historical understanding broaden our concept of the future? I attempt to answer this by historicizing the relations examined in Chapters 3 and 4, drawing on Bertell Ollman’s (2003) dialectical method and examining the historical preconditions of disability (and) care political organizing. I examine the limitations in how we currently conceptualize both the past and the future of disability care and how this obscures our understanding of disability care as class struggle. I attempt to address these limitations by dialectically examining how identities and categories of disability have shifted throughout the rise of capitalism, looking at two historical cases of racial care struggle that fall outside of disability politics proper, the Black Panthers Party (BPP) and anarchist formations of harm reduction work. I argue that these historical touchstones or omissions for disability organizing reveal much about the bourgeois tendencies of disability studies and liberal disability organizing. I go on to argue that introducing the more revolutionary projects will help us better understand the revolutionary potential of disability (and) care organizing and expand our concept of what is possible for the future, more generally.
In the conclusion, I summarize my ideas and comment on the implications of my work. In particular, I outline some of the major “lines of fault” (Gorman 2005, Smith 1987) or central contradictions of disability care organizing in the current moment of transnational imperialism and finance capitalism that activists, organizers and theorist must mediate in order to build a class consciousness of disability care and a revolutionary disability futurity. I also mark out the significant contributions this dissertation makes towards an emerging Red Disability Studies that lay a more concrete and revolutionary groundwork for understanding the interrelations among disability studies, the ideologies and practices of disability care, and larger processes of imperialism, austerity, and finance capitalism.
Chapter 2: Relational/Reflexive Research and Data Analysis

In this chapter, I outline my data collection process and method of analysis. I begin by describing my epistemology (historical materialism) and the method of analysis (relational/reflexive method) that I used for this inquiry. I then explain the research I conducted, and how and why I conducted it. Next, I explore my recruitment methods, and some general notes on the people I ended up interviewing. I then outline three categories of data that I collected during the course of my investigation: (1) primary data, collected through 11 interviews with 12 disability (and) care activists and organizers; (2) secondary data, from contemporary self-published political content that I garnered through online social media (zines, websites, posters, pamphlets, etc.), (3) the analysis of several historical (including self- or independently published) accounts of social movements. I will discuss the importance of each of these and their relevance to my thesis separately. I also discuss some of political and ethical considerations as well as some surprises and challenges I encountered in my investigation and how my goals and expectations for this dissertation changed accordingly. Finally, I trace the analytic arc of the next three analysis chapters in my dissertation.

Primarily, I use the “relational/reflexive method” developed by Rachel Gorman (2005), while also drawing on Bertell Ollman’s (2003) interpretation of the dialectical method. Both Gorman’s and Ollman’s work draws heavily on the Marxist epistemology of historical materialism. Gorman builds her method upon a rich history of Marxist feminist work such as that produced by Dorothy Smith and Himani Bannerji. Using this method to analyze my data enables me to understand the dialectics of disability (and) care at multiple levels—from intimate mundane activities through to global geopolitics of exploitation and dispossession that have been centuries in the making. Taking direction from Gorman and Bannerji, I reveal these dialectics through a close analysis of mediation and consciousness that can be found, most powerfully, in the interview narratives and the “self-published content,” which is more immediate and raw. This analysis discloses the “doing” of everyday life, juxtaposed against the “master narratives” of historical accounts and theory that reflect a higher level of coordination (D. Smith 2005), or “the done” of historical accounts (Haiven 2014). Most importantly, this dialectical examination makes it possible to explore how organizing, political activism and class consciousness are mediated through everyday actions.
The Dialectical Method

According to Gorman (2005), the relational/reflexive method involves three approaches to social research: our own embodied experiences, our consciousness of these experiences, and our struggle to mediate our embodied and conscious experience within the generalizing context of particular “relations of ruling”\(^5\) over time (35). Following this method, I begin my inquiry with my everyday experiences growing up as child of a disabled, institutionalized parent and later as an anti-capitalist and disability educator and organizer. From this entry point, I apply the method Gorman developed in her doctoral dissertation, which follows “Ariadne’s thread”\(^6\) to critically examine my immediate consciousness around disability justice and institutionalization within the context of neoliberal and financial capitalism. Next, I analyze this larger organization of social relations by dialectically relating my embodied experiences and consciousness to those of other disabled activists and community organizers with whom I work in Toronto, thus exposing the larger organization of the social relations of disability (and) care and activism within a global framework. While there are many entry points to these social relations that differ from my own, my method will seek to uncover an overarching pattern of social relations that structure and determine our lives as disabled people, as subjects of care, and as community organizers, which necessarily renders a dialectical and historical understanding of the financialization and neoliberalization of disability (and) care relations. Gorman (2005) explains, “In order to follow [this] method, through which the same social relations can become visible from different intersections of social relations, we have to put things back in historical order—we have to know what social relations to look for so we can locate them from a particular social intersection…”

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\(^5\) The “ruling relations” is a concept Dorothy Smith derived from Karl Marx. According to Smith, “The ruling relations ‘extract’ the coordinative and concerting of people’s everyday/everynight activities and subject them to technological and technical specialization, elaboration, differentiation, and objectification. They become independent of particular individuals; individuals participate in them through the forms of agency and subjectivity they provide. Organization is produced as a differentiated function. Coordination and converting are leached out of localized and particularized relations and transferred to modes in which they are subjected to specialized and technical development” (1997, 77).

\(^6\) “Ariadne's thread,” named for the legend of Ariadne, is the solving of a problem with multiple apparent means of proceeding - such as a physical maze, a logic puzzle, or an ethical dilemma—through an exhaustive application of logic to all available routes. It is the particular method used that is able to follow completely through to trace steps or take point by point a series of found truths in a contingent, ordered search that reaches a desired end position. This process can take the form of a mental record, a physical marking, or even a philosophical debate; it is the process itself that assumes the name. [http://en.wikipedia.org/wiki/Ariadne’s_thread_(logic)](http://en.wikipedia.org/wiki/Ariadne’s_thread_(logic)).
Once these contours emerge, we can look for them from other social locations” (142, emphasis in original). However, the general contours of these relations are discernable only when linked to the specific and the immediate. In other words, in order to fully understand the general contours, one must understand one’s own immediate role in the relation (144).

While Gorman (2005) concretizes a particular method for this analysis, she draws heavily on Bannerji’s (1995, 2000) incitement to focus on the everyday mediation of consciousness and embodied activity, the general and the particular. Beginning with immediate, concrete experiences is an exercise in understanding the personal and political dialectically and examining how this dialect is mediated in everyday, experiential activity. Gorman (2005) quotes Bannerji (1995) stating:

In the context of this relational/reflexive social analysis, how must we understand the experience and subjectivity of the knower who is also a political actor? This can only happen if we cut through the false polarity posited between the personal/the private/the individual and the mental, the social/collective/the public and the political, and find a formative mediation between the two. (85)

In a later work on race, gender, multiculturalism and nationalism, Bannerji (2000) describes mediation as

…a concept that captures ‘the dynamic, showing how social relations and forms come into being in and through each other, to show how a mode of production is an historically and socially concrete formation… Within this framework the knowledge of the social arises in the deconstruction of the concrete into its multiple mediations of social relations and forms which displays ‘the confluence of many determinations’. (82-83)

The move to locate and situate political actors as they mediate the larger relations of ruling, according to Bannerji (1999) and Gorman (2005), is critical in experience, subjectivity and agency. In the context of my particular research project, this method is critical for demystifying austerity, financialization, dispossession, and precarity and grounding these processes in everyday human activity.

In Bannerji’s own work, she begins with her own experiences as an Indian woman immigrating to Canada and working as a feminist, anti-racist scholar within the Canadian university system and various social movements. Starting from these experiences, which are
socially and historically situated, she develops a materialist analysis of the violent contradictions of multiculturalism in Canada, particularly in the ways that they promise opportunity, tolerance, and inclusion to immigrants, while maintaining white settler supremacy, ongoing colonization and dispossession of indigenous people, and economic exclusion and exploitation of immigrants, particularly those of colour. In this framework, the connectivity of subjectivism and materialism are foregrounded and the politics of identity and class struggle are inseparable (2005, 18). She argues that this theorizing should be capable of taking apart and putting back together the smallest fragmentary moment, to elucidate the dialectical, “formational interplay” or the process of mediation (66).

As Gorman (2005) argues, this analytical emphasis on concrete experiences and mediation is ontologically similar to Dorothy Smith’s (1997) notion of standpoint. Smith defines her notion of women’s standpoint as “a methodological starting point in the local particularities of bodily existence. Designed to establish a subject position from which to begin research—a site that is open to anyone—it furnishes an alternative starting point to the objectified subject of knowledge of social scientific discourse” (228). Gorman (2005) also uses Smith’s (1997, 2005) notions of standpoint and ruling relations, while pushing to keep these two in dialectical tension, so as always to keep the capitalist logic that structures the ruling relations in view (211). A dialectic is critical for foregrounding the power of collective, conscious struggle that can intervene in the relations of power to rearrange the relative authority of the ruling relations (207).

In this dissertation, I call my standpoint an “entry point,” which I outlined in Chapter 1 (the Introduction). This entry point is never just a set of particularities, it is always structured by the global (“ruling”) relations of finance capitalism. As in Gorman’s inquiry into disability cultural production as a site of struggle, a dialectical attention to consciousness and struggle is crucial for this research project, particularly in my efforts to explicate disability (and) care activism, organizing and work as sites of class struggle and consciousness that, as human activities, can then intervene in and transform the alienating and objectifying relations of disability (and) care in the context of austerity, financialization and gentrification.

Smith’s standpoint theory, briefly discussed above, is the epistemological linchpin of her institutional ethnography method of inquiry. She explains that institutional ethnography …begins by locating a standpoint in an institutional order that provides the guiding perspective from which that order will be explored. It begins with some issues,
concerns, or problems that are real for people and that are situated in their relationships to an institutional order. Their concerns are explicated by the researcher in talking with them and thus set the direction of inquiry. (2005, 32)

For the purpose of developing a methodological tool for ethnographically studying complexes embedded in “relations of ruling,” Smith (2005) describes institutions as

…the intersection and COORDINATION [sic] of more than one relational mode of ruling… It is a specific capacity of institutions that they generalize and are generalized. Hence, in institutional settings people are active in producing the general out of the particular. The institution is to be discovered in motion, and its distinctive modes of generalizing coordination are themselves being brought into being in people’s local doings in particular sites and at particular times. (225)

Another key part of institutional ethnography is rigorous engagement with texts because they serve as powerful forces for coordinating and mediating the ruling relations of “corporations, government bureaucracies, academic and professional discourses, mass media institutions” (2005, 10). Importantly, Smith emphasizes how our dependence on texts is understood to represent a qualitative shift in our social organization, beginning with the invention of moveable type in the fifteenth century (2005, 13-14). Gorman’s methodology moves away from this emphasis on texts. While the analysis of texts, specifically boss texts,7 can be incredibly useful for understanding how ruling relations mediate and objectify labour and thus peoples’ experiences, in this dissertation, I diverge from Smith’s emphasis on text and follow Gorman’s (2005) focus on embodied story-telling, and pieces of cultural production as forms of mediation, as well as struggles for class consciousness.

Notwithstanding the minor differences between an orthodox institutional ethnography and the reflexive/relational method that Gorman has formulated, they are similar modes of inquiry. They are both methods that must begin in the concrete, everyday experiences reflected in the research, and they must extend the line of analysis so as to systematically and logically

7 “This term refers to a text or set of texts that supplies the context for what we can see, hear, and know. There are subsidiary documents that come into being and are organized under these texts, which are positioned at the top of a hierarchy of texts. Dorothy Smith (2010) explains that boss texts are authorized through institutional procedures through which specific people are instructed to carry out specific practices. Boss texts coordinate organizational relations so ‘how people work is controlled in conformity with the selective requirements of the boss text . . . There are layers and layers of them’” (Bisaillon 2012, 610)
reveal larger, generalizing social relations that underpin the immediate and concrete, yet are alienated and fetishized so that they most often remain hidden from view. Although the particular starting point (i.e. standpoint, vantage point or concrete, immediate experience) determines, to some extent, the trajectory of the analysis, both methods are ontologically similar in that the particular lines of inquiry are difficult to map out in advance of the research itself. While I lean more toward the reflexive/relational method that focuses more on the everyday mediation of capitalist social relations and on ways in which these social relations can be reorganized through conscious activity, I draw somewhat upon Smith’s institutional ethnography framework because I find it to be a better developed and more widely used methodology. What is most important for the purposes of my project is that my “site” is not a particular institution; rather, my analysis focuses on the class struggle of disability (and) care activists and organizers and what can be revealed about neoliberal and financial capitalism from their respective stories. Bannerji (1995) explains that “Stories…must always be an opening that expands into a broader analysis of mediation” (73-74). It is thus important to assert that the stories I have gathered and analyzed are not the sole data of this project; they are merely the entry points or “vantage points” (Ollman 2003) that concretize the social relations that I will analyze. Through dialectically investigating and tracing the broader contours of financialization and imperialism in these stories, I also socially link them together again in a process that, according to Bannerji (1995), “allows many or all to speak about the same problem or reality without saying the same thing” (84).

Using this relational/reflexive analysis, I explore my own mediation and the mediation of the people that I interviewed. I included a lengthy personal entry point in the previous chapter so that I could examine how this analysis has developed dialectically through my own theorizing and embodied actions in the world and with other people. Thus, I provide an analysis that has developed in parallel due to growing up with an institutionalized parent, my professional care work and my ten years of organizing in the areas of labour, anti-poverty, and disability care as much my academic education. As an organizer and researcher/worker, I am actively engaged in this struggle every day in everything I do. Using the Marxist language that Ollman (2003) expounds, my varied experiences allow me to analyze dialectically from various vantage points of disability (and) care—but most commonly from the vantage point of both a formal and informal care provider. My own vantage points, however, are not sufficient for understanding the
relations and processes of disability (and) care in the current moment. My participants and the
zines and blogs I review are therefore crucial for this analysis by providing more vantage points,
particularly the perspectives of the disabled worker and disabled care recipient.

Bertell Ollman’s Dance of the Dialectic: Steps in Marx’s Method (2003) has been
extremely helpful in better understanding Marx’s basic method, which I draw on frequently
throughout my analysis. In particular, I analyze according to “abstractions.” This requires some
explanation, as Marx typically uses the term “abstraction” in four different ways: (1) “mental
activity of “subdividing the world into the mental constructs with which we think about it”
(Ollman 2003, 61), (2) the actual constructs that result from this activity, (3) exceptionally ill-
fitting constructs (often criticized as ideology), and (4) the “particular organization of elements
in the real world—having to do with the functioning of capitalism” (62). Using the same term to
describe these four different processes and concepts can easily create confusion. Thus, I mark
which concept of abstraction I refer to, when it is unclear.

These four forms of abstraction are critical to understanding and analyzing my data—
particularly the ways in which people discuss disability and care as well as the goals and
importance of their political projects. Indeed, all of my codes, which I describe in some detail
below, are based on the abstractions that my participants reference, produce and utilize in their
stories. This in no way is intended to undermine the views of my participants. As Ollman is at
pains to explain, abstraction is a necessary part of how humans think and organize the world
around them. While some forms of abstraction are particularly problematic and should be
corrected, it is impossible to think without abstraction. My own analytical process utilizes and
produces new or “re-abstractions”. However, one of the goals of this research is to develop these
Marxist tools of analysis, according to the Marxist-feminist dialectic, so that I may re-abstract for
the purpose of revealing the dynamic and material processes that make disability (and) care. This
re-abstraction process draws on the three distinct historical materialist abstractions that Marx
uses in his dialectical analysis—as outlined by Ollman (2003). These forms of abstraction, used
in Marx’s analysis, are different from the four common abstractions referred to in the previous
paragraph. They are tools of Marx’s careful social scientific analysis used to better understand
and reflect society, rather than to obscure and distort reality as common or bourgeois abstractions
tend to do. Ollman quotes Marx’s explanation when he says
If fundamental relationships could be understood for the looking, we would not have to ferret them out. Afterwards, it is often found that the truth about an entity runs counter to appearances: ‘It is paradox that the earth moves around the sun, and that water consists of two highly inflammable gases.’ For Marx, ‘Scientific truth is always paradox, if judged by everyday experience of things’ (Marx and Engels 1951, 384). The job of the scientist, then, is to learn the relevant information and piece it together so as to reconstruct in his or her mind the intricate relations, most of them not directly observable, that exist in reality” (129).

Ollman further explains that for Marx “success in exposition is achieved ‘if the life of the subject-matter is ideally reflected as in a mirror.’ When this occurs, ‘it may appear as if we had before us a mere a priori construction.’ (Marx, 1958, 19)” (Ollman 130). This process of abstraction, Ollman argues, is Marx’s way of putting dialectics to work.

These three Marxist re-abstractions are that of extension, level of generality, and vantage point. Abstractions of extension are used to analyze spatial and temporal dialectics—particularly in historical research (Ollman 2003, 74). This allows a dialectical analysis of becoming that shows the internal (or co-constitutive) relations of the past and the future in the present moment. Enlarging the extension of analysis often allows a greater understanding of how seemingly unrelated or causally related phenomena are actually internally related or even “identical” in terms of the purpose that they serve. For example, in the context of disability care, disability is commonly argued to be the cause of or phenomenon necessitating disability care. However, if the dialectic of disability care extended much further historically, one might begin to understand how disability and disability care are actually internally related as both the cause and effect of each other. Or, as another example, imperialist war and austerity measures are commonly understood as having independent impacts on disabled people. However, developing a larger, extended analysis of imperialism, austerity and disability, one could begin to understand how austerity and imperialism have a dialectical determining effect in the production of disability. Developing extended abstractions of disability (and) care dialectics is particularly important for my historical analysis in Chapter 5.

According to Ollman (2003), Marx’s re-abstractions of generality differentiate seven levels or “foci for organizing everything that is” (88). These levels are as follows: (1) “the here and now, or however long what is unique lasts, is brought into focus” (88), (2) “what is general
to people, their activities, and products because they exist and function within modern capitalism, understood as the last twenty to fifty years” (88), (3) mode of production—capitalism in this case, (4) class society, which structures people, their activities and products over the last five to ten thousand years, (5) human nature and the entire history of humans as a species, (6) properties unique to the animal kingdom, and (7) “our qualities as a material part of nature” (89).

These levels while encompassing different periods of time, are not used to analyze temporal or spatial relations the way that abstractions of extension do. Rather, all social relations under investigation happen on multiple levels simultaneously, so that, depending on what the focus of analysis is, different levels of generality must be highlighted to better understand different social phenomena. Ollman explains that each level “establishes a range of possibilities for what can occur on the more specific levels that follow” (98). Nevertheless, activities and events on lower levels can have effects on the higher, more general levels (99). Bannerji’s and Gorman’s discussion of mediation, that I mention earlier in this chapter, is a good example of how everyday activities, for example, can reproduce or shape more general processes (on higher levels of generality).

In developing these abstract levels of generality, Marx was able to differentiate between that which is unique to humans and that which is unique to humans in capitalism, etcetera. Yet, as Ollman (2003) clarifies, “Where Marx usually abstracts human beings, for example, as classes (…), most non-Marxists abstract people as unique individuals, where everyone has a proper name (level 1), or as a member of the human species (level 5). In proceeding in their thinking directly from level one to level five, they may never even perceive, and hence have no difficulty in denying, the very existence of classes” (91). In particular, Marx often criticized economists and political theorists for this error in abstraction. A similar critique can also be made of dominant social theories today, including Disability Studies (as I discussed in the previous Introduction chapter). Disability Studies, for example, does not typically engage in sustained conversations about capitalism or class whatsoever, thus making it very difficult to develop a dialectical analysis of disability in the context of class or capitalism in this field of social inquiry.

Perhaps not surprisingly, I found a similar phenomenon in my interview data. Most participants (with a few exceptions) mostly focused on “here and now” (level 1) and power relations unique to “human nature” (level 5), often bypassing or obscuring an analysis of humans, their activities and their products as unique to modern capitalism and class society more
generally. This was challenging for me because many of my interview questions (see Appendix B) focused on the conditions of disability (and) care under austerity and financialized capitalism (level 2). Thus, abstracting based on the level of generality was extremely useful for my analysis of class consciousness and disability (and) care as it is discussed and understood in my primary data. I discuss the specifics of my interview process later in this chapter. I discuss my usage of abstractions of generality to understand my interview data in detail in the next chapter (Chapter 3).

Finally, abstractions of vantage point are integral to my analysis. I have already touched on this earlier when I discuss the importance of multiple entry points (or vantage points) for this thesis. According to Ollman (2003),

A vantage point sets a perspective that colors everything that fall into it, establishing order hierarchy, and priorities, distributed values, meanings, and degrees of relevance, and asserting a distinctive coherence between the parts. Within a given perspective, some processes and connections will appear large, some obvious, some important; others will appear small, insignificant, and irrelevant; and some will even be invisible. (100)

For example, most analyses of finance come from the perspective of economists who concern themselves with the buying and selling of financial commodities and the rise and fall of “stocks”. Yet the working poor and “lumpen proletariat” (Jackson 2016, May) who are most affected by imperialism, austerity and monopoly finance capitalism are often completely invisible to the analyst.

In my fourth chapter on disability (and) care in the context of financialized gentrification, I examine how, from the vantage point of poor, homeless and working people of colour, disability (and) care becomes a central way through which to understand the relations of finance and gentrification. Concepts like “care,” “crisis,” “addiction,” “harm reduction,” “treatment,” “trauma,” “work,” “developers,” “death,” “housing,” “shelter,” and “survival” are the language of gentrification from this vantage point, which contrasts from the language of disability identity in Chapter 3 and from the language of developers or petty bourgeois homeowners living in the same neighbourhoods, benefitting from rising property values and the “cleaning-up” of the neighbourhoods. Thus, similar to abstracting the level of generality, vantage points can be particularly important for understanding consciousness and how it is ordered and prioritized from
different perspectives. To avoid confusion with the four common or bourgeois forms of abstraction that I described earlier on, I will venture to refer to these re-abstractions simply as modes of dialectical analysis.

Thus, I use these three modes of dialectical analysis as I conduct my relational/reflexive analysis and generally follow the steps of the dialectical method laid out by Bertell Ollman in his book. In summary, Ollman (2003) describes the dialectical analysis as involving the following four steps: (1) Analyze by looking for “connections in the capitalist present;” (2) Historicize by looking for “the preconditions of the most important of these connections in the past;” (3) Visionize by projecting “major social contradictions forward from the past, through the present, to their resolution and beyond in the future;” and (4) Organize by looking for “preconditions of such a future in the present and use them to develop your political strategy” (169). It is my hope that this dissertation follows a similar analysis for understanding the central importance of disability (and) care in Toronto at the current historical moment, and a basis to strengthen the organizing in which my participants are already critically engaged. I now move away from the formal and epistemological methods of my research and turn to the specific practical details of how I actually gathered data and conducted my analysis.

**Structuring the Fieldwork**

As I described above, I began my analysis with my own account of disability (and) care work and organizing. Yet, epistemologically, it is important that I relate this story to the stories of other disability (and) care organizers, activists and workers. Thus, my goals for data collection were (1) to explore the material social relations of disability (and) care in organizing in Toronto today by examining multiple narrative accounts as different entry points into the capitalist relations of disability (and) care, so that when analyzed together, they can help trace the general contours of such relations over time; and (2) to help “ground” and historicize disability (and) care activism, and thus situate that activism as an important site of class struggle.

To collect this data, I conducted 11 interviews with 12 activists and organizers from January 2015 to May 2016. These participants were recruited mostly through my personal network. In total I conducted two interviews where I talked to two people at once (AJ Withers and Loree Erickson, and Wendy Forrest and RM). I also interviewed RM twice individually as I was particularly interested in his experience as a disabled harm reduction worker and how he situated this experience in the context of gentrification and revolutionary organizing. Ten
interviews took place in Toronto and one interview took place in Saskatoon. While most of the narrative accounts of disability (and) care activism, organizing and work focused on Toronto-specific initiatives, one interview (based in Saskatoon) had a cross-region perspective on this work.

Recruitment
When I began this project, I had two sets of recruitment criteria. The first was to re-interview some participants whom I had interviewed previously for another unpublished research project on disability activism (Hande 2013b). New participants—those whom I had not previously interviewed—did not need to be engaged in disability-related social justice activism, but they must have been engaged in some form of “politicized care work,” whether as a care provider, care recipient or both. I defined politicized care work as work that includes both disabled and non-disabled care workers and recipients who are “organized” against labour exploitation or violence towards disabled people and/or who are explicitly linking care with other social justice organizing or activism. When I recruited these new participants, I asked for some details about why they were interested in being interviewed, what kind of disability and/or care activism or organizing they were involved in and what identity markers were important to them. This information is presented in Appendix A.

Initially, I was particularly interested in disability justice activism and organizing as an important site of contemporary disability organizing that emphasized care (see Mingus 2015). While the term disability justice originates in California-based disability organizing in queer, racialized communities, it has travelled to Canada and is widely used across diverse communities (see Fritsch 2016). My interview question guide (Appendix B) thus reflects a focus on explicating this form of activism. However, as I conducted my interviews, I realized that the concept of disability justice, while widely used, was quite vague for most of my participants. In fact, there sometimes seemed to be very little commonality in the usage and understanding of this concept across interviews. Because of this, I decided it was not productive to adhere to this term or this particular style of organizing in the Toronto context. After consulting with my committee, I decided to narrow my focus to particular forms of activism and organizing where disability was a dominant focus or reality—even if “disability” was not frequently named. This led me to my focus on harm reduction work and anti-gentrification organizing. My second focus, “politicized care work,” remained salient throughout the course of the research.
In 2015, after about a year of conducting interviews, I began to feel like I had hit “saturation” (Fusch and Ness 2015), meaning that I was having trouble recruiting participants that could tell me things that were notably different from what my previous participants had told me, or that helped me better answer some of the central research questions I was asking (see Chapter 1: Introduction). I wanted to also draw on interviews I had conducted with participants in 2013 for a magazine article I was writing as part of a work contract at OPIRG-Toronto. AJ Withers had offered to post transcripts of these interviews on their website, StillMyRevolution.org, but, unfortunately, I could not obtain consent from anyone other than AJ Withers to do this. Because of this, I can only draw on the published article and my course paper and AJ Withers’ interviews for this dissertation project. I consulted with my thesis committee and they suggested that I expand my recruitment criteria to include people that did not necessarily call themselves disability activists or organizers or care workers at all, but to interview those whom I knew through conducting other interviews who had important stories to tell about disability (and) care organizing and work in Toronto. As I mentioned above, I steered my focus away from disability justice to other forms of organizing. This change in focus prompted me to re-interview RM, to ask him more questions about his harm-reduction work rather than his “disability organizing” experience, which I realized was not necessarily a salient description of the work that he did. I also interviewed him again with Wendy Forrest, with whom he does anti-poverty organizing—particularly in the area of gentrification. Forrest is someone I would not have interviewed previously simply because she does not identify as a disability organizer or activist, and although she works as a care-worker, the work that is most valuable to her is that of an anti-poverty organizer. The changing focus of my research is part of the relational/reflexive method—demonstrating a dialectical response to the content of the interviews and what they reveal about the conditions of disability (and) care organizing in Toronto. To better explicite these material conditions, it became necessary to change my questions, my recruitment and the overall focus of this investigation.

The recruitment for these interviews happened almost solely through personal networks. I did not create a post or advertisement about my research. I contacted several people I had previously interviewed. I purposefully selected other participants because of their organizing experience, because they indicated an interest in my research, or because I knew that they had interesting stories to tell about disability care work. I tried to branch out to people that I did not
know, but most did not respond. I suspect this is because they did not feel comfortable talking about such subject matter with someone they did not trust or know. Many of the people I interviewed were very concerned about the exploitive dimensions of research and did not want to be a typical “research subject.” Quite a few of the people I contacted for an interview—either because they had been recommended to me, or because I was aware of their disability (and) care work—did not respond to me, sometimes after repeated requests for an interview. It is unclear why exactly this is, although I suspect that many organizers are skeptical or wary of academic research for a number of reasons—they find it exploitive and worry about being misrepresented or not properly remunerated. Or, they are simply too busy to take the time to be interviewed unless they are doing so for a personal friend. One participant, a former sex worker, indicated that a number of people had asked her for interviews when they became aware of her former years as a sex worker. She had declined requests because she did not trust the politics of the interviewers. She said that she trusted me even though we did not have a close personal relationship. As a researcher, I recognize that this trust is fragile and that I have a responsibility to honour the vulnerability of the story she shared with me. Part of honouring this trust was to maintain communication about my research with many of my participants long after the interviews were over.

The Participants

I have collected very basic demographic data about the participants, which can be viewed in Appendix A. All of the participants except three identified as disabled, and almost all of the participants who identified as disabled also focused on the multiple ways that they provide care for others. The concept of “disability justice” was relevant only for about three participants. The rest preferred other terms to describe the work they do. Three of the participants engaged in formal care work, three others had worked in an area where they provided specialized services to disabled people. Only two of the participants identified as people of colour. I had contacted several people of colour to be interviewed for this research; unfortunately, many declined my request to be interviewed. Queer and gender non-conforming people were highly represented in my research: two participants identified as trans and eight people identified as queer. While it is difficult to draw conclusions about this demographic make-up, it seems to point to the fact that disability justice, radical disability and explicitly politicized forms of care are increasingly dominant and prioritized in many queer communities across North America. The lack of
representation of people of colour in this project could indicate that, unlike in the United States where disability justice organizing is dominated by people of colour (Mingus 2010a), in Toronto, these forms of organizing are, perhaps, still predominantly “white,” or it could be that many people of colour are not interested or comfortable speaking to a white researcher about their organizing.

The Interviews

As mentioned briefly above, I conducted eight one-on-one interviews and three interviews with pairs. In these latter interviews, the pairs had close organizing relationships and sharing similar ideologies around disability and social justice. Together, they recalled and reflected their organizing histories, challenged each other’s viewpoints and clarified each other’s statements. Ten interviews were conducted in person at locations of the participants’ choosing-- usually at a participant’s home, at a café, or in an office. One of the one-on-one interviews was conducted by phone. The interviews lasted between one and four hours, with breaks—the interviews with pairs took significantly longer. I adhered very loosely to the interview script (see Appendix B) for these interviews. In 2016, I made changes to the script so that I asked more questions that would allow the participants to tell stories about their organizing and work experiences that may not be typically defined as “disability-related.” I also allowed myself to make up new questions during the interview, or ask follow-up questions so that I could better explore unanticipated angles and directions in the stories. For the most part, the interviews felt very conversational—particularly the interviews I conducted with pairs. When transcribing these interviews and reading over the transcripts, I often thought that it would be useful to re-interview some of the participants to further explore different threads in these stories, but RM and Geoffrey were the only people available for follow-up interviews.

Participant Control

Each participant was given a copy of the transcript to review, make edits and provide feedback on. Several participants asked me to remove or change different pieces of the interview transcript after review. All of the participants in this project were given the option of declining anonymity so that their real names would be used in this dissertation. Given that most of these organizers have spent years developing their political analyses, it was important for many of these activists to be recognized for this work. Choosing to be identified, rather than anonymous, better positions the participants to be active collaborators in the overall research project and be recognized for
their particular contributions to the developing overall analysis. Choosing to be identified also demands increased rigour on my part, as the identified participant’s perspective needs to be accurately and respectfully represented. There are only four participants that declined anonymity—“LD”, “RM”, “MG”, “JR”, “RCG” and “Christine” are all pseudonyms.

Several participants also asked to be given full copies of the dissertation after it is completed, as well as a summary of the project. For the most part, I have tried to contact my participants any time I refer to them directly in ways that may be unsettling. For example, before completing this dissertation, I wrote a conference paper that quoted participants Wendy Forrest and RM at length. They are both part of a community organization that expressed concerns about my representations of their organizing in my presentation (Hande 2016, May) and dissertation. I contacted both participants before I gave the presentation, providing them with written drafts to ensure that they would be comfortable with the content. Fortunately, they were satisfied with the content. If they had not been, I would have had to rethink the content of my presentation.

Preliminary Analysis
I recorded each of the interviews using a digital audio recorder. Each interview was transcribed and then uploaded to Dedoose online coding software to do a very basic coding of the data that I collected. I used codes that would help me analyze the major themes or abstractions in my data—such as “care practices,” “temporality,” “identity,” “resistance.” These codes were also broken down. For instance, “care practices” was broken down into “alternatives,” “disability-specific,” “formal” and “informal.” I adjusted the coding scheme as I began to fine-tune my interests and focus for the dissertation. Some of the major themes that emerged were: (1) negotiation of solidarity and allyship, (2) care giving roles and care as a key part of organizing, prefiguration and political struggle, and (3) redefining disability (and) care in the context of gentrification and austerity. However, it was often hard to find a concrete thread that tied all the interviews together. Some organizers struggled to find material connections between the various political projects they worked on or overlaps between formal work that they engaged in and their political organizing—a struggle that was familiar to me because of my own experiences of alienation at work. I struggled with how to analyze these stories dialectically, yet I found that analyzing these narratives by examining their differing levels of generality, drawing on Ollman’s (2003) explication of Marx’s re-abstraction, was extremely helpful.
As I engaged with the coding (initial abstraction) process, I was mindful of the multiple forms of abstraction that were at play. As I mentioned earlier, Ollman (2003) explains four important ways in which Marx understands abstraction: (1) “the mental activity of sub-dividing the world into the mental constructs with which we think about it” (61-62); (2) “the results of this process, the actual parts into which reality has been apportioned” (62); (3) “a suborder of particularly ill-fitting mental constructs” (62)—for example concepts such as “freedom” or “independence” that have widely diverse and contradictory meanings; and (4) “a particular organization of elements in the real world—having to do with the functioning of capitalism—that provides the objective underpinnings for most of the ideological abstractions” (62), such as “freedom” or “independence.” Thus, any perception, construct or analysis involves abstraction, but it is important to understand how abstraction takes place and its relation to reality. Similarly, abstractions (in the case of the second, third and fourth forms) must be subjected to dialectical analysis in order to reveal dynamic relations and processes. Thus, my coding scheme worked to reflect these differing forms of abstraction, as well as Marxist modes of abstraction that I engaged to uncover the internal relations of the concepts and stories shared through the interviews I conducted.

I used a similar process of analysis to review and analyze blogs, zines, posters and pamphlets that discuss disability (and) care in the context of organizing. Many of these materials were given to me or suggested by the people I interviewed; others, I had come across through my own research. Some of these blogs and zines were produced by the people whom I had interviewed—for example, AJ Withers’ blog StillMyRevolution.org or Geoffrey Wilson’s zine Living Not Existing. Both of these participants, and others, generously provided me with stacks of zines to supplement my interview data. I also analyzed some popular disability activists’ blogs such as Mia Mingus’ Leaving Evidence (leavingevidence.wordpress.com/), Leah Lakshmi Piepzna-Samarasinha’s Brown Star Girl (brownstargirl.org), and Rolling Thunder (thecloud.crimethinc.com/) that are particularly prolific on the topics of disability (and) care in a radical social justice context. These forms of analysis and cultural production provide an additional dimension to the stories and analyses shared by the activists in their interviews. I sought to analyze these works as other forms of storytelling that allowed me to understand the ways in which the creation of stories mediate the social relations of disability (and) care under
investigation in this dissertation. I discuss this analysis of activist and organizer interviews, zines and blogs in more detail in the next chapter (Chapter 3).

In order to situate social relations of disability (and) care within the global context of neoliberal capitalism, it is necessary to ground them in the immediate and concrete, everyday experiences. My next step in this analysis is focusing in on or analyzing a more discrete set of disability (and) care relations, from the vantage point of organizers, care providers and harm reduction workers in Toronto’s rapidly gentrifying downtown east end. This is the focus of Chapter 4. Here I focus specifically on the interview data from five participants. In order to contextualize, generalize and historicize this vantage point of disability (and) care organizing I draw further on secondary data including, documentaries, anti-gentrification, harm reduction organizing and condo developer propaganda, City of Toronto planning and development documents (Toronto Drug Strategy Advisory Committee, 2009; Toronto City Planning. 2016), Ontario government reports and policy documents as well as an array of published materials on disability, social health, “addiction,” drug use, gentrification, homelessness, and poverty. Like the self-published materials I described above, I often sought out these materials, by the suggestion of my participants.

To “historicize” and “visionize” (Ollman 2003) these relations I look at some key historical examples of disability (and) care organizing: the Black Panthers Party’s (BPP) “Service to the People” programs, particularly the free medical clinics, and the anarchist roots of Harm Reduction Work (HRW). The organizing projects of ILM, BPP, HRW and care collectives, in particular, are key preconditions for the current North American forms of disability (and) care organizing that are becoming increasingly dominant in Toronto. Several of these examples, particularly the BPP, had explicitly revolutionary goals that many people—whether involved in disability organizing or not—still refer to for inspiration and concrete examples of how to struggle successfully for revolutionary care, and how to learn from the failure of some of the earlier struggles. Indeed, a few of my participants made reference to this history. For this historical analysis, I draw on a number of written accounts of these various projects, using Marx’s abstraction of extension, described above. Through this analysis I can then examine how we might understand the future of revolutionary disability (and) care organizing and the preconditions in current projects such as care commons, care collectives, and circles of support. For this “visionize” stage of analysis, I also draw on some of the visionary
story-telling and cultural production that is becoming an increasing element of disability justice organizing.

Finally, in my conclusion chapter, I use Gorman’s (2005) relational/reflexive analysis—with some help from Ollman’s (2003) explication of Marx’s method—to reflect on the dialectics of disability (and) care that I have uncovered in my analysis. Indeed, in my commitment to using Marxist-feminist methods for analyzing disability (and) care from the vantage points of those who are typically obscured or ignored by mainstream disability organizing, I have also revealed relations of disability and care that go beyond the disability studies and disability justice discourse of “cripping care” (Douglas, Rice and Kelly 2016) or interdependency (Fritsch 2010, Mingus 2015a) that are not only “discursive shifts” or “radical re-imaginings” (Haiven 2014), but materially constructed through class struggle and discursively brought to the fore out of necessity in the midst of escalating austerity, imperialism and financialization. These disability (and) care relations, and the ways in which I have historicized them within the advancement of capitalism, also guide our attention to the importance of disability (and) care relations and organizing today that can steer our organizing towards a revolutionary future.
Chapter 3: “Radical Care”: Alternative Models and Practices of Interdependency, Mutual Aid, and Reciprocity

In Robert McRuer’s book *Crip Theory: Cultural Signs of Queerness and Disability* (2006), he articulates a theory of disability as identity and politics that is fundamentally interrelated with race, gender, sexuality and class. Drawing heavily on “queer theory,” McRuer reclaims the term “crip” as both a verb and noun to describe a new politics and consciousness around disability. According to McRuer:

We might say that crip theory, coming out crip, or crippin’ could—now or in the future—entail:

1. Claiming disability *and* a disability identity politics while nonetheless nurturing a necessary contestatory relationship to that identity politics…
2. Claiming the queer history of coming out—“out of the closets, into the streets”—while simultaneously talking back to the parent culture (or, for that matter, any parent culture, including disability studies or the disability rights movement)…
3. Demanding that, as the World Social Forum would have it, another world is possible, or that—put differently—an accessible world is possible…
4. Insisting that, even more, a disabled world is possible and pointing out that counterglobalization and other left movements that cannot begin to conceptualize that idea—that a disabled world is possible and desirable—as anything other than counterintuitive need to be cripped… (71)

In a later publication that better attends to the relations neoliberalism and austerity, McRuer (2016) adds, “We are still collectively discovering what it might mean ‘to crip.’ As a verb, the term is still perhaps best defined by what it might become.” It often means a “radical revisioning” (124). Disability justice, McRuer continues, is now intimately connected with “crip politics” in the way that disability justice “…forges anti-neoliberal coalitions in the interests of a global crip imagination, which can invent new ways of countering oppression and generate new forms of being-in-common” (125).

Importantly, this new consciousness, theory and politics departed from the social model of disability (Oliver 1990) and the disability rights movement⁸ that was predominantly composed of

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⁸ See Chapter One for a more fulsome description of these models.
white, straight men with a relatively narrow range of physical disabilities. In Alison Kafer’s (2013) book *Feminist, Queer, Crip*, she explains that she finds the term “crip” more radical than “disability” and perhaps more expansive and fluid. However, the term has some limitations. Kafer also notes that the term is sometimes used only to refer to physical disabilities or in opposition to cure. It is also not a term that is commonly used by activists, although it is slowly being taken up by disability justice activists (see, for example, https://disabilityvisibilityproject.com/2016/10/10/crip-wisdom-interview-with-the-artists-of-sins-invalid/). It remains a largely academic term to describe radical politics, that several activists have expressed discomfort with, including AJ Withers. Rachel Gorman has argued that this term is used to refer to a turn in disability political culture, but obscures the formation of disability consciousness, through class struggle (personal communication, June 27, 2017). I largely avoid the term in my theorizing for this reason.

While McRuer’s (2006) *Crip Theory* was published around the same time as the emergence of disability justice and the radical model of disability, it shares much with these fiercely grassroots, anti-capitalist, intersectional and transformative disability projects. It is not clear how the theory and the political organizing influenced each other (the language of crip theory and disability justice have not converged until very recently), yet each mark the important emergence of a new disability politics in the early millennium. Radical disability and disability justice activists have largely avoided the term crip, just as academics avoid the term disability justice, perhaps marking the divergent ways in which disability politics have formed and progress in each respective sphere.

When I began this research, I learned about disability justice and the radical model of disability through activist networks, blogs and zines, not through academic “crip theory.” I was greatly inspired and influenced by disability justice and radical disability activism in Canada that was emerging as a new wave of disability politics and “radical care.” By “radical care” here, I refer to the renewed attention to care in radical disability organizing (see also Hande and Kelly 2015) where disability care practice is informed by radical or revolutionary politics and focused, not only on transforming the social relations of disability (and) care, but also positioning disability (and) care as central to revolutionary struggle. Among many things, this new wave of disability consciousness and radical care practices departed from several forms of traditional or mainstream disability organizing in that it embraced a “radical intersectionality” of difference, a
commitment to anti-oppression and a critique of capitalism. As disability justice activist Mia Mingus states, “We don’t want to simply join the ranks of the privileged; we want to dismantle those ranks and the systems that maintain them (Mingus 2011, n.p.). I was especially excited by the creative and “radically inclusive” care models developed and practiced within these movements, which I refer to here as radical disability care. For me, radical disability care appeared transformative and even revolutionary. I wanted to explore how these radical care practices in these ways can be thought of as a new form of care commons that might advance revolutionary class struggle. As I conducted my interviews, and later my dialectical analysis, however, I began to explore the limitations of these forms of disability consciousness and care. I did this by focusing on different forms of disability (and) care organizing by people that remain outside the influence of this new wave of political consciousness and organization and are unlikely to materially benefit from these interventions.

In this chapter, I draw on my interviews with disability (and) care activists to dialectically analyze the emergence of disability consciousness and radical disability care in Toronto. I describe what I learned from these activists about the politics of disability justice and radical disability models, as well as the radical care practices that are often associated with these political projects. I draw heavily on my discussions with AJ Withers and Loree Erickson about their experiences developing a radical model of disability and forming care collectives—the dominant and “most radical” form or alternative care discussed in my interviews. Applying a dialectical analysis, I theorize and historicize these care politics as a form of anarchist “commoning,” which arises in the context of anti-state organizing and activism that places priority on the anarchist principles of mutual aid\(^9\) and prefiguration\(^{10}\). I then examine some of the strengths, tensions and limitations of this organizing, drawing on Marxist feminist theorizing of commoning social reproduction and revolution (Sylvia Federici and Maryam Jazayeri).

\(^9\) Historical anarchist Peter Kropotkin’s book “Mutual Aid” (1908[1989]) is no doubt the origin of anarchists’ commitment to the ethic of mutual aid. The ethic of mutual aid is by no means exclusive to anarchist politics. Certainly, mutual aid can be conceptualized as a form of “interdependency” or solidarity that has been integral to a disability justice ethic of care and to revolutionary organizing.

\(^{10}\) See also Uri Gordon’s (2008) book “Anarchy Alive! Anti-Authoritarian Politics from Practice to Theory” where he theorizes the contemporary importance of prefiguration and anarchist practice and ideology more generally.
Because disability justice struggles are not principally framed as class struggle, in the Marxist sense, and the influence and relations of financialization and imperialism remain largely opaque in this site of organizing, the dialectical analysis and theorizing I propose here become urgently necessary to build broader class solidarity and more revolutionary praxis. What are the social relations of poverty and disability, and how are these social relations inter-determined with the social relations of financialization and imperialism, both historically and in the present moment? My thesis begins to address this fissure and works to reveal the social relations that keep disability justice, as a site of class struggle, fragmented from many other sites of anti-capitalist organizing. My aim is to emphasize the relevance of revolutionary class consciousness for disability justice activism and organizing. Without developing a class and disability consciousness together, important capitalist relations remain obscured, and radical disability care organizing fails to strategically transform these relations.

**Radical Disability Movements in Practice and Theory**

As I mentioned above, when I began this project, I understood disability justice as one of the most “radical” and progressive formations of disability activism organizing. Disability justice has fostered a kind of disability consciousness, which is differentiated from the major disability-focused political formations of the past (i.e. the independent living movement, disability rights, etc.) that have fit more comfortably within “cultures of upward redistribution” (Duggan 2003, xvii). Most importantly, for my project and political interests, disability justice has an emphasis on care (Mingus 2015) and social transformation (Berne 2015). I recruited research participants using the language of disability justice and structured my questions around this political movement (see appendices A and B).

Because of my interview questions, disability justice was discussed quite extensively by the people I interviewed. For example, I asked them to tell me what disability justice means to them, and how disability justice was related to care ethics and notions of accessibility. Most of the participants described disability justice as a way of acknowledging the interdependency or mutual dependence of bodies and people, intersectionality of disability oppression with racism, patriarchy, etc., and a radically different way of understanding and even desiring disability. As I conducted my interviews, however, I realized that this was not an especially relevant political concept for many activists and organizers in Canada. While most of my participants articulated the importance of disability justice in the work they do, there was a lot of confusion around what
disability justice means and, for some, it was simply irrelevant. While participants were drawn to my study, they were all actively working with different definitions of disability and care. This was somewhat surprising to me, since the term is used so widely\textsuperscript{11} and most of the people interviewed for this research are actively engaged in some form of disability justice activism (see Appendix A for a brief description of each participant). This realization pressed me to reexamine what disability politics are in Canada, specifically Toronto, and how the politics of “care” factored into this. I used the dialectical methodology of Himani Bannerji (1995), Rachel Gorman (2005, 2007) and Bertell Ollman (2003), which prompted me to extend my dialectic of disability care somewhat and look beyond dominant disability politics. For instance, while disability and care have multiple definitions and meanings in disability studies (Kelly 2016a,b), this lexicon was not necessarily useful, understood or relevant to the activists I spoke with. Most of these were not academics, nor were they necessarily “mainstream disability activists”—in fact, most made a point of differentiating themselves from the “mainstream” disability organizing, and even from disability justice (which is often considered the opposite of mainstream disability organizing). If they did not consistently use terms like “disability” or “care,” I often gently pressed them to make links between the work that they were doing and the language of disability care—this was often revelatory for the participants.\textsuperscript{12}

**Some Clarification on/of Disability Justice**

Disability justice not only has a wide variety of interpretations; it is often confusing and sometimes even irrelevant for disability (and) care activists in Toronto. Moreover, as this section will demonstrate, it is also a highly contentious and loaded politic for activists to associate with, and the term is used increasingly to describe radical disability organizing. In the following

\textsuperscript{11}Almost every participant talked about disability justice as an important movement to engage with. It is also increasingly discussed in disability studies—even being the central focus of many disability studies conferences, cultural events and courses.

\textsuperscript{12}For example, MG’s disability activism has largely avoided explicit conversations about the necessity of care. In our interview, however, she said she had a “lightbulb moment”: “We need to start having conversations about care because if we don’t we’re going to lose care. I mean, there’s already so many disabled people that don’t get care. Like, if you look at people in the mental health and mad community. People in it know they need care. People don’t know how to take a break. Like, we don’t live in a society that generally accepts that we all need care. It’s go, go, go, it’s hard not to put pressure on yourself and I think even after… But I think what’s happened now is that, in not talking about care, we’re losing care.”
discussion, I review how disability justice has emerged, its relationship with the locally
developed “radical model of disability,” and what its contentious terminology and application
reveal about this form of revolutionary organizing. I also briefly review disability justice’s
relationship with anarchist principles and the politics of disability (and) care.

The conversation around disability and care has changed somewhat dramatically over the
last ten years. A growing number of disabled activists have distanced themselves from liberal
and “mainstream” disability organizing: de-institutionalization, independent living, disability
rights legislation, formal accessibility, and inclusion in the workplace/labour market. AJ Withers
(2012a), a long-time anti-poverty and disability organizer, likens disability justice or radical
disability to a “new wave” of disability politics, perhaps similar to third wave feminism (98) in
that it takes more seriously the relations between class, race, and sexuality and situates disability
as a form of oppression that is integral to global capitalism. This “third wave” of disability
activism has grown simultaneously out of the radical, queer communities of colour in San
Francisco, and queer, anti-capitalist organizing in Toronto.

According to the prominent disability activist Mia Mingus, disability justice is “a model
of disability that embraces difference, confronts privilege and challenges what is considered
‘normal’ on every front” (2012, n.p.). She further explains, “This work is about shifting how we
understand access, moving away from the individualized and independence-framed notions of
access put forth by the disability rights movement and, instead, working to view access as
collective and interdependent” (Mingus 2012). In addition to shifting understandings of access,
the movement strives to be “radically inclusive,” pushing people’s understandings of access and
challenging people to recognize and mitigate privilege. Mingus declares, “We are disabled
people who are people of color; women, genderqueer and transgender; poor and working class;
youth; immigrants; lesbian, gay, bisexual and queer; and more” (Mingus 2012). This framework
encourages people not to see these identities as separate or even intersectional (although the term
intersectional is frequently used to describe a core pillar of disability justice), but rather
embodied and inter-related. Celebrating and encouraging this diversity and wholeness means that
people can also be connected with a variety of different social justice and transformative justice
projects and forms of organizing. The emphasis is on “cripping”\textsuperscript{13} art, relationships, community, desire, futurity and care. As Mingus states, “We are working to move together, as disabled people, through a world that wants to divide us and keep us separate” (2012).

Janine Bertram Kemp (2012) describes some of the important ways that disability justice departs from the older disability rights movement. Disability justice organizers, she argues, are typically younger, disabled people who have been traditionally excluded from disability rights organizing—especially people of colour, criminalized, poor people and “LGBT people”. She describes how disability justice was codified at a Labor Day retreat in 2009 where a group of young, disabled people of colour, notably Naomi Ortiz\textsuperscript{14}, decided to develop a disability organizing framework that could address the injustices they experienced, but also introduce a challenge to disability rights organizing, which they felt excluded them, by broadening and redefining concepts such as “access” and “inclusion.” disability justice has also developed into a call for activists to take different forms of embodiment and concepts such as privilege and oppression more seriously.

More recently, Patti Berne (2015), who works closely with the Sins Invalid (a cultural project in California, sometimes thought of as an important “incubator” for disability justice) articulates ten principles of disability justice: (1) Intersectionality, (2) Leadership of the Most Impacted, (3) Anti-capitalist Politic, (4) Cross Movement Organizing, (5) Recognizing Wholeness, (6) Sustainability, (7) Commitment to Cross-Disability Solidarity, (8) Interdependence, (9) Collective Access, and (10) Collective Liberation (see Berne’s full 2015 article for more context). In contrast, for example, to the social model of disability (Oliver 1990), this framework centres the lived experiences of queer, disabled women of colour, and emphasizes collectivity, solidarity, liberation and wholeness of people and experiences.

\textsuperscript{13} While the concept of crip politics and theory was developed by Robert McRuer ten years ago, the term has not been taken up until recently by radical disability and disability justice activists. Unfortunately, I did not ask my participants to comment on the term “crip”.

\textsuperscript{14} Ortiz is a co-founder of “National Kids As Self Advocates,” which is “a grass-roots, youth-run, Disability activist group” (Ortiz 2013). Through this group, she played a key role in developing the first disability justice framework.
Disability justice has many similarities to the radical model of disability developed by AJ Withers in Canada throughout the 2000s. Briefly, there are four key concepts that define the radical model: (1) disability interlocks with other forms of oppression; (2) the supremacy of the norm, which positions disability as “lack,” needs to be deconstructed and subject to sustained interrogation; (3) disability is a political determination that is used to “marginalize specific types of people in order to obtain and maintain power;” and (4) “accessibility cannot be addressed universally, rather it must be approached holistically” (98-99). In Withers’ blog, they also develop a radical definition of disability itself:

Radical disability activists are very critical of certain groups’ attempts to get more privilege by defining themselves as other than disabled…. We argue that disability is simply defined as those who are externally identified as disabled and those who self-identify as disabled. To us, disability is not a point of individual or social tragedy but a natural and necessary part of human diversity. The tragedy of disability is not our minds and bodies but oppression, exclusion and marginalization. We do not need to be cured. We do not need charity. We need respect, equality and access. (2012b, emphasis in original)

Both models of disability have been important in challenging notions that disabled people are wrong, undesirable, unvalued or in need of fixing or curing. Withers’ framework is quite compatible with the principles laid out by California-based disability justice activists Berne, Kemp, and Mingus above, although perhaps Berne’s ten principles are a bit more expansive and geared towards political organizing. Withers’ work has been largely geared towards developing a radical disability analysis that challenges the ‘social model’\(^{15}\) approach to disability organizing in Canada and is more relevant for other anti-capitalist organizations such as Toronto’s Ontario Coalition Against Poverty (OCAP)\(^{16}\), that Withers has worked closely with for more than a decade.

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\(^{15}\) Model developed by Union of the Physically Impaired Against Segregation (UPIAS) and Mike Oliver through disability organizing in the 1980s and 90s. See Chapter 1 for a theoretical overview of disability rights and social model-based disability activism, specifically its relevance to care.

\(^{16}\) OCAP is a direct action anti-poverty organization in Toronto. (https://ocaptoronto.wordpress.com/)
While these are, by no means, the only places where this radical disability activism has emerged or is practiced, Toronto and San Francisco are certainly important hubs of this organizing in North America. More importantly, these regional differences between disability justice and the radical model of disability were emphasized extensively in my interviews. Loree Erickson and AJ Withers have both been central figures in coining and practicing the radical model of disability in Toronto, and told me how these two political projects developed simultaneously through “cross-fertilization.” In our interview, I asked Erickson and Withers to clarify how their radical disability model differs from disability justice. To Erickson, the politics of the models were not that different at all:

I feel like both models share really important common frameworks. I don’t think, necessarily that they are… I don’t see them as being in opposition to each other. I see them as being [long pause]… both doing similar and necessary and important transformative work around the ways that we think about justice and disability and desirability and oppression and all of those various things. And I think that part of it is they were kind of, from my understanding, emerging around the same time… Just, one happened on the West coast, and one happened in Toronto. It was mostly crips of colour who were organizing together around disability justice and AJ and I are both white. I’m always wanting to be very mindful of the places where these politics overlap and share common strategies and framings, but also trying to not just be like, “I can just take this up. It’s mine” and use it.

Withers agreed, saying that Erickson travels a lot between Toronto and different places in the United States where disability justice organizing is developing. Similarly, other disability justice activists, such as Leah Lakshmi Piepzna-Samarasinha, frequently travel to Toronto, learning and sharing what is happening in other places and applying it to their particular organizing context. Disability justice and radical disability activists often meet at conferences, summits or other events where they form long-distance friendships and relationships. They share zines and ideas about how to organize care and other cultural events.

Withers explained that, despite these similarities, the terminology references some important differences between the communities in which these different terms emerged:

There was more like a diffuse set of criticisms of what was going on in disability organizing that were being spread around. Like, you [referring to Erickson] and Leah
[referring to Leah Lakshmi Piepzna-Samarasinha] did a lot of that work of spreading. But I think that here we were responding much more to the way that more progressive people have… So, there’s disability rights and there’s disability social model, and a lot more progressive people have taken up the social model here than in the US where they kind of mean the exact same thing. People don’t really understand those differences—between social model and rights—so I think it made sense that we would be like “radical model”… The radical model response to the social model and disability justice was a response to disability rights and what people were trying to engage with at the time. For me that makes a lot of sense, when I think back.

Despite crafting the framework for radical disability politics, and their discomfort with using the term “disability justice” to describe their organizing, Withers and Erickson seemed quite comfortable with “disability justice” overshadowing their own terminology. Withers explained:

I think that the reality is that our politics are a collective process. None of our politics are an individual feat. I think it’s really important to recognize that collectivity behind constructing those sorts of ideas.

Erickson concurred that radical disability politics are always changing, and that can make the terminology and explanation of these models difficult to pin down, and perhaps it is inappropriate to try to do so.

Nevertheless, it is clear from the terminology in my interviews, and the zines, blogs and cultural events in radical, non-institutional disability organizing, that disability justice language is used quite freely and broadly by disability activists. It is used as a framework for addressing (dis)ableist oppression as it “intersects” with other forms of oppression such as sexism or racism, as well a radical rethinking of the very nature of disability and our most intimate interrelations with bodies, technologies and the environment (Lamm 2015). For RCG, one of the activists I interviewed, disability justice was simply about acknowledging everyone’s interconnectedness, vulnerability and interdependency: “Well, everything is disability justice because everyone is dependent.”

In their efforts to articulate what the politics of disability justice are, Erickson and Withers were cautious and uneasy, despite their long history with this form of organizing. The problematic ways in which the term disability justice is used, and by whom, seemed to always be at the forefront. I was struck by the freedom with which disability activists (included those that I
interviewed for this project) use the term “disability justice,” and the vigilance and concern that many disability activists have around who gets to use the term, how they can use it and why. For example, on one hand, Withers and Erickson were concerned about the term being over-used “as a short-hand for disability organizing with the aims of social justice [that] may or may not have a commitment to all the various systems of oppression,” as Erickson noted or, as Withers put it, “taken up as anything.” On the other hand, there is a strong reluctance to actually explain what it means and a warning to academics to avoid the debate and the terminology all together\(^{17}\). This leaves it to a wide political spectrum of activists to define the term in sometimes contradictory ways in a plethora of zines, blogs and some independent media\(^{18}\). Despite its increasing use in Toronto, Erickson and Withers concluded that as white Canadians, using the term was inappropriate in their own work. The general consensus—at least from my participants—seems to be that disability justice is a political framework coming “from the margins,” and that academic or wide usage (particularly by white people from outside of Oakland, California) or formal definition of the term would perpetuate a form of oppression against this already oppressed group of people.

In our interview, Withers expressed concern about having “fixed” or “mechanical” ideas about who can participate in a movement or political project. While Withers has spent many years fighting against transphobia, ableism and homophobia in different political projects, they decided that “fixed centre” politics that had fixed ideas about who could be included and

\(^{17}\) When I attended a “disability justice” workshop and conference in Atlanta in 2015, I was warned by a number of disability justice activists that academics were discouraged from using or exploring the term—that it was for activists, particularly queer, disabled women of colour, to use, define and organize around. It is perhaps unsurprising to them that there is a dearth of academic publishing in this area. Occupying Disability (2016), edited by Pamela Block, Devva Kasnitz, Akemi Nishida and Nick Pollard, is a notable exception. Much of this is related to the historic and ongoing cooptation and exploitation of people, ideas and analysis for academic promotion and advancement. (See Kelly 2016 and Erevelles 2011 for interesting conversations on this process.)

excluded and who was most oppressed, often based on identity, was a difficult thing to fight for someone who occupied multiple identities. While the disability justice framework is intentionally developed to avoid some identity politics (focusing instead on “intersectionality” and “wholeness”), the implicit or unspoken politics around who can engage or even talk about disability justice was challenging for several participants. Withers, for example, has invested most of their energy in anti-poverty organizing with OCAP\textsuperscript{19}, for example, instead of on explicitly disability or queer focused organizing:

In OCAP, I very much saw the reason to fight for space for folks like me. And that was a really different thing and one that was much more about people getting the importance of it but not getting the details in the same way, which is a really important fight than fighting on identity. It’s more like negotiating—negotiating access and negotiating demands versus trying to prove that your identity is somehow legitimate…

Withers worked a radical disability framework into OCAP specifically to create a space for disabled people who did not necessarily identify as disabled in order to fight for access and resources: “I think for OCAP it was not like why people got [disability politics]; it was more how.”

As I navigate my own use of the term, I aim to be respectful of the sensitivities of doing so. Disability justice has developed as a radical alternative to the white, male-dominated disability rights organizing that defined disability narrowly and focused too much on employment and human rights, rather than revolutionary or transformative politics. The ten principles of disability justice laid out by Patti Berne above powerfully indicate the importance of embodiment, collective transformation, anti-capitalism and interdependency for advancing a very different kind of politics, which is powerful and necessary. Yet in this dissertation, I am compelled to examine the limitations in the practice of these politics, to review them from several different perspectives and to assess their implications for my own organizing ethos beyond the academy.

Considering the overlap of the radical disability model and disability justice, the confusion and heated debates around their usage, I will continue to use the term “disability

\textsuperscript{19} In our interview, Withers was careful to note that they do not speak on behalf of OCAP and that many OCAP members may see things quite differently.
justice” in this dissertation. Not only was this term discussed at length in my interviews, but subjecting the debate around disability justice to a rigorous political analysis reveals much about the social relations and ideology of this new form of “intersectional” and “transformative” activism. Ultimately, however, I distance myself from this term, partly because of its politics around who should and who should not engage it and speak its name. However, I will interrogate and attempt to reveal the social relations of this term when I do make use of it. In Chapter 4, I will use Marxist abstractions to analyze the social relations of contemporary disability care politics in Toronto, where the disability justice framework is less influential. It is important to point out, however, that for many of the activists I interviewed, the term and the politics it signifies currently have little material significance for their struggles. For many, it was a word that seemed to hold real promise for a new way to approach disability politics, and yet most people were at a loss to describe the material significance it held for them—either because the relations were mystifying for them, because they were afraid to say the wrong thing or use the language of disability justice, or because it was disarticulated from their organizing work. I will theorize these social relations in the Canadian context more thoroughly in the following two chapters, but I will touch on this issue briefly near the end of this chapter as well.

Despite the abovementioned confusion and limitations, disability justice and radical disability organizing in Toronto are often discovered through alternative and radical organizing. Quite contrary to the mainstream disability politics of upward redistribution (McRuer 2006), most of the activists I interviewed were aligned with an anarchist politics of opting out of state intervention, and taking care of and supporting each other. It is not surprising, then, that the ways that disability justice departs from the disability rights movement, or that the radical model departs from the social model of disability is not necessarily meaningful or relevant. Instead, most of these activists are interested in learning to develop a disability consciousness through political practices and activism that are not necessarily disability-focused, and disability justice has become a catch-all term to describe this process. For example, many of the activists I spoke to referred to disability justice as a process of “cripping” areas of organizing that, historically, have been largely silent on the topic of disability and care, such as environmental organizing or black liberation organizing. Disability justice’s focus on intersectionality, anti-oppression, interdependency and mutual aid overlaps with other social movements such as Black Lives Matter, transformative justice and other non-hierarchical projects. So the disability justice
framework offers these activists a different entry point into disability politics, consciousness and care.

**Materializing and Historicizing Disability Justice (and) Care**

As argued above, disability justice has been an integral framework for people outside of mainstream disability politics to think about disability, as well as to think though (dis)ableism as a distinct form of oppression that relates to myriad other oppressions (racism, colonialism, sexism, homophobia, *etcetera*). Yet, there are antagonisms and tensions between disability justice and anti-capitalist organizing that reveal the ways in which disability consciousness and revolutionary consciousness remain abstracted from each other. Marxist organizers of various stripes have often dismissed or ignored “disability politics,” dismissing them as liberal identity politics and/or emphasizing the ways that the intersectional and anti-oppression framework that is often used in disability justice organizing abstracts and fragments the class struggle (see *M-L-M Mayhem!* 2013 for a Marxist critique of the politics of privilege). Even when disability justice activists, such as Mingus (2015) and Piepzna-Samarasinha (2012), *do* highlight working-class and anti-poverty struggles in their organizing, socialist and communist organizers have been highly critical of how poverty and class are conceptualized in this framework. This was certainly reflected in the interviews I did with Marxist organizers. In this section, I name and analyze several political tendencies in Marxism, feminism and disability organizing that have contributed to this antagonism.

My theoretical discussion in Chapter 1 provides some context for these long-established antagonisms. First, traditional Marxists and feminists have tended to ignore the intimate, sensual relations of care from the “the other side of the dialectic” (Erevelles 2011)—that is from the perspective of disabled care recipients—instead focusing on the exploitation of feminized care labour (see also Kelly 2016). Related to this, Marxist (and) feminist attempts to transform exploitive care relations for caregivers tend to reinforce the idea that disability is a naturally occurring problem, and that disabled people necessarily *need* specific kinds of care and thus are passive burdens of care rather than active political agents in the care relation (see for example Dalla Costa 2012, Federici 2012). Feminist activists and theorists that *do* interrogate the
complexities, and contradictions, of disability care (such as Kelly 2016, Fritsch 2010, Morris 1995 and Thomas 1993, 2001) have rarely conceptualized this relationship dialectically and thus ineffectively relate the care alternatives they explore—namely independent living or Direct Funding—to the global relations of capital. Thus they do very little to address and transform the generalizing capitalist relations that exploit care labour in violent and oppressive ways. Finally, most Marxist disability activists and theorists, such as Brendan Gleeson\textsuperscript{20}, have traditionally focused on fighting to include disabled people in the wage labour market, clearly establishing disability as a form of oppression largely imposed by capitalist society with no attention to the historical specificities of patriarchy and ableism, nor embodied experiences of disabled people.

Within disability care politics, then, the theorizing around social relations and embodiment have been abstractly demarcated, becoming dualistic rather than dialectic in the corresponding formations of disability care theorizing and politics. In response to this, disability justice organizers have challenged Marxism and feminism for being “ableist” in practice, reinforcing organizing practices and ideologies that do not take into account different embodiments, and making little effort to challenge the historical, bio-medical model of disability. However, this does not mean that the larger context of global capitalism and exploitation should be discounted. In fact, as Erevelles (2011) so poignantly argues, it is dangerous to do so, especially as care and economic, political and cultural relations become increasingly global in scope.

A dialectical analysis takes into consideration the mediation of embodied experience and the generalizing social relations that intimately structure and shape that experience. In the next section, I examine how the contradiction of advanced finance capital is mediated through disability justice politics and the intimate corporeality of disability care and interdependency. While disability justice is not an explicit site of revolutionary class struggle, for the reasons I mention above, the disability consciousness that is fashioned in these political formations has helped activists develop important criticisms of many forms of Marxist organizing. Disability justice has also given rise to disability consciousness as well as other forms of critical identity politics, such that Marxists must begin to meaningfully and productively engage in these struggles as well.

\textsuperscript{20} See Brendan Gleeson’s (1999) \textit{Geographies of Disability}, for an example of how disability studies is conceptualized in this Marxist framework.
In the following section, I explore the ways in which activists in Toronto have developed transformative and prefigurative forms of disability care that are explicitly political and closely interrelated with these new-wave disability politics. I then examine how class struggle is developed and thwarted in these care projects and the role of state in enclosing or coopting these projects.

**New Practices of Disability Care**

The people I spoke with for this project represent a wide variety of disability care labour, which include peer support for “addicts,” harm reduction work, sex work, collective care, “psychiatric care,” self care, informal “circles of support,” formal personal support work, psychiatric nursing, and other forms of bureaucratic service provision for disabled people. “Crippling care,” however, is about doing disability care differently—whether out of necessity and survival or building modes of disability-centric resistance to the violent, dehumanizing and oppressive care practices, ethics and models that dominate care under neoliberal capitalism (Hande and Kelly 2015; Mingus 2015). Radical disability care, sometimes called “cripping care” by academics (see Douglas et al. 2016) is often an explicitly political project for activists and organizers, who draw on disability justice concepts of interdependency, anarchist theories of mutual aid, and, of course, different forms of “crip theory” to imagine how disability care can be organized differently. Very often, these projects are focused on creating alternative care relations that challenge, subvert or rearrange the way that disability (and) care are conceptualized and imagined.

While the activists I interviewed engaged in a wide range of these alternatives, I focus here on care collectives and circles of support as popular forms of radical disability care. Of the people I interviewed, JR, LD, AJ Withers and Loree Erickson have been involved with care collectives or circles of support that have varying levels of organization and formality. ND and RCG also talked extensively about the importance of circles of support for their political organizing. All of these care projects were considered explicitly political projects for four central reasons, among many: (1) they were organized outside of state intervention; (2) they politicize disability identity, rather than assuming it to be a natural or biological problem outside of human relations; (3) they reorganize traditional care relations, such that the relationship between care giver and care recipient is conceptualized as reciprocal and interdependent; (4) the care relation
is not mediated by money and is thought to be collective-oriented. It is not difficult to see then that Kropotkin’s (1908[1989]) concept of mutual aid undergirds the politics of these projects.

I start by exploring the care collectives described by Withers and Erickson and how this is connected to their radical disability politics. Together, Withers and Erickson have been at the forefront of radical disability politics in Toronto. Not only have they crafted the pillars of the radical model of disability (see above), they have also put their politics into action by working with a variety of social movements and organizations ranging from anti-poverty, to prison abolition, to animal liberation, in an effort to insert a radical disability analysis into those movements. Withers’ zine and blog make it easy to follow these politics and Erickson’s large care collective (sometimes involving upwards of 50 people) is another avenue where people learn about the politics. I had interviewed Erickson and Withers about care collectives several times over the years (Hande and Mire 2013, Hande and Kelly 2015). For this project, I interviewed them both at the same time and they shared with me how their disability politics developed and the role that care played in developing these politics.

Erickson relies on people to help her with almost all her daily tasks, from toileting and showering to food preparation. Hailing from a rural working-class family in Virginia, she grew up with her family as her primary care providers. When she went away to university, she began getting publicly subsidized attendant support. After two years with few problems, she was given a new caseworker who told her that the agency was going to cut back the number of care hours she would receive per week. They told her:

“You’re getting entirely too much care.” And I was like, “OK, you don’t know… anything about me, so how do you know how much care I need?” Then I spent the next two years trying to be like, “Actually, this is the amount of care that I need in my life…” [laughs] And then when I graduated she [the agency case worker] was like, “That’s it. You have no bargaining room anymore.” Because the way it was set up was that it was, like, they were only supposed to provide or pay for care that was for school-related activities. So, I spent two years trying to say, “Getting out of bed is a school-related activity. I can’t go to school if I can’t get out of bed.” So, then when
she cut me off, she switched me over to what was called the PASS program\textsuperscript{21}. It’s similar to Direct Funding\textsuperscript{22}, where you have to find your own people and you have to pay them through Medicaid that gives you money and you pay them a wage. The wage was $6/hour…. It worked out to being 6 hours a day at $6 per hour… So, I was supposed to find somebody who was going to do all of my attendant care for $36/day before taxes [laughs]. This was impossible. I just couldn’t find anybody who could afford to live off of that wage, so my friends started supplementing and doing care for me. Then we sort of gradually moved it into a more formalized system when we were talking about, “Well, do we want to create something outside of the state or do we want to just keep trying to fight within the state and get them to give you more hours or change that?” So we decided that we wanted to focus on creating something outside of the state at that point while still trying to work to ensure that other people were getting what they need also.

When Erickson moved to Canada over ten years ago, she was unable to secure any funding at all to hire care givers, so she established a new care collective in Toronto. Since then, she has had all her care needs provided through the collective.

While originally her collective was about survival, it has now become a political project and a key part of radical disability organizing in Toronto.

For sure [the care collective] has had a huge impact in the ways that people start thinking about disability. For a lot of people, it will be their first time—and this is changing now—but for a lot of people I’d be the first disabled person that they’re meeting or hanging out with on a regular basis. So, then they would start thinking about disability stuff and we would just be talking about our lives in the bathroom or in the kitchen while we’re cooking food or whatever. And the ways that people have access to understanding a particular politic of understanding of disability, which then they take with them in their lives, I think, is a huge part of why Toronto is how it is

\textsuperscript{21} Loree Erickson is referring to the Plan for Achieving Self-Support (PASS) Plan. The PASS Plan website provides a basic description of how this is funded: http://passplan.org/Learn/default.htm

\textsuperscript{22} A basic description of Direct Funding can be found on this website. Christine Kelly’s 2016 book “Disability Politics and Care: The Challenge of Direct Funding” describes the Canadian politics of Direct Funding and how it compares to similar programming.
with regards to disability. Yeah. I think that collective care is a really awesome form of organizing work.

While Loree’s collective is ongoing and vitally necessary for her to get through her day-to-day activities, Withers has also organized temporary care collectives around their own needs at different times in their life. They explained that their ability to produce their intellectual work is entirely based on their care collective which helps them do physical tasks, such as laundry, grocery shopping, or cooking that would otherwise be debilitating. These kinds of temporary care collectives are not uncommon. LD has been involved with care collectives for most of her life, and she works to establish different kinds of circles of support and other informal care networks. In our interview, she outlined several collective care models that are becoming increasingly popular for people who have been institutionalized and/or who are at high risk of being re-institutionalized. LD, Erickson and Withers explain that, more and more, these circles of support and temporary care collectives are forming to support people in crisis, recovering from surgery or illness (Federici 2012, Loree Erickson, personal communication, July 10, 2013), or to support disabled people so they can participate in conferences and important political events. This collective care approach is also increasingly common for people who find it very difficult to find supportive, humanizing care because of the stigma and oppression they experience related to their care needs. For example, in the 1980s and 90s, collective care became more popular as a strategy for supporting the care needs of people with AIDS and HIV (Federici 2012). Today, care collectives are increasingly providing support for people recovering from transition surgery (AJ Withers, personal communication, July 4, 2013). Anarchist zines and blogs such as Crimethinc provide people with tools to develop these kinds of collectives or “circles of support” (radicalcollectivecare.blogspot.ca N.D.; Upping the Anti Editorial Collective 2016; Rolling Thunder 2008; Institute for Anarchist Studies 2012; Precarias a la Deriva 2010). Even high-profile scholars like Marxist feminist Sylvia Federici are endorsing care collectives to support aging people so they may avoid institutionalization (Federici 2012).

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23 One successful example is the “Aroha” (roughly translated as “love”) developed around Andrew Bloomfield, a man diagnosed with autism who has spent much of his life in institutions and struggling with psychiatric drugs that did not improve his quality of life. His Friends of Andrew Bloomfield (FAB) Board helps him coordinate his own schedule and lifestyle with supported communication, writing, artwork and managing his own home. They are also developing a plan for when his parents die and cannot longer be involved with the Aroha.
In our interview, Withers, Erickson and I reflected on the ethic of care that emerges in a care collective and how it differs from care ethics in institutional or professionalized settings. These contrasting care ethics also became apparent when I joined Loree’s care collective in 2013. When answering a set of screening questions over the phone, a member of the collective asked me what kind of experience I had with disability care. I explained that I had grown up providing care for my disabled mother but that I had also worked as a personal support worker in two different care homes. This professional experience was met with skepticism around my suitability as a member of the care collective and I asked Erickson and Withers to explain why this was. Erickson explained that professional “caregivers” needed to go through a process of re-training that was often labour-intensive for her:

If people are coming to do a care shift with a certain, “I know everything about providing care, because I do this professionally or I’ve gotten the George Brown College Personal Assistant Worker certificate” or whatever, it means that I have to do that much more work to be like, “Actually, let’s unpack what you think of when you think about care and what you think of when you think of disability. Like, I do that work with everyone, but when people come with a knowing or with that feeling of “I’m the expert on this” or “I’ve got the skills,” it just means that you have to then be like, “Well, those might not be the skills I’m looking for,” right? [laughs] Or, “that might not be the perspective that is necessarily what mine is.”

Withers briefly added two stories of “gross care” that was provided by medical professionals:

I just thought of two stories. One was when I was using a wheelchair and this person who had been my acquaintance for a couple years… had recently done a personal care support worker certificate and then… was helping in a way that I was like just disgusted by, just disgusted. Her tone of voice was so patronizing and I was like, “Whatever the fuck you learned in school was just bad. Like, just gross.” And then also… there was someone who was doing care stuff for you [Loree] and went to nursing school, then… while going through nursing school, fundamentally changed how they treated you. She started putting a towel over herself…to lift you. Kind of gross dehumanizing things that is just really shitty.
Erickson hastened to qualify Withers’ arguments by saying that not all professional care providers were “bad”, but they needed to learn to do things differently in the care collective; they needed to learn to recognize the difference between a medical model of care that reinforced a “fixed,” top-down “power-over” relationship, rather than the “active,” “reciprocal,” and “interdependent” relationship that is nurtured within the care collective.

JR, who had worked as a Personal Support Worker (PSW) and was a member of Loree’s collective, articulated key differences between her standpoints as a paid and unpaid non-disabled care provider as well. She mentioned that she had learned about the collective through her networks in the “queer community” and so it was always framed as a queer project for queer people. This was very important for JR. When she worked as a PSW, she felt she had to be “closeted” because of the intimacy of her care relationships and unspoken codes of professionalism that strained a mutually beneficial care relationship:

JR – Straight-up… I’d say 99% of the [PSWs] there do not want to be there. They’re there just for the money… Some of them don’t even like working with people with disabilities or even like… You know what I mean? They’re miserable and it’s just like… Yeah, so, it was very, very opposite experiences. You know? Everybody that I met through Loree and was part of the collective wanted to be there, was excited to be a part of the community. Such a different experience than meeting other PSW workers who were quite miserable.

MH – And you were talking about the different kinds of relationships… Like, the things that you could do and the things that you couldn’t do in those different spaces.

JR – Yeah. So, certainly being out as queer with Loree, I felt a lot more comfortable doing everything, doing anything. It wasn’t so awkward. Because it is a very intimate experience, so, working where I was working before… I was in the closet there and it was kind of awkward because there were these intimate moments that there was no… I couldn’t be out, otherwise there might be some suspicion…

Withers and Erickson’s critique of “fixed-centred organizing” (also see above), involving formalistic and non-reciprocal care, was not limited just to institutional and professional training for PSW and nurses; they also criticized the models and practices of care developed through the Independent Living movement. Erickson explained that the complex, interdependent
relationships she has had with caregivers throughout her life has made reciprocity, negotiation and mutual justice a key priority in her disability care politics:

I’ve always really felt that was another area of division between myself and a lot of the mainstream disability organizing—the pop rhetoric and politics and discussions around care, and care as people trying to create alternatives to custodial care or really dehumanizing violent caregiving that people were experiencing. So, then the Independent Living movement came in and really tried to shift it to “the person with disability is the person who’s in control and has the agency and the power and attendants are just your arms and your legs and they’re not even really people.” I never felt like that adequately conveyed the relationships that I had with the folks who were doing care with me or for me or vice versa. I also think that I had some really crappy care folks through the agency that I had when I went to Richmond, but I also had some really amazing people who were in my life for my entire four years of university. I think that they also really were a part of how I understood disability organizing or disability justice. It was mostly young black women who were the folks who were doing care in Richmond. Building relations with those women really impacted how I thought about… I would never do an organizing project around disability that didn’t consider those people as… I always have a reminder of them as… and their complex humanity and how we’re coming together and working together rather than a power-over situation.

Withers and Erickson added that they felt that the independent living approach to care was mechanistic and often hid the labour of marginalized women.

AW – I feel like that is a really good example of why you shouldn’t have a fixed centre around identity politics. It’s like this group of straight, white dudes—mostly dudes, not all—that brought forward this politic that was really, really influential and has important impacts on people’s lives, but also is really messed up. Like, it erased any kind of notion of solidarity or mutual justice or the fact that a lot of care workers end up becoming disabled themselves. And it was a very particular masculine idea of what mechanistic needs-meeting is.

LE – Yeah. Invisibilizing labour that mostly marginalized women were doing.
In their effort to counter these violent and exploitive forms of care, Withers and Erickson developed a visionary ethic of care that emphasizes interdependency and reciprocity, values reflected in the radical model of disability, and disability justice more generally. Other participants, such as JR and LD, who have been a part of care collectives in Toronto, echoed the importance of “togetherness,” even intercorporeality (Fritsch 2010), in the collectives and in their disability politics. JR told me that when she joined Erickson’s collective, she learned not only to notice and think about disability and accessibility in new ways, JR also started thinking about her own body differently. Erickson is acutely aware of how the quality of her care is contingent on her care collective members’ body awareness and a consciousness of how her body is interrelated with theirs. JR explained that Erickson was always checking in to make sure that her body was OK. “It’s like, she knew my body better than I did!” JR added:

Loree was always very… making sure that I wasn’t overdoing anything and I wasn’t taking on too much. If I hurt my back or something she would always ask how I was feeling and check it to see if I was OK. This was something… because she obviously wanted me to continue being able to help so she didn’t want me to throw my back out or anything.

Erickson guided JR through all her personal care, but always on what she describes as “mutual terms.” In these ways, Erickson enacted the negotiation and mutuality that she and Withers emphasized in our interview. Erickson explained that, from a very young age, she learned that her care and survival depended on the strength of the relationships with the people around her. This means that, unlike some proponents of independent living, she does not view her attendants as “just arms and legs,” but as people that she works “together with” rather than in a “power over situation.” She explained that her collective is about emphasizing and celebrating interdependency and intercorporeality:

Like, what your body does and what my body does and what we both need and how do we get all of our needs met in that moment. I think that that’s really important and

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24 Interestingly, Kelly (2016) argues that Withers’ and Erickson’s critique of independent living is incongruous with the disability activism and movements. However, their critique of independent living is becoming increasingly common in the “new wave” of disability organizing. For further reflection on Withers’ critique of the independent living movement, see their 2015 blog post on Self-determination, Disability and Anti-Colonialism or Self-Determination as Disablism and Colonialism.
I also think that it is… the idea of reciprocity that’s not like, you know, “you help me pee, now I’ll help you pee”…

In these ways, their care collectives are about much more than having basic needs met. They are about forming new kinds of relationships that emphasized mutuality and reciprocity, rather than competition, charity and independence. Erickson and Withers were critical of strict adherence to prefiguration without also developing a progressive political framework and engaging in broader social movements25, yet they also stressed that radical care praxis, through projects such as care collectives, is key to “mirroring” the world they wish to live in. Withers explained these collective forms of care prompted people to ask new questions like “How do we want to treat each other?” and “How do we want to collectively make sure that we’re taken care of?” For Withers, “the folks that stick around in the care collectives” are folks that are truly committed to building reciprocal, non-hierarchical relationships with others; it is not charity. To encourage members to reflect on their own care needs, Withers and Erickson encourage people to forget about guilt and ask for help whenever necessary. This, they explain, normalizes the idea that everyone has needs and vulnerabilities, as thus care is actually a universal aspect of humanity. As Erickson says,

When people are like, “Give us tips on how we can be less of an asshole in the world.” I’m like, “Ask for help.”

This practice can disrupt the non-disabled/disabled and care-giver/care-receiver relationships that structure most care labour, particularly when it is paid or professionalized. This is often a central goal for care collectives.

**Why Collective Care and Why Now?**

In the interviews I conducted, participants attributed the popular emergence of these care collectives to developments in political theory and organizing, building on the political consciousness and ideology advanced by feminism, crip theory, disability justice, anti-oppression, and new anarchism. While activists like Erickson explained that these political care projects were also borne out of her unmet need for basic, daily necessities, this aspect was rarely emphasized in many of the other interviews. Beyond making the argument that everyone needs care and that we are all interdependent, the qualitative and quantitative changes in disability care

25 Indeed, both Loree Erickson and AJ Withers have been involved in a plethora of other social movements and political projects.
remain unaddressed or underexplored by many of the activists I interviewed, despite prompting questions about how things have changed and how this might be related larger social relations like austerity and neoliberalism. A historical materialist analysis might bring to light questions around how and why care is becoming so politically significant in the present moment and why these politicized care interventions are happening almost entirely outside of state institutions. Also underexplored in these interviews is how the need for specific kinds of disability care is increasing. It thus the work of analyzing how these material necessities are increasing is pressing. While most activists are keenly aware of and impacted by neoliberal and even financial restructuring, it is noteworthy that these larger ruling relations and austerity measures were rarely articulated, and seldom explicitly linked to the politics of care. In fact, in these conversations, care was often politicized and reimagined, yet its changing (historical) social relations, which are dialectically related to changing material conditions, were often unexplored. This is not necessarily the case with the activists I profile in the following chapter.

In this next section, I will briefly outline five closely interrelated limitations of these extra-state political care interventions in order to demonstrate the importance of class consciousness and strategic anti-capitalist organizing:

First, the politics of radical alternatives—closely interrelated with disability justice and radical disability activism—presume that care happening outside the workplace or outside paid labour is more radical and transformative. The paid/unpaid care dialectic seems to be the primary focus for these politicized “alternative” care interventions, and, surprisingly, it is almost taken for granted that unpaid care labour is non-hierarchical and more radical and liberatory than paid care. The ways in which this “do-it-yourself” (DIY) approach is shaped and reinforced by neoliberalism as a political ideology that encourages people to take responsibility for themselves rather than rely on state support remains largely unexplored (I will examine this more in Chapter 4).

Second, perhaps because of the conviction that unpaid, collective care is more radical than paid care, activists can sometimes obscure and moralize labour. By assuming that unpaid labour in collectives is more radical and liberatory than paid work, the labour is assumed to be non-exploitative and entirely free. However, Erickson, emphasizes the toll that organizing her collective puts on her (especially in its unpredictability) (see Hande and Mire 2013, Hande and Kelly 2015). She often feels burnt out with the administrative aspects of care and the emotional
labour she must do to maintain (reciprocal) relationships with her care collective members, so that they continue to return. While the care is described in the interview as reciprocal, and is certainly not one-sided, the necessity of the care collective to assist Erickson with daily activities is not typically matched by the necessity of the members to stay in the collective. JR’s story is a good example of how difficult it is to maintain a care collective. She left Erickson’s care collective because she was burnt out, consumed with providing care for her partner who was undergoing transition surgery. She struggled with her decision to leave (she kept saying she felt bad) rather than talking about how it was unsustainable for her to continue giving that much labour on a weekly basis. She also assumed that everyone in the collective really wanted to be there because of the voluntary nature of the membership and the importance for many in the queer community to remain members of that community. However, in this framing of care collectives, the often-urgent necessity of the care being reproduced there is again downplayed, and unequal power relations are obscured.

Obscuring these power relations—for example, by portraying the relationship between Erickson and her care collective members as totally reciprocal—as well as moralizing the labour in organizing projects—can also hide the labour that does occur there (see also Dalla Costa 2012). Just as feminist theorists have explored how gendered labour is hidden in attendant care relations, it is important to acknowledge and address how care can be exploitive in unpaid, politicized contexts. I examine this in more depth in Chapter 4, where I look at hidden and unacknowledged disability care labour in anti-gentrification organizing. In this context, words like “disability” and “care” are used selectively, based on service provision and policies, political goals, and class distinctions in one of Toronto’s poorest downtown neighbourhoods.

Third, while I do not think that many disability justice activists would suggest as much, it is important to emphasize that these radical forms of care alternatives are not solutions in and of themselves. In fact, Loree Erickson has made this argument in her own academic and community work (see Erickson’s 2015 dissertation). This is important because these, or other non-state processes like Transformative Justice methods, are frequently discussed as revolutionary or radical praxis (see Kelly 2010, Precarias a la Deriva 2010, Rolling Thunder 2008, Withers

26 Other disability care activist and theorists, such as Christine Kelly (2016), have shown that even in a paid environment, such as Direct Funding, many disabled people who hire attendants benefit from not having to manage all the administrative labour of scheduling attendants.
In best-case scenarios, they collectivize much-needed resources for survival and a powerful sense of community and hope for the members. In worst-case scenarios, they fetishize alternatives that are not accessible or feasible for most people, making them seem like the only alternative to other forms of care, a solution that is politically valorized as the most radical or even revolutionary way of organizing care. Moreover, these collective members can be uncritical of the ways in which their collective labour is exploited by the state and absorbed in the circuits of capital production (Hande 2014). Exploitive dimensions of collective care will be addressed further in Chapters 4 and 5.

These interviews did not focus a lot on the conditions that necessitate the formation of care collectives. While Erickson, Withers, LD and JR critique the politics and care praxis provided by PSWs or programs such as the Centre for Independent Living in Toronto (CILT)’s Direct Funding, Loree Erickson and AJ Withers would have had great difficulty accessing these resources even if they wanted them. In our interview, Erickson emphasized that her immigration status restricted her from being able to access state-provided care provision. And, while Withers did not discuss their access to care at length in our interview, in their book Disability Politics and Theory (2012), they explain how their disability status took years to recognize, and it is still not recognized by some members of the dominant “disability community.” Although care collectives and circles of support are growing and increasingly popular as political advances in inclusion-based disability care organizing, these advances are not divorced from the material and economic changes that have made restrictions on access to care a crisis.

This ideology was reflected in some of the interviews I conducted, although notably both Erickson and Withers have pointed to several limitations of care collectives in other interviews I have conducted with them. Erickson describes how time consuming it is for her to just “get through the day” by coordinating and scheduling her care collective and troubleshooting when people do not show up and she needs to use the bathroom, for example. She also invests a huge amount of emotional energy into being warm, up-beat and inviting with the collective members that come for care shifts to give them something in return and ensure they keep coming. For Erickson, privacy and time alone are extremely limited. Withers argued that privacy and alone time are incredibly important to them, and that this need made it difficult to maintain collectives for long periods of time.
Ultimately, these care collectives and circles of support can provide immense benefits, but they are not feasible options to most disabled people who have difficulty accessing the care they need. To successfully organize a care collective, people need to be socially networked, they need to develop “community,” they need to be surrounded by people who are motivated to make the political and time commitments, they need to be patient, socially savvy and generally well-liked. Moreover, they need to be widely regarded as “properly disabled” (usually physically disabled) and “deserving” of support. For many of the activists I discuss in Chapter 4, particularly those who are and/or who work with drug users, homeless people and sex workers, this is a real challenge. For example, drug users who are street involved in Toronto are frequently judged to be dangerous, worthless, and undeserving of support. Thus, collective care or circles of support become a form of resistance that are necessary, but must be connected with a larger social movement. Because many people with disabilities barely cobble together the means of basic survival, they may not have the wherewithal to build a political project around their needs. While the emphasis on interdependency and collectivity is no doubt integral for liberation and revolutionary consciousness, work must be done to make these collectives relevant and feasible for the masses if they are to represent a significant and transformative form of care provision. Through the following chapters, I follow Ollman’s dialectical step to historicize care collectives (and commons more generally), looking at what radical care projects have been successful at a mass level and how mass revolutionary care is organized and might be organized in the future.

Fourth, inscribed within disability justice’s anti-capitalist commitment (Berne 2015) and its focus on organizing largely outside of capitalist social relations is the notion that the radical alternatives celebrated by disability justice are not directly dependent on state or private funding, and are assumed to work to undermine capitalism and contribute towards the withering away of the state and capitalism. Based on my own experiences, my readings and my interviews, these “radical care” interventions remain largely at the level of the ideal, and often ignore the base or global and material care conditions produced by capitalism. The lack of direct engagement with the state, in many ways, dismisses the insidious social relations of exploitation and dispossession in our everyday resistance projects. Furthermore, as Maryam Jazayeri (2015) emphasizes, these ideas do not dialectically examine the relationship between a capitalist mode of production (largely characterized in late capitalism by financialization and imperialism), and the modes of
political ideology and resistance, required to challenge them, and thus fail to foster revolutionary consciousness.

Taking a dialectical approach, we can examine how any “commons” within global capitalism will always and continually be met with enclosure (De Angelis’ 2012a, 2012b, Federici 2012, Hande 2014, Jazayeri 2015). While commons can form important sites of resistance, they have flourished under neoliberalism and financialization. They can become a kind of release valve as imperialism intensifies, both quantitatively and qualitatively, and thus serve to produce disability and deprivation in the process. The restructuring of state infrastructure, services and funding has also meant that people are forced to be entrepreneurs and cobble together their own support networks. The fact that commons are emerging in the sites abandoned by capital and the state where people cannot access services like attendant care (Kelly 2016), the quality of work is declining along with wages in relations to cost of living (Cranford et al. 2003) and the unemployment rate is soaring, it is not surprising that collectives and various forms of “commons” are making a resurgence. In this light, commons and collectives do not necessarily disrupt or transform the social relations of capitalism. Approaching this dialectically means looking at how these spaces of resistance are continually coopted and exploited by capitalists (De Angelis’ 2012a, 2012b; Dyer-Witheford 2009; Federici 2012). Further, as Maryam Jazayeri (2015) argues, we must learn to develop revolutionary consciousness around these interventions. Failure to correctly investigate capitalist social relations and intervene through these political projects means that they will never take root as relevant or meaningful to the masses and lumpen proletariat that stand to benefit most from radical interventions, let alone form the basis of truly revolutionary struggle.

Jazayeri criticizes Federici’s celebration of the commons:

…Federici’s concept of commons, which is proposed as a political project or means for realizing that potential, sourly dwarfs [sic] the goal. She misses two key elements in the workings of capitalism – namely, the state structure and the inner dynamics of capitalist production, both of which incessantly penetrate into and commodify even the most rigid and resistant forms of production relations. This base/superstructure context makes it impossible for communist [or truly collective] social production relations to take root under capitalism. (2015, 309)
Jazayeri is concerned that such commons projects are being conceptualized by Federici (2012), and other activists who celebrate these interventions, as substitutes for revolution, rather than simply a part of larger struggle against the capitalist state. She argues that these projects, if left unconnected with larger anti-capitalist struggles, will contribute neither to the withering away of the state nor to the end of capitalism. She warns, “In capitalism… private property and the market cannot exist without the state… This reality dictates that, to realize the potential existing for a communist society, the state machinery of the capitalist class has to be destroyed” (310). This reality, Jazayeri argues, must be recognized for truly revolutionary organizing and consciousness to take place. “Otherwise, any strategy or project for radically changing the world will come back in a full circle to the fold of the system we are trying to change and instead will serve its continuation.” (325)

With respect to the radical care alternatives and disability justice politics discussed in this chapter, perhaps this is what Withers\textsuperscript{27} is getting at with their conception of “fixed centre politics.” While not explicitly stated in our interview, Withers hints at the dangers of uncritically glomming onto the identity of disability, conceptualizing a somewhat narrow understanding of the necessities of care (often limited to the support that one individual needs, rather than intervening to build up the general power and material conditions of the proletariat), and fetishizing “collectives” or commoning as an intervention. Similar to Jazayeri’s argument above, this undialectical praxis can do worse than fail to intervene in the most extreme sites of class warfare; they in fact might actually prevent that from happening. In the next chapter, I examine another site of organizing and care that views disability politics in a very different light. I begin at a different vantage point, that of frontline crisis support workers and street-involved drug users, which is less focused on disability identity and disability politics and more on survival and working class power to “fight back”. From this vantage point, disability care takes on a very different dimension, one that has a more explicitly revolutionary focus and one that reveals the capitalist, colonial, and imperialist material relations of disability care organizing in Toronto.

\textsuperscript{27} Out of the participants I discussed in this chapter, AJ Withers is perhaps the most critical of this form of organizing, pointing out the limitations of prefiguration, as well as other “transformative justice” projects (which bare some similarities to disability justice) in their zine \textit{Transformative Justice and/as Harm} (2015b).
Finally, I will suggest that, moving forward, it is necessary to distinguish among learning for survival, learning for resistance and learning for struggle (Gorman 2007). In her collaborative study on the learning practices of Kurdish women in diaspora, Gorman, along with Mojab and McDonald, came to distinguish between these learning practices in this way:

*Survival* learning is how individuals develop strategies to cope in a world that has been constructed to exclude them. Individuals may figure out a coping strategy on their own, or may learn about it from other members of their community or social group. *Resistance* learning is how an individual or group develops strategies to resist the ways in which the world has been constructed to exclude them. *Struggle* learning is how a group develops an understanding of how their oppression has been constructed and reconstructed, and how that group develops counterarguments and strategies to dismantle the oppression. (188)

Gorman goes on to stress that

It is important for people concerned with social justice to be able to make a distinction between *resistance* that is about meeting and opposing oppression at the specific sites where it is manifested, and *struggle* that involves identifying, grasping, and changing the conditions that produce the oppression that individuals and groups exercise. (195)

**Conclusion**

While radical care collectives and other alternatives may well be important forms of survival and resistance amidst neoliberal and financial restructuring and increases in violence against disabled people (Kelly 2016, O’Donoghue 2013) and other marginalized groups (Whitehead 2016), moving these radical interventions into class struggle can be a significant challenge. Nevertheless, I want to emphasize that a number of the activists with whom I spoke are engaging in this revolutionary class struggle. Interestingly, most of these participants were those that were articulating significant limitations with disability-focused political organizing. And yet, they were developing a kind of disability consciousness through their struggle. In the remaining chapters, I explore more fully how this is happening, and how this struggle might look in the foreseeable future.

The crip theory (and what I call “disability consciousness”) and disability justice frameworks, discussed in this chapter, are integral for transforming disability identity and
consciousness into something more than identity politics and more than inclusion into the ranks of privilege. Each framework/theory emphasizes the importance of critical and reflexive consciousness around what disability is and how it is interrelated with the multiple forms of oppression that take shape within the social relations of late imperial and finance capitalism. Yet, these frameworks, struggle to dialectically relating disability consciousness and disability justice to the historical and material relations of capitalism. This limitation becomes especially clear when dialectically examining care collectives and circles of support as examples of radical (disability) care alternatives. Care practices are often established as important mechanisms for survival, in the face of austerity and financialized state restructuring. While these survival methods can also be important sites of resistance and transforming social relations of care, they often remain mired in suppositions that they are a form of anti-capitalist commoning that inherently/automatically marshal liberatory and even revolutionary politics—largely because they are non-hierarchical and no money is exchanged. However, these care alternatives, while representing important forms of resistance, do not in and of themselves constitute the effective, necessary struggle against capitalist hegemony.

In the next chapter, I explore the stories of those who remain outside of disability justice or radical disability organizing, yet who develop a kind of revolutionary disability consciousness as part of their class struggle. I show how this important organizing remains outside of disability justice organizing and how these activists explicitly link their struggle(s) to the social relations of austerity, gentrification and neoliberalism that characterize advanced imperialist capitalism.
Chapter 4: Disability (and) Care in Crisis

In this chapter I ask: How are disability identity and consciousness taken up in the context of hyper-precarity, and what modes of care are necessary and potentially revolutionary in this context? To explore this question, I examine the relations of disability (and) care from the vantage point of activists who come to understand disability through their experiences of being, in the words of the activists, “broken-down” and “hurt” by hyper-precarious living conditions. Here, I use the term “hyper-precarity” to refer to living conditions where people lack stable, safe housing and employment and thus struggle for basic survival by taking on work and reproductive labour that is insecure, violent and often criminalized. Specifically, they are street-involved drug users (often diagnosed as “addicts”), and crisis support workers (who have characterized their work as debilitating and often “traumatizing”). In this context, support and care often take the form of “harm reduction.” It is through these experiences and medical diagnoses that these activists come to engage disability identity and care politics. The terminology I use in quotation marks above often reflect biomedical, ahistorical, and neoliberal framings of violence, yet, as I will reveal in this chapter, these activists often rework these terms strategically, and politicize these experiences, rather than individualizing them, as is common in medical models of disability. Rather than mobilizing around disability pride or disability rights to address their oppression, these activists describe survival, resistance and struggle (Gorman 2007) through left-wing anarchist and other socialist formations such as anti-gentrification, anti-poverty, and harm reduction work that weave in political disability perspectives (as well as anti-racist, anti-colonial, anti-imperialist, and anti-capitalist perspectives) and care strategies amongst community members and fellow workers who are predominantly poor, disabled, Indigenous, Black and/or people of colour (BIPOC).

A central disjuncture in this chapter is how disability politics have been historically conceptualized as separate and distinct from the processes of “trauma,” and “addiction”, limiting

28 The term hyper-precarity has been used to refer to forced (im)migrant labour. See Lewis and Waite (2015).
29 I place the terms “trauma” and “traumatizing in quotation marks here to indicate that these are institutional, medicalizing terms used to describe and “treat” experiences of violence with in psychology and psychiatry. See Gilfus (1999), Joseph (2013), Million (2013), Rothberg (2013) for discussions of how trauma theories, diagnoses and frameworks have obscured are hidden experiences of violence by marginalized communities, particularly women, trans, and racialized and indigenous people.
the scope and revolutionary potential of disability politics and consciousness. Importantly, several of the participant accounts in this chapter forefront disability, not as a fixed identity or ontological state, but rather as processes that are (re)produced through violence and that is inseparable from experiences of living on the street and working in hyper-precarious and illegal markets—such as drug trafficking and sex work. I argue that these political analyses of “disability (and) care in crisis” (or hyper-precarity) build towards an emerging revolutionary disability consciousness that reconceptualizes the terrain of disability politics and its orientation towards “crip futurity” (see Kafer 2013 and McRuer 2016) by focusing on the disability (and) care as inseparable from the violence of capitalism and thus the necessity of revolutionary struggle as part of building a liberatory politics of disability and transformative care praxis.

By drawing on this set of interviews, I shift disability politics in three significant ways: First, I explore the central importance of hyper-precarity for this cluster of activists and how they theorize and politicize the relations between experiences of “disability,” “trauma” and “addiction.” This allows me to broaden the scope of my analysis to examine how and why disability materializes in this historical and global context of financialized gentrification, austerity and white supremacy. Second, by making these relations explicit, these activists are able to extend the dialectic of disability (and) care to include an analysis of responding to crisis through politicized modes of “treating addiction” and trauma and class struggle through anti-gentrification organizing. Second, I begin to trace the radical and revolutionary potential of harm reduction work, as a key form of social reproduction under austerity and hyper-precarity, but also how it becomes absorbed into the circuits of finance capital. Finally, drawing on a transnational, historical and material analysis of disability that arises in this context, I begin to explore the emergence of a revolutionary disability consciousness among street-involved and frontline service workers in downtown Toronto, and the implications these political formations have for disability studies, mainstream disability organizing, and revolutionary organizing more generally. What emerges from this four-part shift is a different vantage point for understanding the relations of disability (and) care and help us extend its dialectics, and calibrate it to the specific hyper-precarious conditions of late capitalism.
Theorizing Disability Beyond Disability Politics

“Christine,” Geoffrey Wilson, RM and Wendy Forrest (the activists I forefront in this chapter) identify as disabled (see Appendix A for more details), however they are not disability activists per se. Disability identity, for these activists, is closely related to the legal and medical designations by the state through the Ontario Human Rights Commission and Ministry of Community and Social Services that administer disability benefits through programs such as the Ontario Disability Support Program (ODSP) and Special Diet Allowance. While many of these activists have politicized their disability identity, many with similar diagnoses might only claim disability as a means of accessing key resources needed for survival. Perhaps it is not surprisingly, then, that the disability activism and care work these activists represent is largely absent from the disability studies and even disability justice perspectives. Common as these experiences and diagnoses may be for hyper-precarious people, they do not have the appearance of disability for the dominant disability studies and activist formations, and so they are not typically part of the disability consciousness that I explored in the previous chapter (Chapter 3). Nevertheless, as these organizers and activists discuss the political care projects they engage with, the usefulness of a disability label for their organizing becomes a way to politicize their experiences, even as they disturb or move away from the abstract associations and assumptions about disability often called upon in mainstream disability activism—particularly the dominant representation of disability as typically a white, straight, male, “middle-class”, law-abiding wheelchair user (see Mingus 2010, Gorman 2016).

Diagnostic labels of “addiction,” “substance dependency” and “substance use disorder” have long been a part of the institution of psychiatry, appearing in the Diagnostic and Statistical Manuel (DSM) since its origins in the early 1950s until the present (Nathan et al. 2016). In Ontario, what is commonly called “addiction” was legally classified as disability in 2010 (Saint-Cyr 2010). Trauma has been categorized in the Diagnostic and Statistical Manuel only since 1980 (American Psychological Association 1980). Yet those diagnosed as addicts or traumatized are certainly not a visible part of the “disability community,” disability activism and disability

30 This is a pseudonym.
31 See https://ocaptoronto.wordpress.com/. The Ontario Coalition Against Poverty has been key in engaging disability activism not through disability identity, but by organizing around the ODSP and ensuring that their members are mobilized to make demands on such programs.
studies. The radical disability and disability justice frameworks (see Chapter 3 for more details) and important disability studies anthologies such as *Disability Incarcerated* (2014) and *Occupying Disability* (2016)\(^{32}\) have done important work in expanding concepts of disability beyond that of the white, straight, middle class man with a physical disability, to engage more directly with the ways that disability is interrelated with violence including criminalization, state surveillance, racism, queer-, trans, and homophobia, and radical political imaginaries. However, those diagnosed with addiction and trauma remain marginal, with few exceptions.\(^{33}\)

There are a number of other ways that one might view this lacuna. Smith (2014) maps the ways in which the “addiction” label has been used to moralize, stigmatize and later criminalize and pathologize people for their drug and substance use. The disease model of disability, defining it as “chronic relapse brain disease,” (Smith 2014, 31), proliferated in the 1980s, but there has been a further proliferation of theories that challenge this model (see, for example, Alexander 2008, Campbell 2012, Hari 2015, Maté 2008). While both disability and “addiction” are associated with poverty, unemployment and homelessness, and both groups share a history of being legally and popularly categorized as dependents who are a “drain on social services,” disabled people are often understood as more blameless in their disability and deserving of support or charity because their disability considered natural and biomedical (Withers 2012a, Godrej 2005). By contrast, “addiction” continues to be conceptualized as a moral failing. Illegal drug users, particularly those who are poor and street-involved, are frequently thought to have a weak will and a tendency to choose self-destructive behavior (Smith 2012, Stoller 1998). Thus, people called “addicts”, particularly illegal drug users, are often considered the “undeserving poor.” Increasingly, as Wacquant (2016) has argued, those living in “stigmatized hyperghettos” are often disregarded altogether, as “crack-“ or “meth-heads” that must be “cleansed from the streets” (McLin 2016). In this way, disabled people stand to benefit from distinguishing themselves from addicts. Taking on a disability identity, then, for a pauperized “addict,” can signal upward mobility and can actually be “redemptive of their primary sense of failure as unemployed/unemployable workers” (Hansen et al. 2014, 79).

\(^{32}\) See also Moore 2016, Moore et al. 2016.

\(^{33}\) See Hilda Smith (2013, 2014) and Geoff Wilson and Clementine Morrigan’s (2013) panel presentation “Sobriety as Accessibility: Interrogating Intoxication Culture.”
While the intricacies of these political projects are beyond the scope of this chapter and dissertation, I want to emphasize here that this division should be understood in the context of the white supremacy of colonial and imperialist social relations, from which disability studies and activism have benefitted by either activating, masking or ignoring these relations. Scholars like Rachel Gorman (2013, 2016) and Alison Kafer (2013) have noted some of the ways in which disability studies has remained “white” and invested in the politics of respectability. Gorman’s analysis is perhaps most dialectical, extensive, and concrete. She argues that disability studies has largely focused on ahistorical “white, middle-class narratives” of disability pride and empowerment, while working to disarticulate disability from violent social relations (2013). She explains:

This bifurcation of disabled subjects into “disabled already” and “disabled because of” leads to an implicit assumption of disability as a fixed ontological state (rather than a social relation), and defines the “deserving” or “innocent” disabled over and against those harmed through violence, poverty, and incarceration. In part, this bifurcation echoes and reinforces a preoccupation in white-focused disability studies with proving that disabled people (read as white) are “as oppressed as” racialized people, or colonized people (read as non-disabled). (271).

This bifurcation enables poor, racialized and immigrants’ experiences of disablement through colonial and imperialist violence—such as trauma, criminalization, homelessness, displacement through gentrification—to be read as a “moral failing,” “inherent characteristic,” or “just life” rather than as a disability that may be treated or conceptualized as injustice.

Like Gorman, I argue that an analysis of class and white supremacy is necessary for making sense of this lacuna around drug use and trauma in disability studies and activism. In addition to Gorman, anti-racist and Marxist disability studies scholars Erevelles (2011) and Kafer (2013) have noted that disability organizing, and disability studies itself, have been dominated by white, middle-class men, with the wherewithal to demand liberal “inclusionary” rights as disabled people. This form of disability rights was based on carefully discerning who represented disability and who did not. To present themselves as respectable and deserving of rights and social inclusion, “disability” was carefully differentiated from afflictions commonly associated with “criminals”, poor people of colour and other social “degenerates.” These people
are often constructed as criminals with moral depravity and/or inability to “take responsibility” for one’s life, health, and actions. As this chapter will demonstrate, these people are less likely to organize around disability identity or even disability access. Instead, they must avoid institutional violence (with the penal and psychiatric systems) build informal support networks and negotiate a labyrinth of social services (such as medical support, welfare, shelter and housing, nutritious food, and access to clean drug paraphernalia).

As I mentioned in Chapter 1, the line between deserving and undeserving disability has oscillated. It is quite likely that the reason why mainstream disability activism is dominated by representations of “wheelchair users” who are mostly white, cisgendered, straight men and white children is that they represent respectable persons who “just happen” to have a physical disability. The social model activists and disability rights activists of the 1970s, ‘80s and ‘90s have repeatedly articulated a liberal rationality of inclusion. A common argument is that there is no reason why the disabled cannot achieve the same level of education or hold down the same jobs as “non-disabled” people because they are the same with only a few small differences in physical capacity. Those differences, they argue, can be accommodated through technological interventions, which are most commonly associated with wheelchair accessibility, braille and ASL interpretation (Fritsch 2016). It is not surprising then that these same activists have mobilized to decouple “dependency” and “disability” and distanced themselves from the politics of care, because of its association with dependency (Kelly 2016). This liberal, white, hetero-patriarchal representation of disability remains the dominant representation of disability today—despite the political responses of crip theory, disability justice, radical disability activism.

These disability frameworks ignore class struggle, and benefit only a small number of disabled people. Vast numbers of disabled people have been excluded from the project of disability, including people with “severe disabilities” (Erevelles 2011) but also queer and trans people, black, indigenous and people of colour, people with intellectual disabilities, psychiatric survivors and mad people, homeless people, poor people, illegal drug users, people diagnosed with addiction, HIV and AIDS. This examines further how mainstream disability politics have excluded those hyper-precarious, pauperized, racialized
drug-users and frontline crisis support workers struggling in urban ghettos such as Toronto’s downtown east end.

**Gentrification and the Criminalization of Poverty**

In this section, I look at how disability (often classified as “addiction and “trauma”) is produced through crises of gentrification and drug wars in Toronto’s downtown east end. Furthermore, I examine how activists mediate these relations and come to identify as disabled and develop a kind of disability consciousness of hyper-precarity and gentrification. My interviews with disabled anti-poverty activists in Toronto lead me to focus in on the social relations of advanced gentrification in Toronto’s downtown east end when activists RCG, RM and Wendy Forrest made clear in our interviews that gentrification was one of the most central issues facing poor, racialized disabled people in Toronto in the current moment. Most stories of disability (and) care focused on burn-out, trauma, drug use and “addiction” as widespread and common in the context of gentrification and “the war on drugs.” This cluster of participants were not “disability activists” in the sense that they focused on disability identity, “disability rights” and/or “disability justice.” Rather, they were activists who, like perhaps AJ Withers and others, were involved in broad-based anti-poverty and anti-gentrification struggles, and who sought to incorporate a political analysis of disability (and) care into these struggles to make them stronger and more effective.

Bryan Palmer and Gaétan Héroux (2016) describe Toronto’s downtown east end as a kind of battleground, where intensifying gentrification and austerity in the downtown east end have been almost unrelenting from the housing and support service crises of the 1980s until the present. As I write this dissertation, Toronto’s downtown east end is experiencing one its most rapid and violent processes of gentrification in its history. According to the 2011 National Housing Survey, condominium development has risen exponentially in the downtown east end since 1996, where in 78% of housing completions were condominiums. In 2017, the cost of housing surged by almost 20% since 2016 (Argitis 2017). Condominium prices rose by 15% in 2016 alone and the Toronto construction industry has completed a record 54,000 apartment units since 2015. According to Argitis (2017), the soaring housing costs are not due to a housing shortage, rather they indicate an advanced speculative real estate market. Gentrification here is, for all intents and purposes, highly advanced (Shaw 2008) and characterized by speculative finance—buying up property, waiting for the property values to rise, and then allowing investors
to speculate for development and buyers to bid on unbuilt condos, ostensibly before prices increase even further and out of reach of their ability to borrow. While historically this area has housed poor and working class people the increasing property values and the restructuring of neighbourhoods to attract buyers has turned the downtown east end it a kind of battleground for poor people. Writing about gentrification in this same area of Toronto, Justin Tai (forthcoming) explains:

This wave of condo development consists of many financially-charged features that are distinct from the previous waves of condo development in the early 70s and late 80s. It is marked by the “growing power of condo developers, increasing dependence on private sector housing development for public benefits, and the rise of condominium tenure and hence private governance in ways of everyday life in the city” (Rosen & Walks 2015, 305). (n.p.)

This process of financialized gentrification has also involved discussions of privatizing public housing (Topp 2011), as well as closing and/or relocating community services. Shelters have been overflowing for years, and people are literally dying on the street at a staggering rate. According to the Ontario Coalition Against Poverty (OCAP), over 80 people have died due to homeless in Toronto since 2015 (Ontario Coalition Against Poverty 2017:). John Clarke (2015), a long-time OCAP organizer, summarizes the situation:

The agenda of the developers with regard to the central part of Toronto is to complete the creation of an interwoven hive of business, commerce, upscale recreation and high end housing. Standing in the way of this are enduring pockets of housed poverty and a considerable and growing homeless population. Those without housing, very understandably, have tended to gravitate toward the centre of the city and, over many years, shelters and other services have developed in this area. This situation is resented by those working for upscale redevelopment and not only because visible destitution impacts property values and ‘quality of life’ for those with the money to pay for it. It is also the case that the shelters, drop-ins and service agencies that homeless people turn to are located in areas that the forces of gentrification are laying claim to. (n.p.)

In this battleground, the contradictions of care are stark—a matter of life and death; there is a fine line between survival and resistance, exploitation and solidarity. In our interview, RM
explains that the work of caring for service users as a Harm Reduction Worker will “hurt you: I can’t… Every day I come home from work and I cry for an hour, because I’ve seen people die right in front of me. What's the lifespan of a homeless man? It's like 37 or something like that?”

OCAP has been at the forefront of anti-poverty and anti-gentrification organizing for almost three decades. It has grown into a formidable force, with a reputation for strong militant direct actions and case work that has won substantial victories for poor people in Ontario, particularly in Toronto. Through working with people like AJ Withers and Loree Erickson in recent years, OCAP has built alliances with local disability organizations like Disability Action Movement Now (DAMN), as well as internationally with Disabled People Against Cuts (DPAC) and Emancipation Movement of People with Disabilities in Athens, Greece. It has particularly benefited from the guidance of AJ Withers (discussed at length in Chapter 3), who has made fighting attacks on disabled poor people a key priority in their organizing. Cuts to Ontario Works (welfare) and ODSP, lack of accessible affordable housing, and the fight over the Raise the Rates and Special Diet Supplement programs in the mid to late 2000s have been key areas of political mobilizing, which have made explicit the links between poverty, austerity and disability. In many ways, disabled activists like RM and Withers were drawn to OCAP because it was a site where a class consciousness of disability might be formulated, and both activists have been contributing to the “disability consciousness” of OCAP.

This disability consciousness of gentrification has often overlooked trauma and drug use, despite that these diagnoses allow many poor people to make claims to ODSP. In this context of rapid and advanced gentrification, drug-trafficking and overdoses from illegal drugs such as crack, fentanyl and meth, are commonplace. This is largely due to the intensive policing and criminalization of poor (particularly black and indigenous) people in gentrifying neighbourhoods where their presence become inconvenient or unpleasant for potential real estate buyers. This criminalization is often referred to as “drug wars” or “war on drugs” which began as an aggressive initiative by Richard Nixon in the United States to eliminate the use of illegal drugs through the introduction of draconian laws that criminalized drug peddling, trafficking and possession. Numerous scholars have studied the uneven application of these laws that have targeted “low level” poor black people for domestic drug peddling while making a vastly

34 Many of these are documented in Palmer and Héroux’s 2016 book Toronto’s Poor.
profitable market for international “high level” drug dealers (see Duster 1998, Hari 2015, Reinarman and Levin 1998). While often ignored in the critical literature on gentrification, Toronto-based harm reduction workers and activists, several of whom are active members in OCAP, have frequently commented on how police surveillance and deaths of illegal drug users tend to ramp up in rapidly gentrifying neighbourhoods. As a recent activist sign stating “Stop Fentification” (Berman 2017, emphasis in original) emphasizes, gentrification and the proliferation of street drugs like fentanyl are intimately interrelated.

As a harm reduction worker, RM’s disability analysis has focused on the dialectical relations of homelessness, drug use, trauma, poverty and gentrification. In one of our interviews, he explained to me how he saw “the war on drugs” playing a major role in the gentrification process. Throughout my research, I noted that once condo speculation ramps up, like it has done in Toronto’s downtown east end, media outlets partner with development corporations to represent poor, disabled and racialized people as “unclean” drug users to be targeted by police and cleaned off the streets so that condo prices may rise. More than a year after our interview in 2016, I went to see RM speak at a community panel on gentrification where he referred to a 2011 Toronto Star article that seemed to summarize one of the powerful ways this social cleansing in the downtown east end happens through the process of gentrification and criminalization of drug users. He said:

If you were to go down to the corner of Queen and Sherbourne today, you would see a vacant building on the southwest side of Queen Street, which used to be a rooming house inhabited by low income tenants. Brad Lamb, developer of Lamb Condos [sic], has been speculating the property, allowing it to sit empty, until it becomes profitable to develop. He had this to say about the location in an interview with the Toronto Star in 2011: “It was a tough site. There were literally crackheads shuffling in front of the sales office.” Further in the article he says: “The Modern [another

RM defines the war on drugs as increased policing of poor people, rising rates of “addiction,” the over-prescription of opiate pharmaceuticals and racist, anti-poor representations of street-involved drug users. I will discuss the history of this war on drugs in Chapter 5. See Stoller (1999), Smith (2012), and Reinarman and Levine (1997) for more on the war on drugs.

Brad Lamb is CEO of Lamb Development Corporation.

RM is referring to Robyn Doolittle’s (2011) Toronto Star article “Dundas-Sherbourne poised for a surprising rebirth”.

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nearby condo development] literally touches that old crack doughnut shop,” he said. “There’s probably 300 condos in The Modern, with an average of 1.5 people living in each. Now 400 people are going to descend on the street — and you think they’re going to tolerate crackheads? They’re not. What’s going to happen is huge pressure is going to come to bear on that intersection. And the police and the city governors are going to have to do something about it.

By referring to this article, RM emphasizes the ways in which poor people—largely Indigenous, Black and immigrant people—who use crack are criminalized and targeted by the police and “municipal planning initiatives” to clear them out of the neighbourhood. This appears to be an integral, if not always explicit way of raising property values and attracting “ideal buyers,” who, according to the Doolittle (2011) article referenced by RM, are largely white, rich men who work in the financial district.

In contrast to the rosy story of “rebirth” alluded to in this article, RM explained to me in our interviews that each new developer sign erected in this neighborhood reeks of death for his co-workers, clients and comrades:

I remember my boss was like… “The city's waiting for them to die.” He's like, “The city's gonna kill them off. They're gonna fucking die in that park. When they die in that park, I'm calling the media.” He's like, “We've done everything we can at that point.” There's so much death.

The “spectre of death” that RM refers to in our interviews is related to the war on drugs—the criminalization of the sale and use of particular drugs for particular (mostly racialized) people—and the highly financialized gentrification. For activists like RM, disability is produced through gentrification and the war on drugs. Thus, disability care, often called “crisis intervention,” “harm reduction” and organizing were the necessary means of ameliorating and surviving these conditions. So while not always explicitly mentioned in the interviews, the social relations of gentrification and the criminalization of poverty and drugs are always present in the work and organizing they are doing.

Disability and Violence

Politicizing addiction and trauma for Wilson, RM, and Forrest was a key entry point into their disability-related activism. Wilson borrows from the disability justice frameworks discussed in Chapter 3. However, RM and Forrest were highly critical of radical formations of disability
politics, pointing out their inadequacies for conceptualizing disability as produced through violence and for guiding transformative anti-capitalist organizing as a response to this violence. By extending their scope of activism and work, they could see how disability, trauma and “addiction” were interrelated through global social relations of white supremacy, imperialist drug wars, austerity, gentrification and finance capitalism. In this section, I examine how these three activists and workers mediated these relations and developed class and disability consciousness.

For Geoffrey Wilson “addiction activism” has the strongest ties to the disability justice framework described in the previous chapter. Wilson identifies as an “addict in recovery” and a disability/addiction activist. For them, “addiction and disability are identified because it has utility in my life and it helps me to clarify and make sense of things.” Wilson does not think that all addicts are politically disabled or should identify with disability, however they feel that the disability identity may be important in developing a kind of disability consciousness of how disabled people and addicts share similar cultural representations of being “undesirable,” “disposable” and “abnormal.”

Much of their activism weaves together anarchist language around “mutual aid,” “hierarchy,” and “oppression” to politicize addiction and its “treatment” and make comparisons between addiction and disability, treatment and care. Their analysis provides insight into the emerging politics of “accessibility,” “care” and “mutual aid” that is becoming increasingly common in Toronto-based disability organizing. Wilson also drew very explicit connections between their experience in twelve-step fellowships and the practices of care collectives in disability justice activism (described in Chapter 3). In “twelve-step culture”, they explained, “It’s really one addict/alcoholic helping another.” For Wilson, the anarchist theory of mutual aid was the underlying political principle for both “twelve-step culture” and “collective disability care”:

There’s really high support or mutual aid in collective care. And it’s all organized along this shared identity with one another that’s based on shared experience and shared resonance with one another. I guess that’s why the disability justice and arts and studies community appeal to me too because I kinda saw a lot of that same stuff being enacted in those spaces as well, too. I felt that that was really interesting because I’ve engaged in a lot of activist organizing spaces in Toronto and some of the spaces it’s really… some of them, like environmental-based, environmental justice based communities, like, even some anarchist communities, queer communities, like, it’s all
different. But I’ve seen the most in disability justice where I’ve seen that collective and mutual aid is really valued and really prioritized.

While Wilson uses the principle of mutual aid as a bridge between disability justice and twelve-step fellowships, they have also found the language of “access sobriety” or “sobriety as accessibility” (see livingnotexisting.org/essays/sobriety-as-accessibility-interrogating-intoxication-culture/) very productive in bridging disability and addictions politics. In much of their cultural work, Wilson insists on the importance of “sober space” as an “access need” or form of accessibility (see “make all good things fall apart” and livingnotexisting.org/tag/disability/ for examples). Use of the word “access” to build connections between disability and other political movements is becoming increasingly common (Mingus’ (2011) concept of “access intimacy,” and Kafer’s (2013) concept of “accessible futures”). It is this shared language, and the flexible use of the concept of disability justice that allows Wilson to conceptualize their cultural world around disability and drug use as a form of disability justice and their involvement in twelve-step fellowships as a form of disability care.

Gorman (2005), however, makes a powerful argument about the limiting circularity of such coalitional politics when developing projects for revolutionary social transformation. As I discussed earlier in this chapter, using unifying terminology, such as “access,” and even broadening politics based on identity, does not necessarily build consciousness around the social relations that produce, obscure and transform stigmatized/criminalized/pathologized drug use and disability, let alone work to fundamentally transform them. In her 2005 dissertation, Gorman describes how the language around inclusion in disability studies theorizing and disability-focused activism has obscured class consciousness around the multiple forms of alienation that have historically hindered disability-focused activists from better connecting with revolutionary social movements.

Through our interviews, RM and Forrest explained that disability politics were not helpful for explaining the dominance of violence (often read as abuse, addiction and trauma in their lives). They felt that this was largely because disability politics lacked a class analysis of austerity, gentrification, hyper-precarity and capitalism more generally and so tended to obscure the material everyday realities of disability in the communities in which they lived. The language of access, pride, sobriety, and even being “radical” was not a focus for them, and in fact, they were quite critical and wary of all these terms.
Like Withers mentioned their own organizing in the last chapter, RM and Forrest are primarily invested in anti-poverty organizing, rather than disability organizing, *per se*. Many of the people that RM and Forrest work with are legally classified as disabled, yet this identity is not commonly politicized or even vocalized. According to RM, this is because it is not a source of pride, but rather a designation given by the government, and increasingly by non-profits, philanthrocapitalists (Hande et al. 2016) and financial interests to development investment markets (Fritsch 2015), brand themselves, organize the allocation of welfare and charity (Soldatic 2013), or to obscure oppressive working conditions (Wipond and Jakubec 2016) and imperialist and colonial violence (Erevelles 2011, Gorman 2016). RM explains:

Most poor people aren’t going to identify as a person with a disability. You know, like, these are sometimes processes that happen to working bodies. *Capitalism breaks down your body*, you know. So, like, people aren't going to, necessarily, be like, "Oh, I'm going to have pride in this thing"... I think it might be different for people who are like, you know, more typically considered by society as disabled, so someone with, like, a congenital condition from birth or someone who is like, visibly, someone who is blind or uses adaptive devices or something, you know. But like I think your average heroin user, you know, who is in immense pain, isn't necessarily going to see themselves as a person with a disability. It's only been within the last few years that people with heroin addiction [have] qualif[ied] for ODSP, you know. Where before, like, especially during the Harris years, people who were found to have addictions were being kicked off disability and kicked off of welfare… It's like, is this a disability? Is this a moral failing? Is this something else, like, you know, that creates these categories of disability? You know, so your ability to get $1000/month, versus, like, [being] dependent on the government deciding [if you’re disabled or not]. [emphasis added]

RM explained in our interviews that for frontline workers and street-involved drug users and sex workers, in particular, “disability” is a part of life and not necessarily a political project. Disability identity is a means of survival (in terms of accessing social services), while also at the same time serving as a classification that keeps people in debt and outside of waged labour (by being designated “unemployable,” incapable of managing finances, and structurally unable to save money). Viewed from this vantage point, disability (including those diagnosed with
addiction) can be understood through processes of violence that “breaks down your body.” Community-based care, then, is not necessarily a conscious celebration of interdependency, as articulated by many disability justice activists or disability theorists in the previous chapter. Disability care also reproduce violent social relations (e.g. through domestic violence), but also a necessity or struggle against violent dispossession and hyper-precarity.

RM’s analysis of the war on drugs and its interrelations with colonialism and imperialism perhaps give us a better understanding of the historic specificity of the trauma and hyper-precarity associated with the term “addict” and what is involved in challenging and transforming its relations. While Wilson conceptualized twelve-step culture as a kind of harm reduction, RM went into the nitty gritty of what disability care looks like from the perspective of a harm reduction worker. I interviewed RM, a trans disabled socialist, because I knew of his political organizing and his specific interest in disability politics. At the time of the interview, RM was working as a Harm Reduction Outreach Worker in the epi-centre of advanced gentrification in Toronto, serving people in the Regent Park and Moss Park area who are “low-income, homeless crack-users.” RM was interested in developing an analysis of disability as it relates to his anti-poverty, anti-gentrification and harm reduction organizing and work. After I had interviewed RM twice, he invited his comrade Wendy Forrest to join the discussion. Forrest is a unionized frontline nurse who has been deeply engaged with revolutionary and anti-poverty organizing for decades. While disability politics are peripheral to their political and paid work, they are committed to developing revolutionary health and disability politics through the work that they both do. Their class analysis of their paid and unpaid work provided a very different vantage point from which to examine the relations between disability and drug use than that articulated by Wilson.

Despite these criticisms, RM argued it is politically important that those hyper-precarious people who are broken down through violent social relations be conceptualized as disabled. He also believes that harm reduction work should be considered disability organizing because of how this consciousness brings into focus the way that capitalist and patriarchal violence disable people, forcing them to live very difficult lives as ODSP recipients or social pariah.

…[D]rug use gets framed as a disability, [which] I think is important. Like… in some ways, addiction, I suppose you could call it a disability, or there's things associated with that, like…and there's also even just within…you know, like the
struggle for HIV, the struggle against HIV and stuff. Like, those are the ways in which an entire community experience disablement, you know, through social cleansing. You know, [the war on drugs] was essentially a genocide against people, you know, that was allowed to perpetuate. Not a lot of people died, but a lot of people are, you know, still… can't work or are living on ODSP and are extremely impoverished, like, suffering from HIV…. There’s so many people that talk to you who are people that have addictions as a result of trauma, you know, like that's a disablement in a way that's perpetuated by patriarchy. The ways in which, like, patriarchy and capitalism, like, you know, dialectically uphold one another. So, so yah, there is that issue of just exploitation and oppression that are creating disablement and also kind of impoverishment of people who have chronic disability.

From RM’s perspective, disability is a dual process whereby disabled people end up impoverished and struggling to meet not just basic needs such as proper healthcare, shelter and nutritious food, but also to effectively change their working conditions as disabled people. On one hand, certain classes of people are “allowed” to work and earn a living, albeit in often disabling conditions. If they are disabled in this process (and RM emphasizes that many are), they are often “socially abandoned” and blamed for their disability. On the other hand, those in the unemployed or “unemployable” class devalued and rendered disposable, and they are often forced into hyper-precarious work (such as harm reduction work) and/or illegal work (such as sex work, or drug dealing) and often rely heavily on crisis support (e.g. emergency shelters), and social services like ODSP to survive.

RM argued that many socialist movements, historically, have focused too much on white, male industrial workers, which overlooks the masses of hyper-precarious women, trans people, indigenous and racialized people, and (im)migrants with whom he works and organizes. He feels that, while not often stated explicitly, many of these people are disabled or “broken down” through their struggles. For this reason, he feels it’s important critically and strategically engage disability, psychiatry and health in his work and activism. As many theorists and activists have pointed out, the work of hyper-precarious, wageless and criminalized workers, is de-valued and derided, yet integral for global capitalism (see also Bhattacharyya 2005). Activists like RM and Forrest are determined to politicize and strengthen these masses as a revolutionary force. Developing a revolutionary disability consciousness appears to be a key way of doing this. In the
next section I explore some of contradictions of disability (and) care labour for these hyper-precarious masses.

**Disability (and) Care on the Frontlines: Broken Down by Hyper-Precarity**

An important dialect that was abstracted in my interviews with RM and Forrest was that of paid and unpaid care labour. Most of the people I interviewed had relatively little to say about their formal work or the ways in which they made their money or they asked to be removed from transcripts because they were worried their comments might affect their employment. This was somewhat surprising considering several participants’ (MG, JR, Christine, Forrest, and RM) employment related directly to disability care provision or care work more broadly. As I mentioned in Chapter 3, most participants described their formal work as less radical and more “problematic” than work done in “collectives” or other unpaid activist spaces. Several of these participants discussed their formal paid care work as something to be endured until they could leave work and get on with real organizing in the community. This highlights the growing trend in the “radical” left to abandon workplace organizing (Breines 1982, Choudry et al. 2012, Riley 2015). Both Wilson and LD were able to incorporate some of their politics into their professional social service work, but they both mentioned having to be very careful about how they negotiated the respective boundaries of professional and personal care work. LD explained that she was a bit of an outsider in her workplace and felt that she could accomplish much more as a community-based activist than as a worker. Wilson drew largely on their experience as an addict in twelve-step fellowships, to develop a new harm reduction model for young, queer and trans drug users.

What stood out in my interviews with Christine, RM and Forrest is their standpoint (Dorothy Smith 2005) as disabled workers and the way that they centred labour in their disability consciousness. Christine’s disabilities made it difficult for them to hold down most forms of low-wage employment. Being a sex worker allowed them to work fewer hours for more money so they could buy medication and get enough time to rest. They also conceptualized this work as providing care for their clients, several of whom were disabled. RM and Forrest are “frontline” workers, mediating crises of drug use, poverty, trauma and homelessness (hyper-precarity) daily. RM was hired through an “Investing in Neighbourhoods” government grant to non-profit organization for hiring people who are on social assistance (City of Toronto Employment and
Social Services, n.d.). He worked as an outreach Harm Reduction Worker, which is “one level up” from peer support worker. Both peer support and outreach workers are considered on the “frontlines” of harm reduction work, and make up a rapidly growing number of workers in Toronto who provide services and often emergency response for the swelling hyper-precarious population. Forrest works as a psychiatric nurse, and organizes with several Harm Reduction Workers.

Forrest and RM all demonstrated their disability consciousness when describing how their formal care work—psychiatric nursing, and harm reduction work respectively—was disabling. Moreover, RM and Forrest described how the formal work informed their organizing or how they organized within their work places—disturbing the growing assumption that the workplace cannot be radical. While they emphasized the importance of being politically involved outside of their workplaces, they often pushed for changes in their work places as well, which they saw as integral to serving their “clients” better and taking care of themselves. For example, Forrest talked about working with her union to push back against neoliberal changes in the workplace that might include staffing cuts, longer hours or contracting out services within the institution she worked at. In this section, I discuss how these participants have framed harm reduction and psychiatric nursing as disability care and developed a revolutionary disability consciousness in the relations between their activism and their work.

In Toronto’s downtown east end, Street Health is an important hub of crisis support and harm reduction services. Street Health’s website defines harm reduction as:

- policies, programs and practices which aim to reduce the negative health, social and economic consequences that may result from the use of both legal and illegal drugs, without necessarily reducing drug use. The cornerstones of Harm Reduction are public health, human rights and social justice. Harm Reduction is underpinned with the knowledge that many drug-related problems are not the result of the drugs themselves; rather they are the consequences of the unregulated manufacture and trade of drugs and the enduring commitment to failed policies and ineffective and unfairly-applied laws. Finally, Harm Reduction ensures that people who use substances are treated with respect and without stigma, and that substance-related problems and issues are addressed systemically. (n.d., n.p.)
Places like Street Health offer a variety of services including needle exchange, and stem distribution.

Harm reduction culture has sought to disturb twelve-step culture by insisting that using drugs is not a problem in and of itself. Rather, problems arise from the way in which drug use is criminalized, moralized and made dangerous (Smith 2012) by limiting access to safe drugs and paraphernalia like pipes and needles, and insisting that access to healthcare is conditional upon remaining sober (McLean 2015, Glauser et al. 2016). Nevertheless, this moral hierarchy equating drugs with harm is continually reinforced within the harm reduction world. McLean (2015) demonstrates how drug users are rewarded for “getting clean” and sober with food stamps, temporary employment and opportunities for affordable housing, within harm reduction centres in the United States.

By conceptualizing addicts and street-involved illegal drug users as disabled, RM frames harm reduction work as a formation of neoliberal disability care. RM explains the care work he does as a Harm Reduction Worker: “I am dealing with individuals… who are, like, in crisis, and that's part of my role, and my paid role. My role, basically, is to ensure that these extremely marginalized people don't die.” RM quickly added that, while his job was about care, it was also highly debilitating and “traumatizing” work. If he can’t prevent them from dying, public funding investment in harm reduction programming must demonstrate to the taxpayers that the state is at least “doing something about it.” He added, sardonically, “My role is to ensure that [street-involved drug users] don't die. Or if they do die, they don't do it in a way that embarrasses the state.”

Many harm reduction workers offer “peer support,” and they are usually hired because of their first-hand experience as drug users (see Street Health n.d. for more details). This has been a central tenet of harm reduction work since its origins within anarchist prefigurative practice (Smith 2012), yet it is certainly not without contradictions (McLean 2015, Smith 2012). This practice is often lauded as a key way in which “addiction support” can remain politically radical, non-hierarchical and non-judgemental, rather than medicalized, bureaucratized and moralistic (Stoller 1998, Smith 2012). However, my interviews with RM revealed that even as peer support work may open up job and volunteer opportunities for workers, the jobs are often so precarious
and poorly remunerated\textsuperscript{38} that peer workers remain living in poverty and surrounded by the drugs, even as they try to reduce or eliminate drug use in their lives. These are by no means new data. McLean’s (2015) research shows how, despite the harm reduction ethos distinguishing itself from moralistic discourses of moral abstinence and sobriety (such as twelve-step models), peer workers often struggle very hard to “get clean,” reinforcing moral hierarchies within the harm reduction centres. Because of these hiring criteria—i.e. preference being given to a current or former drug user, or living on social assistance—most of these workers are also living in crisis-level poverty and most are legally classified as disabled\textsuperscript{39}, even if they do not explicitly identify this way. Perhaps more so than any of the care work discussed by the people I interviewed, the distinction between non-disabled caregiver and disabled care recipient is almost non-existent.

In addition to this paid work as an outreach worker, RM does anti-poverty, anti-gentrification and anti-capitalist work with his comrade Wendy Forrest who works as a psychiatric nurse. Forrest explains that most of her co-workers on the “frontlines” often become traumatized as they confront violent, crisis-level situations on a regular basis. These jobs often compel workers to engage with people in ways that can be deeply disturbing, if not traumatic (see Chapman 2014, Burstow 2015). Together, Forrest and RM shared many disturbing scenarios of death and desperation among the people they worked with. Forrest stressed the importance of her community organizing and informal support networks to help her cope with this traumatizing work.

Like the Harm Reduction Workers in Berman’s (2017) article, RM often struggled to cope with the day-to-day realities of his job:

I think one thing is, our comrade _____, who has worked at the corner of Sherbourne and Dundas for 30 years, recently said something to a friend who's struggling with the same thing: like, working down at Sherbourne and Dundas and going up against management, just seeing the horrendous poverty [and] spectre of death that looms over that corner in there… He said, "This work will hurt you." And it’s being shown

\textsuperscript{38} Peer workers are, at best, employed in low-wage precarious positions or remunerated with volunteer stipends or informal promises of future opportunities (See Bedard 2014 for more detail).

\textsuperscript{39} Especially since 2010, when “addiction” was officially classified as a disability.
that you can't get away from that; it's going to hurt you. And that's part of... Any type of work that you do, I think in general, but especially under capitalism, is going to hurt you somehow; it's gonna hurt your body, it's gonna ruin your body, it's gonna ruin your mind, it's gonna hurt you some way. That's how we see increases in... Now PTSD [post traumatic stress disorder] is beginning to be a big thing. Yeah, I don't know, my friend ____ is really struggling right now, working Queen and Jarvis doing harm reduction work...

RM is referring to a well-known shelter that provides several crisis support services, including a harm reduction program. RM said, “They find a dead body there once a week. And it's like everyone has PTSD, all the frontline workers have PTSD, all the clients have... And they're now responding to an upcoming meth epidemic that is going to... It's coming on the streets of Toronto, like people are switching to meth, in a lot ways from crack.” For workers like RM, “trauma” comes to be a key sign of daily experiences of violence and the harm reduction framework for providing support for people, often seems not only inadequate for supporting people, but often integral to these violent process.40

After our interview, RM sent me two articles (Berman 2017, Ormand 2017) written by Harm Reduction Workers in Vancouver, working with the Vancouver Area Network of Drug Users (VANDU), a militant, community-based organization that uses harm reduction41 and other direct action tactics to protect drug users while also fighting the war on drugs, gentrification and poverty more generally42. Both articles detail the horrors of harm reduction work amidst the growing fentanyl crisis in the heart of the “war on drugs” in Canada. In both articles, the

40 The anti-psychiatry framework is more attentive to trauma and developing radical or liberatory care frameworks for trauma and addiction, although this was not discussed by the people I interviewed. For an anti-psychiatry and radical care framework for trauma, see Burstow 2003 and 2015 (particularly Chapter 9).
41 Smith (2014) argues that VANDU is a social justice rather than a harm reduction organization, because professional harm reduction organizations “are focused on motivating people who used substances to change their use” (45-46), often in line with the medical or disease model of addiction. Organizations like VANDU, on the other hand, make much broader demands for social transformation. Smith analyzes the role of medicalization in further bifurcating harm reduction work into a highly medicalized and bureaucratic practice that continues to moralize illegal drug use (see McLean 2015 for more detail) and the more radical formations of harm reduction exemplified by organizations like VANDU.
42 I discuss VANDU, and the political trajectory of radical and militant harm reduction work in more detail in Chapter 5.
language around “trauma” and “harm” have been a key to narrating and making sense of these experiences.

Harm reduction work is also highly exploitive (Berman 2017, McLean 2015, Orman 2017), something that RM emphasized in our interview. As was mentioned earlier, peer work is precarious volunteer or low-wage work with very little to no pay, no benefits and on very short contracts. Despite working alongside other non-profit social service employees for years, many of these workers are often not recognized as worker at all. As Bedard (2014) points out,

Many of the peer support workers, such as the safer crack use kit makers, work for honoraria or volunteer their time. They may not have regular schedules and the pay scales vary wildly: at one agency they might be getting $15 dollars an hour; at another they are given $10 dollars for three hours of work; while at other organizations compensation comes in the form of tokens and pizza. (n.p.)

As disabled workers, with no benefits, they rely heavily on ODSP to support themselves, which financially benefits their employers as well as their unionized co-workers.

While most frontline workers have few job protections (Vosko and Thomas 2014), some professionals, like nurses, have professional associations and unions that protect them and also discipline and/or discourage more militant organizing with their more precarious counterparts. Unlike Forrest, who is a member of a North American/Canadian union and struggles with her union for contract-based protections and securities, RM and other Toronto-based Harm Reduction Workers are unionized through the Industrial Workers of the World (IWW), though they have no contract with their employer. Their local, Toronto Harm Reduction Workers Union (THRWU), adheres closely to anarchist principles of mutual aid and non-hierarchical democracy to organize their labour and to demand working conditions and services for the people they serve (https://www.facebook.com/pg/thrwu/about/?ref=page_internal). This union provides them some securities against the most draconian forms of dispossession and austerity in their workplace (see Bedard 2014 for a description of this local), yet has grown increasingly focused on informal “trauma support” for workers rather than labour organizing per se. THRWU has not been able to secure basic health benefits coverage for their members, despite the desperate need for healthcare and therapy for workers who were being “broken down” by the violent conditions of their work. Ultimately, RM felt that precarious harm reduction workers often ended up doing the work of the state by creating important, but ultimately insufficient, stop-gaps for a widespread social crisis,
all at a very high cost to both the harm reduction workers and their clients. RM described a scenario where he found that his skills and resources he was able to provide were woefully inadequate to support the disabled users that came to his workplace:

How to save a hell of a lot of money is make poor people care for the other ones. Right now, one of the people that come into the shelter that I work at, is that older Aboriginal woman in a wheelchair, who has to sleep... Our elevator breaks down all the time, so half the time they can't even go sleep proper; they have to sleep at the door. But she's being cared for by her son, who also is homeless and has extreme mental health [issues], is addicted to non-beverage alcohol, so they're drinking rubbing alcohol. And this woman doesn't have any sort of PSW care, so sitting in her own shit, in a broken wheelchair all the time, being cared for by her son but not very well, 'cause what the fuck can he do, right? But it's totally been downloaded onto them. And the few of us that see them two or three times a week, they're trying to get her a wheelchair and healthcare that works. And she can't even... She doesn't even have a Health Card, so she can't even really access health services.

RM summarizes his complaints:

As scientific socialists [referring to himself and Forrest along with other anti-capitalist organizers they worked with], we want to... have people treated in the manner that respects science and not superstition and not moralism. … I think in our rush, sometimes, as harm reduction practitioners to not demonize people who use drugs and stuff, we sometimes pay lip service to the greater social issues and… So all of these problems become manifested in individuals. Like, it can be really individualistic as well… We need to do advocacy and stuff like that, but you can't social-work poverty away, you can't social-work capitalism away. Social work is not a substitution for struggle, it's something that is necessary to many people's lives in the meantime but it's something that has also been used to dominate and subjugate people.

Despite these significant limitations, RM told me he was “constantly humbled by the histories of organizing that drug-users have engaged in.” Understanding the history of these struggles has helped him recognize the revolutionary potential of people he serves. He highlighted VANDU as a particularly good example of this conscious struggle because
they regularly address issues of gentrification and capitalism more generally, refusing to be coopted by professional bureaucratic and social work approaches to harm reduction. Being involved in this work and learning its radical history has compelled him to work toward “developing liberatory mental health models” that see the process of healing people who are sick as completely interrelated with the revolutionary process of fighting capitalism.

RM’s work, in particular, emphasizes the ways in which neoliberal forms of disability care labour, such as harm reduction, are in many ways disabling, to the point that disability is the norm, and distinctions between non-disabled care provider and disabled care recipient make very little sense. Harm reduction workers get into particular forms of precarious, and often (quasi)criminalized care labour, precisely because they are disabled, and the nature of their work exacerbates current disabilities and often creates new forms of disablement. RM also found himself “traumatized,” unable to pay for medicine or therapy for himself, and frustrated with prospects for the future. Nevertheless, this work helped him develop disability consciousness that also informed their anti-capitalist organizing. As their experiences make clear, there is no collective liberation in harm reduction and other forms of disability care that is unconnected with broader forms of political struggle.

RM and Forrest both emphasized the importance of working through these contradictions rather than ignoring them. In our interview, Forrest described some practical considerations for organizing workers both inside and outside the workplace so that she did not “break down.” Part of this organizing involves finding subversive ways of better supporting the people she cared for as a nurse. In this way, worker organizing was conceptualized as improving the way workers cared for each other, cared for themselves and cared for the people they “served” as “clients.” She said:

If you have had the opportunities to be exposed to different kinds of analysis of society, and you take those opportunities, and you will eventually end up encountering an awful lot of contradictions in your role as a healthcare provider, and having to find avenues and ways—short of just throwing everything away and

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43 This conception of “worker” includes the “wageless workers” or illegal workers conceptualized by Palmer and Héroux (2016). Morini and Fumigalli (2010) have also proposed a “life theory of value” as a way to better attend the ways in which everyday, unpaid reproductive labour is accumulated in the circuits of capital.
walking out and telling the boss to fuck off [chuckles]—to be useful to your clients to express your opposition in a sort of organized manner, to educate, to advocate, to do whatever you can do. And it's very, very difficult. And I would say that the two most established public sector areas are education and healthcare, right? They're very institutionalized, they're very established, and it's very... If you don't have the support of your union, if you're in a unionized workplace (and hospitals are) and the union refuses to address neoliberalism and mobilize the membership—not only where jobs, etc. are concerned but also regarding loss in terms of privatization of our public services—then you're kinda out on your own... If you don't have a site or a place of organizing outside of that... where you meet other like-minded people who are willing to engage, at least, you are kinda gonna probably die a slow death or become an alcoholic, seriously.

This organizing was also about developing class consciousness for both waged and unwaged workers. This means, rather than giving up on the workplace as an important site of organizing (as many of my participants seem to have done), she believes that waged and unwaged care workers should think through and work through these contradictions of the care that they do. For Forrest, this is not something necessarily “radical” and it is not conceptualized as an “alternative”. She believes it is possible for everyone, including (and perhaps especially) frontline service workers, precarious, criminalized, and unwaged workers like her, RM, Christine, and Wilson. Through her organizing work, both on the job and in her community, she has come to believe that all workers have “innate ability” and “passion for thinking through what they're doing and why they are doing it, and what are the implications of the work”.

Rather than building prefigurative alternative models and practices of care, then, Forrest is interested in collectivizing care and survival by building the power of poor, racialized and disabled people to work together and fight back against gentrification, and capitalism more generally. “Being organized”, she said, “gives you a level of safety and power that you can’t get otherwise.” In response to RM’s comment, Forrest describes an emerging kind collective care:

[It’s] not new, but [something] great has emerged more or less I think, out of this kind of informal network that a lot of us are developing among ourselves. I don't know where it originates, but we've got, I think, a genuinely more concrete understanding… that we are committed to supporting each other in a way that I don't
think has been there before. We really are committed to understanding the limits of self-care, understanding the impossibilities of our jobs, the struggle, that hardness and difficulty of doing activism, on a causative basis, in that we are committed to trying to be more... But not in any formal sense...

While not formally organized, Forrest is describing here a process of building consciousness collectively, through struggle, by interrogating the contradictions of interrelating forms care labour (formal, work-based care like nursing, and crisis support like harm reduction work and community organizing). Through this struggle and social reproduction, these activists craft a kind of revolutionary disability consciousness and care praxis.

Towards Revolutionary Disability Consciousness

RM’s and Forrest’s analysis of disability (and) care is different from many (but not all) of the other activists I interviewed in that they emphasize the need for disability care that is explicitly linked with revolutionary anti-capitalist struggle. In this section, I will articulate the significance of this focus for revolutionary organizing and sketch some characteristics about what revolutionary disability consciousness emerges through revolutionary organizing around disability (and) care.

Disability activists have long emphasized the need for “pride,” in similar ways to the gay or queer pride movements (McRuer 2011). For example, MG is intimately involved with organizing an annual “Toronto Disability Pride March” similar politically to lesbian, gay, bi-sexual, trans and queer (LGBTQ) pride marches. This discourse of pride has been a critical means of culturally developing self-worth, amidst social relations that reproduce them as less desirable, criminal or worthless. RM’s analysis of liberatory disability care, however, demands a role for science and even state intervention in alleviating unnecessary suffering related to disability. He suggests that liberation means that some forms of disablement are intimately interrelated to the violent processes of austerity, imperialism and gentrification, and thus they should be eliminated through revolutionary organizing. RM explains:

I mean, we shouldn’t demean people because they’re suffering, because they’re sick and tired, because they’re in pain. Definitely those lives aren’t worth less.

I would never make that argument. That is a genocidal, eugenics argument.

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44 Part of this difference is due to anarchist versus socialist engagements with the state, science and prefigurative politics. This will be discussed in more detail in Chapter 5.
But, it’s good when we can cure diseases… And actually pushing for a world where the science is put in the hands of the working class, where science is done for liberatory purposes… that will change things immensely. People will be cured of diseases that they’re not cured of now, because the profit system now works in a way that does not cure diseases.

In this comment, RM reveals an understanding of care that diverges from most progressive or radical analyses of disability (and) care. RM did not want to be “radical” in the sense of being more militant or left wing than others. Rather, he wanted his activism to make broad-based changes in peoples’ lives, and he wanted his work and ideas to be more widespread. He did not point to science and medicine as flaws in and of themselves, but rather problematic, exploitive and violent within a capitalist mode of production where the “working class” has little to no control over how science and medicine are applied. This perspective has important implications for how disability pride and “crip futurity” are conceptualized. From this vantage point, disability pride is something that makes sense only in the context of struggle for a future where disability is historically transformed by struggle. For example, disability might look very different, depending on who owns and controls the means of production, science and medicine.

As RM, Wilson and Forrest discussed the contradictions of disability (and) care in our interviews, and they drew on historical examples of radical and revolutionary struggles around health, drug use, disability and illness and social reproduction more generally. In particular, frequent references were made to harm reduction’s radical anarchist history and Black Panther Service to the People programs, which I will explore in Chapter 5. Each of these projects relates the process of healing and disability care to building the capacity of marginalized, criminalized, pathologized, wageless poor people to fight back and foster a more specifically revolutionary disability consciousness. This historical analysis helped these activists move away from understanding disability as an ahistorical identity or condition, and instead focus on the historic contradictions of capitalism that place disability and “unwellness” into the neoliberal crosshairs, and create crises of social reproduction. Understanding this revolutionary history and further developing it in their workplaces and community activism and organizing consciously mediates these contradictions and builds politicized formations of social reproduction. RM’s, Wilson’s
and Forrest’s revolutionary disability consciousness and their current activism are invaluable in developing preconditions for revolutionary disability care praxis in the future.

With this in mind, I have traced a different kind of disability politics in this chapter. I use the term revolutionary disability consciousness, to describe the revolutionary understandings of disability (and) care that were revealed from the vantage point of disability (and) care activists struggling in sites of hyper-precarity, capitalist exploitation and violence within Toronto’s downtown east end. This revolutionary disability consciousness might be understood as having the following five characteristics:

1. Rather than a fixed ontology, disability is engaged as an historic process that is often (re)produced through violent social relations of finance capitalism, patriarchy and white supremacy.
2. Does not require claiming disability identity, but rather an analysis of disability through varied sets of historical and material relations is critical for effective organizing.
3. Disability pride and desire, are not taken *a priori* or abstracted from their social relations, but rather built through revolutionary struggle as a necessity for social transformation.
4. Recognizes disability as inherent to humanity, yet epistemologically and ontologically in flux with many different future possibilities and transformations. Revolutionary disability future, or “crip futurity,” then, is a process of dialectically transforming the social relations of disability in the present, for a liberatory disability future.
5. Disabled people, including those “broken down” by the violence of hyper-precarity, are not absent or tangential to revolutionary organizing. Rather, they have a vital interest in large-scale social transformation and particular insights into capitalist violence and the role of social reproduction (or care) for revolutionary struggle.

**Conclusion**
The disability (and) care organizing discussed in this chapter is developing beyond the umbrella of disability studies and activism, and it challenges dominant conceptions of disability care work. Shifting this locus of study has allowed me not only to better theorize some limitations in disability studies and activism, but also to better attend to the social relations of race, class and finance capitalism, which have been and remain marginal in disability theory. Importantly, the disability activists described in this chapter demonstrate how the social relations of neoliberalism, particularly gentrification, austerity and the criminalization of poverty under the
“war on drugs” are mediated through everyday embodied social reproductive labour (paid and unpaid care work, activism, organizing, and struggle), disability identity, and radical and revolutionary disability consciousness. For these activists, disability identity is historical and produced through the violence of contemporary capitalism. Disability care is conceptualized by those activists as an exploitive, sometimes disabling, mode of social reproduction, but also as a necessary response to crisis and a crucible for developing revolutionary disability consciousness.

While almost all the activists discussed in this chapter have taken on a disability identity, their activism was decidedly not “disability-focused,” nor did it engage the forms of disability that are commonly emphasized in disability organizing. Instead, disability identity was engaged through the concepts of “trauma,” “addiction” and being “hurt” and “broken down” through hyper-precarious labour. Rather than organizing around abstract notions of disability accessibility, these activists sometimes used the terminology of “accessibility” to struggles for social services that provide medical support, welfare, shelter and housing, nutritious food, and access to clean drug paraphernalia. The concept of disability pride was also significantly reworked by this set of activists by extending their historical dialectics of how disability is produced over time and what kind of disability (or “crip”) future will be created as a result of their struggle. Contradictions around exploitive and disabling care relationships and work were dominant in these interviews. By focusing on peer and “frontline” care work, these activists disturbed distinctions between disabled people and non-disabled care providers. RM and Forrest also discussed the importance of organizing across paid and unpaid care labour, and relationships with the state in disability care activism and struggle.

In this chapter, I have examined how disability (and) care are dynamic and fully social both ontologically and epistemologically when abstracted from the vantage point of frontline crisis support and criminalized workers, anti-poverty and anti-gentrification activists. I have also demonstrated how these activists sensually mediate hyper-precarity by consciously engaging the contradictions of their work and analyzing disability (and) care with the social relations of capitalism (characterized by monopoly finance capital, imperialism and austerity) to develop a kind of “revolutionary disability consciousness” of what disability (and) care are now and what they are becoming. These activists have also historicized disability by making fleeting, yet recurrent references to the historical context of their struggles and what can and should be imagined and demanded in the future. By extending their historical dialectics of care work and
organizing, they can see how disability and hyper-precarity are internally related through the same social relations of neoliberalism, austerity, white supremacy, and finance capitalism. What remains to be done is further examine these historical dialectics.

In Chapter 5, I trace the preconditions of the disability (and) care dialectics described thus far in two significant formations of social reproduction: the anarchist roots of harm reduction, and the Black Panthers Service to the People. In Chapter 6, I take two steps forward in Ollman’s (2003) “dance of the dialectic,” by analyzing how the contradictions of these past formations have determined current disability (and) activism and a range of possibilities for future struggle.
Chapter 5: Preconditions of Radical and Revolutionary Care

In Chapters 3 and 4, I developed a map of the current context of radical, community-based disability (and) care activism, organizing and politics by looking at disability (and) care relations from two vantage points: first, from the perspective of radical disability justice activists and, second, from the perspective of anti-poverty and harm reduction activists. By analyzing these different vantage points of disability politics and expanding the scope of disability identity and care, I am able to expose some enduring contradictions of disability activism as they relate to other social justice movements and projects. I am also able to show how activists develop revolutionary disability consciousness by articulating these contradictions and mediating them politically. This consciousness challenges dominant ontologies and epistemologies of disability (and) care by conceptualizing them, instead, as social relations with revolutionary potential.

The practices of disability (and) care that I have examined are almost always decentralized and non-institutionalized, and are often linked with anarchist and communist ideologies (and by ideologies here I mean political analyses). I have explained why activists are motivated to organize disability (and) care in these ways: they want or need to develop alternatives to formal, largely state-organized care such as personal support workers, social workers, nursing homes and other institutionalized care (psychiatric hospitals, etcetera). Care that is based in community and largely unpaid was often developed out of necessity, when neither family nor formal/paid care were available or could not be relied upon. However, these community-based care formations allowed activists to develop politicized care as a key part of building power and self-determination, even if it lacked some of the reliability of formal care.

Whether these activists mentioned this or not in my interviews, these politicized, alternative forms of community-based social reproduction can be traced to past care formations that have developed, like disability justice, largely in California during the 1960s through to the 1980s. In this chapter I focus on two specific examples as they relate to my interviews: (1) the Black Panther Party’s (BPP) Survival Programs, which developed within the social relations of anti-black racism, the “war on poverty,” health activism, civil rights and Black revolutionary struggle in the mid-twentieth century; and (2) the harm reduction movement, which developed later in the twentieth century, in the midst of the “new left” (Breines 1982) or “new anarchism” (Smith 2012), the “war on drugs,” and the highly stigmatized “crises” of Hepatitis C, AIDS and HIV in communities of illegal drug users, sex workers, trans, queers, gays and lesbians.
As with the last chapter, I am expanding my dialectics of care beyond disability politics proper, in order to understand the essence and real social relations of disability (and) care—rather than care based on identity politics. While these are not disability-specific activist groups, they are important political formations where community-based care were worked out and serve as important preconditions for the radical and revolutionary formations of disability (and) care that I have examined thus far. This historical analysis allows me to examine two of the central questions of this dissertation: What is revolutionary about current disability (and) care organizing? And how are the current efforts dialectically related to the past and the future of revolutionary disability organizing? Following Ollman’s (2003) guide to dialectical method, here I trace the current contradictions of politicized forms of disability (and) care, which I have already identified, back into the present.

Ollman (2003) argues that in order to understand the potential of the current social relations, one must take “the long view”. Thus far, I have conducted Step 1 of this method by using abstractions of generality and vantage point to better explicate the current dominant capitalist social relations that structure disability (and) care formations, in addition to the formation of revolutionary disability consciousness that develops within these formations. This step is necessary to reveal a complex system of internal relations, which cannot and should not be reduced to one context of disability struggle or politic. This analysis has clarified some central contradictions of disability (and) care that can be recognized from different political, geographical and historical vantage points. In this chapter, I move to Step 2: I extend these dominant social relations by examining their preconditions, namely in the important historical examples of BPP survival programs and harm reduction needle-exchanges (among other methods). By historicizing or extending these dialectics of disability (and) care, I begin to focus on the central contradictions that determine the way these relations change over time and into the future by “simultaneously mutually supporting and mutually undermining one another” (163).

Having a broad understanding of the complexity of the current social relations or “system,” both historically and globally, is necessary to ensure that visions of the future are not narrow or utopian, but rather based on a range of possibilities or tendencies that can be understood with reference to/in light of the current and past contradictions. Ollman (2003) explains that when people have a hard time projecting into the future it is because “the conditions they see about them do not seem to belong to any social system at all, so there is no
system to take them out of and, equally, no system to insert them into. The systemic and historical characters of both capitalism and socialism that would allow for such projects are simply missing” (160-161).

I will be exploring four main historical contradictions in this chapter based on the dominant social relations of disability (and) care that I have examined in previous chapters. They are: (1) the internal relation of care giver and care recipient; (2) the internal relation between formal or state-coordinated care provision and alternative, informal community-based care; (3) the internal relation between disability activism/politics and other forms of social justice organizing (including harm reduction and Black power); and (4) the internal relation between fixed and individual disability identity and dynamic collective disability consciousness. I will describe each of these relations in terms of their present contradicting yet mutually supporting forces before I begin to trace these relations within the historic examples.

First, the relation between the care giver and the care recipient is perhaps the most commonly theorized and discussed contradiction within disability care theory and activism. I reviewed many of these tensions in Chapters 1 and 3. Briefly, I described how feminists and Marxists have commented on the problem of care work being exploitive under patriarchy and capitalism. Historically, care work has been feminized and racialized (Uttal and Tuominen 1999, Cranford 2014, Erevelles 1996, 2011) and thus widely un(der)paid. While (mostly feminist) activism has addressed this exploitation through efforts such as “wages for housework” (see Dalla Costa 2012) these politics have largely left perspectives of care recipients—the other side of the care dialectic, according to Nirmala Erevelles (2011)—absent and conceptualized pejoratively as burdens. In response, disability activists have organized to assert their power in this relationship, by documenting the violence experienced by disabled people under paid and/or institutionalized care (McBryde Johnson 2003, Morris 1995, Withers 2012a) and in unpaid domestic contexts (Munson 2011). The independent living movement responded to this crisis by “re/moving care” (Kelly 2016) from discourse around disability, instead demanding “independence with support” that would be provided the means for disabled people to hire “attendants” on an as-needed basis. These attendants are sometimes conceptualized as the extended “arms and legs” (Kelly 2016) of the disabled care recipient. Centres for independent living have, for the most part, been resolutely against care worker organization such as unionization (Rinaldi and Walsh 2014). Feminists such as Joan Tronto (2010) and Marxist
disability scholar Nirmala Erevelles (1996, 2011) have commented on this being an enduring contradiction within care that requires a transformation of social relations on a historical and transnational scale in order to transform the fundamentally exploitive and violent relations. Alternative forms of care—specifically anarchist or community-based ones—have sought to transform these relations, either by conceptually dissolving or blurring the contradictions. On one hand, collective care and peer-based care have been underpinned through political concepts such as “mutual aid,” “interdependence” or “intimate assemblages” (see in particular Shildrick 2009 and Fritsch 2010). On the other hand, care has been integral for movements that have been closely connected with demands for revolutionary and/or anti-capitalist transformation—such as the BPP Service to the People programs (described in more detail below) or projects like Vancouver Area Network of Drug Users (VANDU) (described in Chapter 4). In both cases, these politicized forms of care have challenged the dominant medical, state and capitalist ontologies of what care is, who needs it, and how it is given/received.

Second, I have discussed extensively in chapters 3 and 4 the relationship between formal, state-organized care provision and community based alternatives. People have organized and demanded better care from the state for centuries. Indeed, one can argue that most forms of state-provided welfare and care are concessions from the demands of poor and disabled people. While this welfare and social service provision has been necessary, such provisions are also always inadequate and rife with contradictions around compensation, access, self-determination or autonomy, uneven and bureaucratic service delivery, and the frequent bourgeois requirement to individualize the service-delivery process. In Chapter 3, I examine how activists who cannot access institutionalized, private, or state-mediated care, or who find it inadequate or overly oppressive (e.g. Loree Erickson), have developed care alternatives such as “collective care” that fill the gaps or supplant state care. I also explore the ways in which these care alternatives can be coopted and/or depoliticized by the capitalist state if they are not connected with social movements that also make radical or revolutionary demands on the state. In Chapter 4, I examine some of the long-term consequences of state discrimination, cooptation and neglect—particularly in my examples of harm reduction and crisis support. These contemporary examples have emphasized the necessity of community-based alternatives and state-regulated and organized care provision (survival) “pending revolution” (Alkebulan 2007), as well as the necessity of working towards both in tandem.
Third, in Chapters 1, 3 and 4, I discussed at length the disability movement’s uneasy relationship with other social movements. In particular, I draw on AJ Withers’ (2012a, 2014a, b) and Nirmala Erevelles’ (2011) work to describe how disability politics have been, in many times and places, at odds with other forms of social justice organizing. Withers (2014a, b), for example, has argued that the environmental and animal rights movements have ableist language and ideas in their political organizing. McRuer (2006) Erevelles (2011) and Kafer (2013) have demonstrated how disability organizing has become disarticulated from other social justice organizing because of the challenges that other social justice formations have had in desiring disability and imaging an accessible or “crip” future. The disability justice framework has developed as a way of building a more “intersectional” approach to disability that can, among other things, better articulate with other social justice projects. Kafer (2013) has also argued that building “feminist, queer, crip” coalitional movements that use the concept of “access” to find common cause with crip, “and feminist, and queer, and environmental, and racial justice, and reproductive, and ….” (169) presumably a long list of other political projects. Nevertheless, I have emphasized the limitations of the disability justice framework in Chapter 3 and the contradictions of developing “coalitional politics” (Kafer 2013) in Chapter 4. As Gorman (2005, 2016) argues, many of these contradictions must be worked out by challenging the fixed ontology of disability identity (or as Withers describes it, “fixed centre politics”), and instead developing class consciousness of the internal relations of disability in capitalism and how they might be transformed by revolutionary organizing.

This brings us to the fourth contradiction that I have investigated in this dissertation: the challenge of mediating the relation between the ideology of disability identity (specifically understandings of disability identity as fixed, natural, and/or signifying “lack”) and the material conditions of social reproduction under austerity and finance capitalism. I have tried to work out a revolutionary formation of this mediation in the concept of revolutionary disability consciousness, which I describe in most detail near the end of Chapter 4 and later in Chapter 6. Broadening disability consciousness beyond “disability politics proper” to include trauma and “bodies being broken down” by poverty, violence, war and hyper-precarity means that revolutionary care must approach understandings of desire, access and pride as historical and material processes. Instead, the material necessity of revolutionary medical science, engagements with the state and other care alternatives can be made more central to anti-capitalist struggle.
In the following sections, I trace these four contradictions of disability (and) care back in time. This reveals how these contradictions can be found elsewhere and elsewhen as they are shaped by the same dynamic social relations. By tracing these social relations beyond disability politics proper and beyond the current political moment, we can better understand how these same social relations have shifted over time, and can begin to formulate what they might look like in the future.

**Historical Case Studies**

Like disability justice, harm reduction and the BPP service to the people programs were both developed in California, harm reduction in San Francisco and BPP in Oakland. While both were part of larger political projects, the BPP’s Service to the People Programs and the harm reduction initiatives were key political responses to crises of social reproduction for poor and marginalized people—specifically Black people, queer people and drug users. These political projects were not contemporaneous. The BPP Service to the People programs began in the 1960s in part, as an alternative to the Community Action Programs (CAPs) that were instituted as part of Lyndon B. Johnson’s “War on Poverty.” The BPP worked to demonstrate the internal contradictions of anti-poverty programs managed by the capitalist state by producing alternatives. Later, in the 1970s and ‘80s, harm reduction developed as a series of grassroots responses to the devastation of Richard Nixon’s (and later Ronald Reagan’s) “War on Drugs.” These community-based political projects provided much needed care to people in crisis, while also clearly exposing the inadequacies and even violence of the capitalist state’s responses to social crises of health, hyper-precarity, and racism that could not be managed humanely nor effectively. These political projects showed the limits of social citizenship and the welfare state, and in some sense, the necessity of revolutionary care interventions. These projects, and the radical social health political milieu in which they were formed, built consciousness towards a new social and political ontology of health, disability and illness. For the BPP, poor health was the result of medical discrimination, racism and the historical relations of slavery and Jim Crow laws (Nelson 2011). Harm reduction activists fundamentally challenged the purely biological basis of addiction, Hep C, AIDS and HIV, instead placing it within the context of alienation, capitalism, homophobia, patriarchy, criminalization and discrimination.

These political projects are also good examples of what Wini Breines (1982) and Samuel Farber (2014) have called the “new left” interventions, which place a large emphasis on
“prefigurative politics” in a decisive break from the dominance of “strategic politics,” contrasting the “old left” focused on liberal democracy, working-class power, highly economistic interpretations of capitalism and exploitation, on the one hand, with Soviet-style communist movements based on centralism and vanguardism on the other. According to Christian Scholl (2016), prefigurative politics takes on two main forms: (1) “an ethical approach to conducting protest” where “means are consistent with and inherently reflect the desired end,” and (2) “the active creation of counter-institutions designed to foster individuals’[sic] and communities of power” (320). Prefigurative politics often emphasized “desire,” the “everyday,” and the power of “communities” to change the world. It is no surprise then that the “new left” and prefigurative politics they espoused opened new space on the left to focus on social reproduction, and specifically on “care” as an inherently political activity.

The BPP emerged in the mid-1960s when prefigurative politics was burgeoning, seemingly around the world. In many ways BPP was one of the most powerful prefigurative formations in North American creating powerful “counter-institutions” of social reproduction in the “Service to the People Programs” as well as important counter-cultures of communal living and black power. They worked dialectically on local and international scales, attending to the local contradictions of black nationalism, while building powerful international solidarity with Algerians, Vietnamese and Chinese revolutionaries. International solidarity around harm reduction has been much more informal, and often mediated through the state, not grassroots, as their strict focus on prefigurative politics often precluded national or international strategizing (Stoller 1998).

There are, however, some important political differences among these projects that had implications on the disability justice and radical disability (and) care models I discussed earlier. For example, each addressed different prefigurative and strategic interventions in social reproduction, albeit in very different historical contexts and locations. The AIDS, HIV epidemics and the official “War on Drugs” had not yet begun in the United States, when in a 1970 BPP publication called “Capitalism Plus Dope Equals Genocide,” Michael Tabor called for a survival program that would care for addicts and attack the escalating “dope” epidemic in American ghettos. However, this focus on drug dealing and “addiction” goes virtually unnoticed in most publications about the Service to the People Programs. Similarly, race and imperialism appeared to be a minor focus for harm reduction groups—starting as they originally did in the United
Kingdom in the early 1980s (Reinarman and Levine 1997) and being first organized in the United States largely by white, pagan, anarchists in the late 1980s (Stoller 1998). Nevertheless, the social relations of illegal drug use and anti-black racism continue to be central concerns of major crises in the current political moment. In this preliminary analysis, we can see that these contradictions can be traced within radical disability care formations. Training our analysis as disability activists and scholars might better reveal how these social relations are interrelated with disability politics.

**Black Panther Party Survival Programs and Service to the People**

In Alondra Nelson’s (2011) book *Body and Soul: The Black Panther Party and the Fight Against Medical Discrimination*, she examines the important historical, political and global context of health activism that blossomed in the 1960s. While the BPP has been described as one of the most important social movements in US 20th century (Farber 1996), Nelson insists that the BPP should be understood as one of many formations the New Left, the legacy of civil rights movement, Black nationalism and the radical health movements, which were emerging from widespread social movements of the time. These included feminist movements as well as patient activism, disability activism and activism against psychiatry. Rather than a reformist departure from their more militant, revolutionary organizing against state violence (specifically police harassment), their “survival clinics,” specifically their People’s Free Medical Clinics (PFMCs), were key pillars of their revolutionary projects, building on the history of social health activism in the United States, while incorporating the revolutionary health praxis of the likes of Che Guevara, Frantz Fanon and Mao Zedong. They also provided necessary modes of care for poor black communities that had increasingly limited access to social services as the US welfare state began to shrink and the American “healthcare crisis” was beginning to grow. Nelson (2011) explains that by focusing on building counter-institutions to the social welfare programs, amidst mounting state repression and violence, “the Party leadership was making a strategic calculation to literally and figuratively stay alive” (51).

The work of Guevara, Mao and Fanon greatly influenced the ideological formation of the BPP. Building on the work of Guevara and Fanon, the Panthers understood that medicine could serve revolutionary ends if placed in the right hands. Fanon’s work, in particular, was influential in articulating a dialectic of medical discrimination and violence (in the forms of overexposure of scientific investigation and medical neglect) as was liberatory medicine (building the health of
the body politic) in the context of imperialism. Panthers also built on the example of “barefoot” doctors in revolutionary China, which valorized traditional medicines, such as acupuncture, and the experiential knowledge of poor and oppressed peasants. The Panthers took these methods and built campaigns and programs (particularly the sickle cell anemia screening and research campaign) that could “transfer […] the expertise from physicians, nurses, medical technicians, and other professionals ‘to the masses’” (141).

Importantly, the Service to the People programs were never intended to do the work of the state in a reformist or “opt-out” manner. The programs were always contestatory and focused on building a kind of dual power with the state. The Party felt Johnson’s War on Poverty programs would “merely amount to control and surveillance of the poor” (58). They felt it was important to rework these contradictions. Nelson (2011) quotes the Party chair Huey P. Newton saying “you can’t very well drop out of the system without dropping out of the universe… you contradict the system while you are in it until it’s transformed into a new system” (63). Many Party members worked within the state’s Community Action Programs (CAP), trying to find ways to use CAP resources to better serve poor communities, while also using this knowledge to develop a “parallel alternative” (55). In contrast, their survival programs provided much needed resources (sometimes funneled from state funding and other donations) while emphasizing democracy, self-determination and, ultimately, revolution.

The People Free Medical Clinics (PFMCs) were at the forefront of this parallel alternative. Nelson (2011) explains that the Party mandated PFMCs in all of its chapters nationwide. In 1971, the BPP develop a national healthcare position paper where they argued that all healthcare facilities “should be administered by trained health workers as well as ‘community-worker councils’ made up of ‘patients and health workers’” (89). Yet their PFMCs came under close state scrutiny and repression, experiencing frequent raids, inspections and fines for failing to apply for permits or not adhering to rigid health regulations. Nelson argues that many of these raids were ordered by the FBI, and that the FBI also went to great lengths to stifle funding and donations for the Party health programs because they reflected the Party in a positive light.

Their sickle cell anemia campaign was, by far, the most powerful challenge to the medical authority over black health. By training people to screen for sickle cell anemia and politicizing the disease as a historical outcome of slavery, colonialism, and medical
discrimination, the BPP was able to develop a certain ideological control over the medical discourse, by developing a “social health” framework as a powerful political counter. In response, Richard Nixon created the Sickle Cell Act in 1971, dedicating $155 million to “eradicate” the sickle cell anemia “crisis,” or “black disease” (Nelson 2011,150). By doing so, Nelson (2011) points out, “Nixon offered narrow biological citizenship instead of economic access or equality” (148). Sickle Cell Anemia became “mainstream” and depoliticized, stripping the radical social health framework developed by BPP. It also replicated the work of the BPP, draining resources from their campaign and effectively co-opting the revolutionary, anti-racist social health framework. While the BPP challenged these state initiatives in their Black Panther Intercommunal News Service newsletter, it became much harder to convince people of state neglect and abandonment.

Nevertheless, the BPP continued to develop their radical social health politics extending to other care-related programs related to supporting older people in the community, advocating for hospitalized older people, and even forming coalitions with other disability and (health)care-related political projects—especially through the Rainbow Coalition, co-founded by Fred Hampton in the northern United States. This organizing emerged during a key historical shift from civil rights activism to human rights, where health could be reworked as a lynchpin between the body politic and the individual body--political citizenship and biological citizenship. Using the term “social health,” these activists understood health and medicine as “well-being that scaled from the individual, corporeal body to the body politic in such a way that therapeutic matters were inextricably articulated to social justice ones” (11). As the Party developed, the concept of social health became increasingly sophisticated and important strategically and tactically. By 1972, these social health programs became codified in their Ten Point Program, replacing Point #6 demanding that black men be exempted from military service. Their new demand reads:

We want completely free health care for all Black and oppressed people. We believe that the government must provide, free of charge, for the people, health facilities which will not only treat our illnesses, most of which have come about as a result of our oppression, but which will also develop preventative medical programs to guarantee our future survival. We believe that mass health education and research programs must be developed to give all Black and oppressed people
access to advanced scientific and medical information, so we may provide ourselves with proper medical attention and care. (The Black Panther Party Research Project, 1967)

What made the BPP different from many such disability activist projects was its direct engagement with science. Nelson (2011) makes clear that, while the BPP was critical of the medical science in the hands of the capitalist state and the “medical industrial complex,” they also demanded (and organized) revolutionary medicine in the traditions of Che Guevara and Frantz Fanon, where science was placed in the hands of the people. This class analysis of science and medicine ensured that the Panthers could engage with biomedicine, without falling into the trap of biological determinism, where medicalization is used to depoliticize and individualize social problems. Their sickle cell anemia program was a key example, Nelson (2011) explains, of how “the Party repurposed evolutionary theory to argue that [sickle cell anemia] was an embodied vestige of slavery and colonialism” (21). Similarly, notions of health and “cure” were inextricably tied to social power and self-determination. In this way, Nelson explains, “The Party fashioned itself as a concerned stakeholder—united with many others—in the pursuit of better biomedicine and bioscience” (166).

With this explicit emphasis on access to healthcare, scientific advancement and medicine, it is perhaps not surprising that relations between the BPP and the disability rights movement (which, in many ways, has rejected the “medicalization” and “curism” of disabled people) were poorly developed. Indeed, Alondra Nelson (2011) does not engage at all in disability politics in her seemingly exhaustive account of the BPP expansive political care organizing. Nevertheless, there are some clear and significant historical trajectories to be noted here. As I have already mentioned, several of my participants—notably Geoffrey Wilson and RM—made references to the Service to the People Programs as important historical examples of the alternative formations of disability care they were organizing. Disability scholars Josh Lukin (2013) and Susan Schweik (2011) have also traced this history in some detail.

Schweik (2011) describes the key role that the BPP played in some of the disability rights movement’s defining actions, in both the struggle for independent living and the landmark direct action in 1977. In the early 1970s the disability rights movement had just one defining

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45 Biomedicine is an increasingly dominant branch of medicine that subjects the human body to frameworks of natural science and biology.
element of federal legislation in Section 504 of the 1973 Rehabilitation Act, which made it “illegal for any federally funded institution or initiative to discriminate against the disabled… with no exceptions”. Like similar pieces of legislation, there was no political will to actively enforce Section 504, so in 1977 a group of disability activists planned the largest occupation of a government building in the United States history. In early April, over 120 disabled people and non-disabled care attendants and allies occupied the San Francisco offices of the Department of Health, Education and Welfare (HEW) for 26 days until the government allocated resources to enforce the Act in practical terms. One key member of the occupation was Bradley Lomax, a Black Panther diagnosed with multiple sclerosis who used a wheelchair. Lomax’s involvement in both movements meant that the BPP offered key support for the occupation, publishing frequent calls for support in their daily newspaper and providing dinner for every member of the occupation for the entire 25 days. Schweik (2011) notes the 504 action was also supported by a matrix (as opposed to a coalition) of social forces providing resources that included:

- the Butterfly Brigade, ‘a group of gay men who patrolled city streets on the lookout for gay violence,’ who smuggled walkie-talkies into the occupied building;
- Glide Church;
- local and national labor organizations;
- members of Delancey Street, the famous grassroots rehab program for substance abusers and former felons, who brought breakfast into the building each day;
- the Chicano group Mission Rebels, who also provided food (n.p.).

Lomax was also key in establishing a Centre for Independent Living (CIL) in the predominantly black East Oakland area in 1975. He brokered a deal between the independent living movement and the BPP by which the BPP would provide management support of the CIL with initial resources from the BPP. Yet the CIL did not thrive, lasting less than two years. Schweik (2011) notes that there seemed to be indifference on both ends. The CIL did not know anything about the East Oakland community and did very little outreach. Meanwhile the BPP seems to have given the CIL a very low priority. Schweik (2011) remarks that it is surprising that never once did the BPP put forward an explicit political analysis of disability in their newspaper and never mentioned the East Oakdale CIL in their regular listings of Services to the People Programs. Indeed, it is never mentioned in Nelson’s (2011) extensive list of health-related programs. This program seems as though it would have been in line with similar programs mentioned in Nelson’s book, such as the Seniors Against a Fearful Environment (SAFE)
program for older black people living in retirement homes, yet the East Oakland CIL had considerably less attention and lifespan. Presumably it had much greater organizational and financial demands and, perhaps, did not articulate well with the Party’s developing analysis of disability. The lack of Party documentation, makes it difficult to truly know why this initiative was so shortlived. Aside from BPPs organizational challenges due to ramped up police and state repression, Alondra Nelson’s omission of these important projects seems to point to the fact that the Party’s revolutionary health initiatives were not considered “disability politics.” Indeed, according to Schweik (2011), disability issues were engaged on a highly selective basis.

Some disability scholars have commented on the tensions of disability and race politics in the 1960s and 70s that likely remain relevant today. Lukin (2013) tells the story of Johnnie Lacy, a black disability activist in the 1970s, who took part in the 504 occupation. Lacy reflected on the contradictions segregating the disability rights movement (of which she was most closely allied) and the Black power movement. In particular, she commented on how she was removed from the Berkeley Centre for Independent Living board for demanding that the organization do outreach to black communities and make more room for black people in their services. She also noted that “the Black community” had a hard time taking on the disability identity as it was so often used to frame Black people as deficient or incapable of social inclusion: “I also discovered… that many African-Americans consider being black as having a disability, and so they didn’t really identify with disability as a disability but just as one other kind of inequity that black people had to deal with” (309). Indeed Nelson (2011) notes that the BPP members were keenly aware of how “…blacks were always classed as biological ‘lack’ or ‘excess’ relative to some sociotechnically constructed norm” (165-66). Thus, the Party had to work dialectically with these classifications. Nelson explains: “The Party found in health not only a new moral terrain for civil and social rights struggles but also a marker of African American inclusion and exclusion. The BPP worked both within and outside mainstream medicine, critiquing its excesses, its discrimination, and its paternalism while seeking social health for poor communities” (186-7).

The social model marshalled by the disability rights movement had a much more simplistic stance than the Black Panther Party on challenging individualistic, (bio)medical models of disability and illness. Instead of politicizing and building consciousness around the contradictions of capitalist medicine, disability activists argued for clear distinctions among
illness, impairments and disability, insisting that disability needed no correction. The logical extension of this ideology is the notion of disability pride, which many disability rights activists called for particularly after the 504 action. Notably, as Schweik (2011) explains, while the BPP sought to build self-determination and power, they seemed unwilling or unable to take on the notion of disability pride, instead viewing disability as a kind of tragedy. Disability scholars like Schweik (2011) and Lukin (2013) have interpreted this as inherent ableism on the part of the black community, rather than a fundamentally different orientation to the notions of medicine, health and cure.

Also relatively absent in the BPPs survival clinics and healthcare programs is any significant engagement with illegal drug use and dealing. Wini Breines’ (1982) book The Great Refusal: Community and Organization in the New Left describes the radical communities of the New Left in the mid 1960s and the growing influence of drug use in these communities. While drug use was often considered a recreational or even spiritual part of the left counter-culture, drug-use was becoming a growing problem in poor black and racialized communities. In 1970, New York based Black Panther Michael Tabor, a former heroin user, wrote about the increasing problem of narcotics in the American ghettos as a “plague” and a form of “chemical enslavement” of black youth that thwarted black revolutionary power:

As long as our young Black brothers and sisters are chasing the bag, as long as they are trying to cop a fix, the rule of our oppressors is secure and our hopes for freedom are dead. It is the youth who make the revolution and it is the youth who carry it out. Without our young, we will never be able to forge a revolutionary force. We are the only ones capable of eradicating the plague from our communities. It will not be an easy task. It will require tremendous effort. It will have to be a revolutionary program, a people's program. (Tabor 1970, n.p.)

Tabor promised a survival program that would explicitly support black addicts and drug users: “The Black Panther Party is presently in the process of formulating a program to combat the plague. It will be controlled totally by the people. We, the people, must stamp out the plague, and we will. Dope is a form of genocide in which the victim pays to be killed” (n.p.). Unfortunately, this program never developed. In the same year, Tabor was charged with conspiracy to kill a police officer and fled to Algeria and then to Zambia, never to return to the US.
BPP chapters in New York and Illinois seemed to have a much stronger interest in combating drug use than in the New York and Chicago ghettos. Along with other radical socialists, Fred Hampton of the Chicago BPP chapter co-founded the Rainbow Coalition in the late 1960s, which included groups like the American Indian Movement, the Young Patriots, and the Young Lords. This coalition of revolutionary socialist movements further broadened the scope of the BPPs survival programs, tackling issues such as addiction and illegal drug use. As Danny Shaw (2016) explains:

From the perspective of the Rainbow Coalition organizations, the choice was clear: continue to bear witness to a chemical holocaust or build a fight-back movement to recapture control over the social forces that lorded over poor people. Revolutionary community leadership is the decisive subjective factor in determining which way the historical pendulum swings. (n.p.)

The New York-based Puerto Rican Young Lords Party (YLP), in particular, had developed community-based brigades to intervene in drug dealing and drug use in Harlem and Puerto Rican ghettos. According to Shaw, the (YLP) set up “a holistic health center to treat heroin and alcohol addiction. What the state would never do for the community, the community did for itself” (Shaw 2016, n.p.). Far from a “harm reduction” strategy, Shaw details how they would steal money from drug dealers to fund their community programs and sometimes use physical violence and intimidation to stamp out drug and alcohol use. One Harlem resident recalls the YLP’s unorthodox drug interventions:

If the Lords caught you hustling, they took your dope, poured it into the gutter in front of the entire block and warned you to never feed poison to the community again. The second time they grabbed you; it was over for you. They took you up to the top of an overlooking tenement building and hung you off by your legs, shaking you until all of your supply splashed down onto the streets. This was their final warning. If it happened again, they promised to drop you. (n.p.)

Yet, this strategy was different than bourgeois moralism or medical interpretation of illegal drug use and addiction. Shaw explains “The far-reaching analysis did not assign individual blame to an addict but rather contextualized their situation. The recovering men and women came to see that they were not junkies, tecatos, bums or drunks, as they had been labeled by society; they were oppressed” (Shaw 2016, n.p.).

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For the Rainbow Coalition, building this political consciousness among addicts was considered both an individual and a collective process that tackled white supremacy, colonialism, imperialism, capitalism and patriarchy. Nevertheless, at this historical juncture, the BPP social health program was expansive, but the contemporary language and politics around disability care, trauma or “harm reduction,” had not yet developed and thus are not really captured in their contemporary official health program listings, and from Nelson’s (2011) seemingly exhaustive analysis of the BPP’s social health activism. As the BPP began to crumble under intensive state repression (including devastating raids, spying and assassination), the rise of drug wars (and the corresponding proliferation of illegal drugs) as well as the increasing profile of disability politics, the social health framework would take on new articulations, without the ideological leadership of the BPP. The growing harm reduction movement partly reflects this historical shift, specifically its commitment to decentralized, non-hierarchical organization that de-emphasized political demands and education.

**Harm Reduction**

A year after Michael Tabor’s 1970 polemic on drug use, Richard Nixon officially launched his War on Drugs. The BPP began to dwindle in the late 1970s, under their own contradictions and relentless and powerful state repression, just as the New Left began to take on new, increasingly anarchist formations of politicized social reproduction (Breines 1982). The American job market was shifting from industrial manufacturing jobs towards the financialized service sector, leaving poor black and racialized communities increasingly unemployed and forced into swelling illegal economies like drug dealing (Duster 1997). At the same time, American white supremacy and imperialism took on new forms. By the mid-1980s, anti-drug extremism was at its zenith and the Reagan administration was allocating millions to the now well-established war on drugs. A key part of this war on drugs was the creation of draconian laws meant to punish those involved with the drug trade, notably mandatory minimum sentencing for drug possession and dealing. In practice, mandatory minimum sentencing disproportionately targeted petty black drug peddlers (Duster 1997). This caused exponential growth in the black prison population and a rapid prison expansion costing billions of dollars annually (Sudbury 2005). As the BPP was in decline, the criminalization of drug use and dealing became central contradictions in the white supremacist, imperialist US state.
During the 1980s, HIV and AIDS were becoming global epidemics and communities were developing new care interventions to support stigmatized communities, such as drug users, sex workers, gays and lesbians, who were particularly vulnerable to these epidemics. Needle-exchanges and other modes of “harm reduction” became a key pillar of these community-based interventions in Liverpool, Manchester and London, UK where, as Reinarman and Levine (1997) state, “small bands of needle exchangers had already established what would prove to be the cheapest and most effective program for preventing the spread of HIV and AIDS among drug users” (361). Given the HIV and AIDS epidemic (and later Hepatitis C), this “cheap and effective” intervention quickly proliferated among drug users and grassroots activists internationally and was promoted by extremely diverse cultural celebrities and politicians from across the political spectrum. As early as 1986 the Conservative British Secretary of State for Health introduced official needle-exchange programs, where drug users could access clean needles and syringes and learn about safer injection practices. In 1988, Prime Minister Margaret Thatcher became known as the leader of harm reduction when she official adopted harm reduction policies in recognition that “HIV/AIDS was a bigger threat to public health than drug misuse” (Hayes and Dale-Perera 2010, 8).

Soon, in America, where the War on Drugs was devastating poor racialized people, queer people and drug users, these harm reduction practices quickly took root and flourished within California’s new left, through anarchist organizations such as AIDS Coalition to Unleash Power (ACT-UP) (beginning in 1987) and Prevention Point (beginning in 1989). Stoller (1998) explains that these organizations were explicitly decentralized and anti-hierarchical and used consensus-based decision-making. Their focus was on supporting stigmatized and criminalized members of their communities. Smith (2012) distinguishes the state-organized harm reduction (such as that organized in the UK) from grassroots organizing, calling the former “mature harm reduction.” Anarchist harm reduction, according to Smith, on the other hand, was along the line of “new anarchism,” where needle-exchange was considered an act of civil disobedience and direct action. Quoting Graeber (2002), this form of anarchism is a “rejection of a politics which appeals to governments to modify their behavior, in favor of physical intervention against state power in a form that prefigures an alternative” (211). Rather than an explicitly articulate and collectively formulated political analysis (or ideology), Smith describes this new anarchism as “the
generalized ‘political logic’ of contemporary radical social movements, composed by everyday practices of resistance grounded in the notions of autonomy, affinity, and direct action” (212).

Prevention Point did not initially use the term “harm reduction,” but rather called it a “people’s needle exchange” (102), reminiscent of the BPP Service to the People programs. Nevertheless, Prevention Point’s explicit goals were very similar to the “mature harm reduction” described by Smith above; they wanted an “anonymous, non-judgemental, user-friendly model with no requirements for participation other than the possession of a syringe and the willingness to exchange” (102). Prevention Point began as a group of “hippie junkies,” anarchists, and pagans who wanted to practice civil disobedience to prevent the spread of AIDS and HIV, and to prevent drug users from lethal overdosing because of unsafe injection sites. Their first needle exchange direct action corresponded with a scheduled pronouncement from the San Francisco Mayor’s Task Force on needle exchange. These initial members planned to get arrested for their action, but this never happened. Nevertheless, according to Stoller (1998) they sought to remain highly clandestine, refusing to reveal their names and their politics/beliefs (mostly paganism and anarchism). While they sought municipal funding for their exchange, they also struggled to remain non-hierarchical and autonomous under these funding conditions. As they formed an official organization, they emphasized the importance of volunteer, peer-based work so that workers could “blend-in” and provide services based on first-hand experience in a “non-judgmental manner.” This meant that, even when Prevention Point was at its peak, 70 percent of the needle-exchange workers were volunteers. These volunteer peer workers were largely white and committed to the project because they were drug users themselves and/or they were anarchists. Smith (2012) argues that this emphasis on peer service delivery was necessary to “circumvent […] obvious forms of authoritarian control” (213) and facilitate “user inclusion in every dimension of service by equitably engaging users in a condition of collaborative autonomy” (213). Indeed, as I discussed in Chapter 4, the peer-based service-delivery model remains fundamental to harm reduction practice. This tactic, like the contemporary peer-based volunteer care interventions I discussed earlier in this dissertation, is clearly based on the anarchist principle of mutual aid. Furthermore, while these grassroots care interventions are in some ways similar to the method that the BPP used in the community-based sickle cell anemia screening, the diverge in their emphasis on decentralization and horizontalism.
The dominance of white peer workers in the movement is notable given that the War on Drugs was targeted mostly towards newly unemployed black people and people of colour (Duster 1997). Their willingness (or even intent) to get arrested also seems to indicate a sense of security and privilege vis-à-vis the criminal justice system and the state more broadly. Stoller (1998) mentions that Prevention Point (and other harm reduction groups) had significant difficulty conducting needle-exchanges in predominantly black neighbourhoods. Furthermore, Farber (1996) mentions that many of the “community brigades” that began to flourish in the new left during this time period (exemplified by both harm reduction peer workers and some of the BPP Service to the People programs) were “least common where they appear to be the most needed—i.e. in lowest income, high-crime areas, in part because fear has paralyzed collective as distinct from individual self-protection activities” (n.p.).

Unfortunately, this particular formation of harm reduction lasted only three years before being effectively coopted by the state through conversion to a non-profit organization with state funding, and a new hierarchical structure. Stoller (1998) explains that eventually:

Prevention Point was forced to succumb to the demands and strictures of corporate non-profits, which directly conflicted with how Prevention Point had managed itself in its early years. Ironically, Prevention Point’s greatest strength throughout its history—its anarchism and consensus-based decision making—proved to be a great weakness in the power struggles that developed with the non-profit organization that it established in order to have a legal supplier of syringes. (107)

Both Stoller (1998) and Smith (2012) have lamented this easy state cooptation of anarchist practices of harm reduction, citing decentralization as both the strength of these organizations, as well as their weakness in relation to the state. Unlike the political outrage from the BPP when the Nixon administration had officially taken control over their sickle cell anemia campaign, the decentralized political organization of harm reduction activists has not registered an organized response to state cooptation. This is largely because, unlike the BPP, who made money from selling their newspapers, they had no mechanism for garnering funding outside of state intervention or from the “non-profit industrial complex” (INCITE! Women of Color Against Violence 2007).

In the American context, harm reduction has developed a grassroots anarchist response to AIDS and HIV crises, but also to the devastation of the War on Drugs. Like in the UK, harm
reduction garnered significant political support from the likes of Milton Friedman, George Soros, and numerous police officials (Reinarman and Levine 1997), seriously putting into question the progressiveness of this intervention. Rather than framing it as a political issue (as Stoller [1998] and Smith [2012] do), Reinarman and Levine (1997) state that harm reduction is increasingly the “respectable opposition” to the War on Drugs (320) and a good example of “American pragmatism” (356). Indeed, rather than having a coherent political ideology with revolutionary ends, harm reduction seems to involve relatively narrow pragmatic goals. Reinarman and Levine (1997) argue that harm reduction has two primary premises: (1) As a departure from abstinence as a goal, they quote the US Harm Reduction Coalition’s stance that “Any reduction in harm is a step in the right direction” (357); and (2) As they also point out, “If contact can be made in a context of user-friendly social services rather than user-hostile social control, drug users can be empowered to take intermediate steps to reduce their risks… Rather than isolating drug users, harm reduction concentrates on ‘integrating them or reintegrating them into the community’ (Nadelman et al. 1994)” (Reinarman and Levine 1997, 357). Here we see a clear example of the neoliberal inclusion discourse criticized by Rachel Gorman (2005) and the disability justice activists I described in Chapter 3. Like the cooptation of the BPP sickle cell anemia program, these institutionalized, “respectable,” and “mature” harm reduction forms are highly effective at obscuring the capitalist, imperialist, white supremacist relations of the drug wars that produce the greatest harm for drug users.

In this framework, it is easy to see how the politics of harm reduction lacks the collective, revolutionary transformation for which the BPP particularly, and the Rainbow Coalition more generally, fought. While understandably balking at coercive and punitive means of eradicating drug use (demonstrated by both the state-sponsored War on Drugs and even, in some instances, the YLP’s tactics), the lack of political vision and the emphasis on individual choice and responsibility have not only made the “anarchist practice” of harm reduction prone to state cooptation, but also wholly compatible with the neoliberal ideology that was beginning to germinate under the leadership of Reagan, Thatcher and Mulroney in their respective jurisdictions. Rather than “unusual” (Reinarman and Levine 1997, 346) proponents, one might instead see harm reduction as a multi-valent language and set of practices that has widely varying political applications. Structuring harm reduction as a public health intervention, as the Thatcher administration did, allows drug use and addiction to be individualized and medicalized,
framing drug users as clients and consumers rather than political actors, decontextualized from the social relations of poverty, violence and hyper-precarity. Furthermore, as workers like RM made clear in Chapter 4, volunteer “peer work” saves money for the state and makes it difficult for workers to organize and make collective demands on the state—a contradiction bitterly contested by harm reduction workers in Toronto today.

Nevertheless, Smith (2012) argues that there remains a productive tension between bottom-up (anarchist) and top-down (neoliberal) harm reduction practices, citing groups such as VANDU—which I also discussed in more detail in Chapter 4—as an excellent example of the continuation of radical direct action in harm reduction organizations. Smith suggests a number of strategies for re-politicizing harm reduction and strengthening bottom-up interventions, such as “autonomous acts of resistance (however temporary), and the establishment of informal, off-the-books practices” (215) such as:


Smith (2012) makes some interesting linkages between care, harm reduction, anarchism and capitalism in his article. First, he argues that the principles of harm reduction (reviewed above) are entirely compatible with anarchism—although he apparently leaves out more strategic form of anarchism here. He then suggests, “Growing out of the oppositional spirit of the movement, harm reduction discourse might therefore be seen as a disguised language developed to describe an emergent anarchist model of care for capitalism’s most oppressed, yet symptomatic victims” (213). Thus, despite its seemingly inherent susceptibility to state co-optation, apolitical and individualizing applications, and exploitive labour practices, Smith frames harm reduction as the most progressive form of care—particularly for drug users under capitalism. The problems with “mature harm reduction,” then, in his view, are simply that it is not anarchist enough. What is more, Smith makes a curious re-interpretation of Black Panther Michael Tabor’s polemic Capitalism Plus Dope Equals Genocide, stating that “genocide plus anarchism equals harm reduction” (217), suggesting that new anarchism (which is often referred
to as simply “anarchism” by Smith) is the natural and obvious response to the War on Drugs. This is curious given the fact that the BPP was not an anarchist organization. Further, this ignores other politicized care formations—exemplified earlier in the BPP Service to the People programs that managed to develop much broader and more complex political analyses of health, disease and illness in the context of capitalism. Explicitly building consciousness around these social relations, as the BPP did, goes a long way towards understanding and fighting state cooption and capitalist enclosure. By arguing that activists should simply be “more anarchist,” Smith ignores the varied other political responses to state violence and forms of radical and revolutionary care that might form under finance capitalism and austerity.

**Tracing Continuities and Ruptures**

In these two historical case studies we can trace many continuities and ruptures, which serve to develop preconditions for the current radical formations of disability care that I discussed in previous chapters. To begin with, we can see the profound influence of the New Left’s emphasis on prefiguration in both these projects. Beginning in the 1960s, in what Breines (1982) calls “the great refusal” of Soviet-styled revolutionary politics, radical activism moved out of the workplaces and into “the streets,” where urban ghettos were forming and people were becoming increasingly reliant on illegal economies to make ends meet. Farber (1996) has analyzed this political organizing—perhaps best represented by the BPP—as a renewed focus on the “lumpen” as opposed to the working class as a revolutionary force.

Most of the people involved in these political projects—the Black ghetto youth, hippies, pagans and anarchists—were excluded from the working class, and had limited access to state social services. In the 1960s most of these people learned quickly that they had to take care of themselves, and developed a “do it yourself” (DIY) approach to care. It is understandable that these activists would turn to the political strategizing of anarchism as well as Mao, who de-centred the working class in the revolutionary struggle, both of which better attended to the politics of “everyday resistance” or “everyday revolution” through increasingly decentralized, community-based activism rather than organizing workers in a centralized fashion.

Importantly, even though the working class was radically de-emphasized in these projects (particularly in the harm reduction activism), it was not irrelevant to them. The YLP, in particular, forged strategic connections between the lumpen and the working class (The Young Lords Reader 2010). Rather than developing a class analysis of the war on drugs, harm reduction
movements often valorizing volunteer (unpaid) peer workers as a key form of resisting hierarchical institutionalization. As Chapter 4 illustrates, un(der)paid, hyper-precarious peer work has become a distinctive feature of harm reduction that is celebrated by both the grassroots anarchist (often under the guise of “mutual aid” and “user-led organizing”) and mature institutionalized harm reduction (under the guise of cost-savings and “knowledge translation”). This contradiction between formal paid care workers and community-based, unpaid social reproduction was emphasized by several of my participants, and is only intensifying as more people become pauperized in a rapidly financializing economy. Wendy Forrest and RM emphasized that community-based interventions were essential in organizing with “unwaged workers” or hyper-precarious people—these terms are preferred alternatives to the term “lumpenproletariat” described earlier that typically has derogatory connotations—during austere times when the unemployed masses are growing exponentially. RM and Forrest both stressed that building solidarity between the formal workplace and the community was crucial for effective anti-capitalist organizing. This is particularly important as paid care work becomes increasingly exploitive and is offloaded onto informal social relationships.

The BPP was also influenced by Mao’s Cultural Revolution, which sought to radically democratize professional knowledge and return it to “the people.” With the historical shift from Service to the People Programs to anarchist harm reduction interventions and community brigades, one can trace the progression of the radically democratic, de-professionalized, DIY-approaches to care provision that are so celebrated by the activists I interviewed for this project. It is little wonder then that several of my participants mentioned the importance of these historical preconditions for the forms of radical disability care that they developed, theorized and practiced. The degree to which these groups rejected professionalism, and indeed science and medicine, is quite different. The BPP’s social health framework, while more complex, is much easier to understand and adopt because it was explicitly articulated numerous times in their newspaper, which was the ideological heart of the Party. Furthermore, the BPP subjected the medical professionals they engaged with to political education, thereby building and prioritizing the class consciousness of the professionals they worked with. These measures ensured that they could engage with dominant, even bourgeois, medical concepts and practices, but rework them both practically and ideologically to serve their own interests. As I mentioned above, the BPP were not anti-medicine or anti-science. Instead, they developed a dialectical analysis of what
they called the “medical industrial complex” and the “medical apartheid” experienced by poor black people, through their applied practice in the survival clinics, and their social health campaigns.

Compared to the Black Panthers, it is more difficult to track adherence to a coherent political consciousness of medicine in harm reduction and drug user activism. In the UK, the needle-exchange brigades were quickly taken up as part of broader institutionalized public health policies (Hayes and Dale-Perera 2010), and the specific anarchist interpretations of the medical industrial complex may have been published in grassroots pamphlets. In any case, for groups like Prevention Point, their desire not to publically disclose their politics and the emphasis on clandestine activity, make their particular orientation unclear to the general public—perhaps in similar ways to disability justice (see Chapter 3). Smith (2012) argues that the dominant “mature” forms of institutionalized harm reduction, tend to emphasize medical, individualist notions of harm reduction that “obscure the role of structural factors,” and merely shift the framework from the criminological/moral “hierarchical authority” to a medical one (213). In contrast, Smith argues that the radical, anarchist practices of harm reduction focus on ethics, morals and rights, which “represents an overt discourse of affinity and mutual aid” (2012, 213). The material implications of this shift for anti-capitalist struggle, however, remain difficult to trace. VANDU’s 2010 “Manifesto for a Drug User Liberation Movement” offers some insight into how contemporary, radical, community-based harm reduction formations have politicized both liberal and medical understandings of drug use. Interestingly, there is little commentary at all within the Manifesto on “addiction,” health or medical understandings of drug use.

The radically expansive health activism that developed in the mid-twentieth century (Nelson 2011), during a time when the reach of medical science was proliferating—makes it is hard to imagine how disability activism and “addiction” were not related to these radical social health formations. Yet, “addiction” and drug use did not really fall under the medical framework until the 1970s, and was not widely accepted until the mid 1980s (H. Smith 2014). Thus, activism around drug use—especially at the height of the War on Drugs—was mostly focused on combatting moral and criminological explanations, rather than reinterpreting understandings of addiction and drug use. And, in some cases, the disease model (interpreting addiction as a disease) was welcomed by drug and “addiction activists” (H. Smith 2014). As VANDU’s 2010
manifesto illustrates, contestation around medical interpretations of addiction have not been central in the harm reduction field.

Disability studies and mainstream disability activism has had a somewhat different relationship with medicine than either of these historical case studies. Medicine and state administered care overwhelmingly and historically have meant some form of institutionalization. They have also been integral to constructing a disability as something to be overcome, fixed or eliminated. Further, the history of disability—whether it be through multiple generations or just the trajectory of one person’s life—has typically been dominated by the medical model of disability, i.e. a medical epistemology and ontology of disability that often focuses on medical interventions into disability and determining “what went wrong” or how to correct disability). For this reason, disability studies and much of the mainstream “disability activism” has tended to examine disability history through the lens of “representation”, “power” and “rights,” rather than how disability comes to be and why. In Chapter 4, I discussed how disability is produced, often through capitalist and imperialist violence. Thus, as I discussed earlier (mostly in Chapter 1), disability activists—particularly social model activists—have historically taken pains to distinguish themselves from the medical model of disability and associated form of activism. Instead, they focus on how disability is socially produced and developing alternative understandings of disability, beyond health-related discourse. While disability activism—particularly the radical model of disability and disability justice—has challenged these distinctions, the notion of cure is still highly contested\(^{46}\) and alienated from the kind of class struggle around health and medicine to which the BPP made significant contributions. In other words, by largely failing to engage concepts of “cure,” “health” and “medicine” as important sites of class struggle for disabled people, disability activism has alienated the hyper-precarious disabled people I described in the previous chapter.

Understanding this history and the ideological differences between these movements offers a partial explanation as to why the concepts of addiction and social health—which have clear implications for disabled people—have remained ideologically distinct. In the current historical moment, disability activism remains largely alienated from social health activism and critical of the role of science and medicine (Fritsch 2015, Withers 2012a). Organizations like

\(^{46}\) Eli Clare’ new book *Brilliant Imperfection: Grappling with Cure* explores the contentious notion of cure in multiple political projects, including disability politics.
OCAP (discussed in more detail in Chapter 4) have taken on a class analysis of medicine (not unlike the BPP), which has allowed them to productively engage medicine in a contestatory fashion through campaigns like the Special Diet Supplement in the mid to late 2000s. That campaign built relationships with progressive doctors to help poor people access state funding for healthy food. In the process it revealed the interrelations of capitalism, poverty, health and disability (Palmer and Héroux 2016). The dialectical analyses of medicine sidestep narrow emphases on “the cure,” and can instead develop broad social analyses of both illness and disability, including trauma, drug use, AIDS, HIV, HEP C, sickle cell anemia. In these movements, health can be reworked as freedom from poverty, colonialism and imperialism, a means of self-determination, and care as protection from medical violence and discrimination, as well as a broad ethical imperative in a rapidly deteriorating social welfare state.

The broader political and historical social relations of the BPP Service to the People Programs or anarchist harm reduction also reveal why neither form of radical care intervention had any sustained analysis of disability. In the 1960s and 1970s the BPP drew from a variety of social movements—namely, anti-imperialism and communist struggles in the third world, black nationalism, health social movements—to develop effective counter-institutions and people’s power that challenged, not only Johnson’s “war on poverty,” but also white supremacy, imperialism and capitalism. While they built some alliance with disability activism through the 504 direct action and the East Oakland CIL and harm reduction activism (mostly through the Rainbow Coalition), these alliances were poorly developed. Later, in the 1980s, anarchists built upon activism around AIDS and HIV, sex work, gay and lesbian communities, anarchism and hippie counter-culture to fight the “War on Drugs,” as well as violence towards these communities (Stoller 1998). Some, but not all, of this organizing was explicitly anti-capitalist in traceable pamphlets, posters and international organizing documents. Like the BPP, these activists were wary of state co-optations, although they seemed to have fewer resources to effectively fight this co-optation. While the state seemed to categorize disability—particularly psychiatric disabilities—with addiction (Smith 2014, Saint-Cyr 2010), AIDS and HIV (McRuer 2002), I am not aware of any political alliance, coalition or crossover between this harm reduction work and disability organizations.

This is not particularly surprising given that alliances among black, indigenous, and people of colour activism, harm reduction activism and disability activism are somewhat tenuous
even today. In Chapter 4, I attempted to explain some of these antagonisms and contradictions, and as related in this chapter, Schweik (2011) and Lukin (2013) have traced some of the difficulties that the BPP had incorporating disability care (such as the CIL) into their social health framework and Service to the People programs. Farber’s (1996) analysis of the BPP also suggests a contradictory analysis of drug use and dealing in the later years of the BPP, making it difficult to develop a revolutionary program for drug dealers and addicts. Harm reduction practices, with their spurts of anarchist formation and frequent state co-optations, provide a shaky and small foundation on which to build a broad, social analysis of disability.

Nevertheless, the history of anarchist and communist struggle around social reproduction has had a significant influence over these forms of disability politics over time. It is significant that through anti-poverty organizations such as OCAP (see Chapter 4) and “third wave” disability formations such as disability justice (see Chapter 3) the interrelations between white supremacy, imperialism, drug use and poverty are being woven into an analysis of disability. This expanded analysis of disability is not without its contradictions (as I have explored in the previous two chapters). Nevertheless, the increasingly politicized and broadening frames for both disability (and) care have made possible the emergence of a disability consciousness that reveals the interrelations between the historically distinctive forms of activism I have examined here.

**Building Consciousness through Prefigurative and Strategic Organizing**

Making disability consciousness truly revolutionary depends upon a dialectical analysis of the social relations of disability (and) care that begins in the everyday embodied activities and experiences of activists, but then also extends globally and historically. These analyses tend to have a materially-informed, rather than a purely idealistic, vision for the future. Recall that Ollman (2003) emphasizes the necessity of a dialectical analysis of the past, present and future, based in real material and ideological contradictions. To do otherwise, Ollman argues, is utopian. Scholl (2016) emphasizes that activists’ use of this dialectical method marks a key distinction between communist or socialist organizing and anarchism. Scholl cites a letter Marx wrote to anarchist Arnold Ruge in 1843 where he argued that “the task was not to create a new, alternate content but rather to actualize the content of the existing world through conscious engagement so that it might accord with revolutionary desires. This dialectical approach encouraged a strategic orientation to the contradictions of capitalism” (321-322). While the BPP went to great lengths to organize dialectically, constantly reflecting on the contradictions of Lyndon Johnson’s “War on
Poverty” and the sickle cell anemia program, the later formations of harm reduction did not effectively marshal this dialectical approach, making their future goals somewhat unclear and easily coopted by the state.

While most political frameworks vary considerably in practical applications and tendencies, and while anarchism takes shape in a vast diversity of formations (See, in particular, Graeber 2005 and Gordon 2008), the “new anarchist” patterns outlined by Christopher Smith (2012) present some significant hurdles for developing coherent political consciousness, not to mention strategic approaches to revolutionary organizing that are dialectically tied to prefigurative social reproduction. Smith, draws on a working definition of new anarchism from the online zine crimethinc which characterizes new anarchism as fleeting acts of resistance through distrusting government, subverting official instructions and regulations and developing “your own ideas and initiatives and solutions” (2012, 212).

This is by no means an adequate reflection of the multiple contemporary and historical formations anarchism (see Day 2004, crow 2011, Graeber 2005, and Guerin 2005 for more nuanced and complex treatments of anarchism), but it does reflect certain tendencies within the new left (Breines 1982 and Farber 2014) to prioritize prefigurative “lowercase revolutions” over larger strategic attempts to overthrow capitalism on a state or transnational scale. According to Christopher Smith, harm reduction is new anarchism par excellence in that its origins have largely been anarchist and many of its grassroots or peer-based actions continue to be based on the kind of spontaneous, non-hierarchical, de-centralized actions outlined above. This approach to politicized social reproduction marks a departure from the explicit (dialectical) class analysis marshaled by the BPP, which sought to build up the consciousness of people by emphasizing both self-determination and the coordinated and collective power of black and oppressed people against the capitalist state. The new anarchist framework de-emphasizes political education, consciousness-raising or centrally-coordinated action. While Smith appears unconcerned about this challenge, Stoller (1998) remarks on the significant limitations of this grassroots harm reduction work given their lack of finances (outside of state and non-profit funding) and lack of national or global coordination.

While BPP and harm reduction are both examples of the late 20th century’s renewed emphasis on prefigurative politics, there are also some important differences between these two political projects in terms of the meaning/role of mutual aid, interdependency, and self-
determination in their politicization of care. New anarchist harm reduction formations’ emphasis on de-centralization, organizing “non-hierarchically”, avoiding explicit documentations of political frameworks, and reluctance to take power, marks a key historical shift from political projects that develop a dialectical tension between prefiguration and strategy. Breines (1982) counterposes “prefigurative politics” to “strategic politics,” “at the center of which,” she explains, “are ‘strategic thinking’ and the commitment to build formal organizations to achieve major structural changes in the political, economic, and social orders” (7). While a focus on prefiguration was necessary to correct the strict, mechanical adherence to the strategic end goals of the old left, she explains that later, in the 1960s, there emerged projects that relied on a complete rejection of strategy altogether.

New anarchism, harm reduction and even some of the care collectives or radical disability organizing described in Chapter 3 are good examples of prefigurative politics, with little emphasis on national/international or global coordination, or the development of strategic demands on the state (such as the BPP’s Ten Point Program). In the contemporary moment, grassroots harm reduction activist’s emphasis on “mutual aid” (in the form of peer work and user-led organizing, discussed in Chapter 4) or the disability justice/radical disability emphasis on “interdependency” (in the form of care collectives or “intercorporeal assemblages,” discussed in Chapter 3) can be understood as powerful examples of prefigurative care, which attempt to build radical forms of democracy and self-determination while transforming exploitive and oppressive disability care relations. Yet this celebration of and emphasis on prefiguration have not resolved the contradictions I have outlined here and throughout my dissertation. Without explicitly and strategically addressing the central class contradictions of disability (and) care under capitalism, and the fundamental role of the state in determining these relations (often through overt violence), these projects risk obscuring and undermining class struggle. Furthermore, without organized and dialectical political education, such as the training organized by the BPP for professionals, workers and the (lumpen) masses, it becomes exceedingly difficult to develop the disability consciousness—consciousness that contests, politicizes and exceeds the narrow, bourgeois classifications of disability—necessary to advance this struggle and strategically militate against cooptation or “enclosure.” Finally, rejecting strategic politics and the value of seizing power, and instead focusing solely on the “here and now” of prefiguration also limits the temporal framework (or dialectical extensions) through which we can materially
understand the future. This fosters a kind of defeatism around the possibility of revolutionizing some of the most insidious and violent of capitalist social relations, while also resorting to a kind of idealistic understanding of a post-capitalist future, which does not inspire people to lay the strategic ideological and material stepping stones for getting there. I will briefly attend to this final point regarding the revolutionary future in the following concluding chapter (Chapter 6).

**Conclusion**

The historical case studies that I have examined here provide only a partial analysis of the preconditions of alternative and radical formations of disability (and) care in Toronto. If scope permitted, I might have included a more thorough analysis of the independent living movement, which is widely celebrated as one of the most significant gains in disability activism and places disability (and) care at the centre of struggle (Kelly 2016). Nevertheless, as I described earlier, the disability (and) care activism I have explored through my interviews largely fall outside of, or in response to, this movement. These projects also build on the preconditions of “new left” prefigurative social reproduction that emerged through the 1960s to the 1990s, which correspond with the rise of everyday, embodied, community-based (as opposed to strategic organized labour-based) challenges to the state and capitalist organization of disability (and) care relations. Thus, following the relational/reflexive method, I have traced the preconditions that have come to bear on these particular radical formations.

By tracing the changing, yet enduring, contradictions of disability (and) care through these historical examples, it was possible to expand my dialectic of disability (and) care by examining it from relatively unexplored vantage points of revolutionary black power and anarchist harm reduction. I was thus able to shift the ontology of disability (and) care and develop an understanding of how dominant forms of disability activism/politics relate with other forms of social justice organizing, and the role that class (and disability) consciousness might play in building strategic coalitions and alliances on the left. These vantage points also illuminated various political interventions into the mediation of the caregiver/care-recipient dialectic, namely the development of People’s Free Medical Clinics, based on Maoist principles of “Service to the People” and “barefoot doctors,” as well as peer work, based on the anarchist principle of mutual aid. I also traced the changing temporal (and to some extent spatial) relations of disability (and) care that mark an important shift away from explicit strategic engagements with the state and medicine (exemplified by the BPP) in favour of largely prefigurative,
relatively spontaneous, pragmatic care interventions that often negate or obscure class contradictions and trivialize (or even suppress) the development of class consciousness. This shift has limited the temporal scope of revolutionary organizing and made it difficult to move from pragmatic survival strategies and spontaneous resistances to collective struggle.

In this chapter, I have attempted to historicize these radical and revolutionary disability (and) care social relations, as a way of concretely tracing some of the key contradictions that condition these political projects. This historical analysis is key for developing a dialectical material consciousness of disability (and) care and revolutionary future. In Chapter 6, the conclusion, I will synthesize this dialectical analysis into my framework for revolutionary disability consciousness, and what it means for disability (and) care activism and other anti-capitalist social justice projects. Building from this, I will sketch a range of possibilities for revolutionary disability futurity, based on present contradictions and radical social formations. I will then discuss the implications of this analysis for disability studies, political economy, and Marxist theory.
Chapter 6: Conclusion

I began this dissertation with three central guiding questions:

(1) How is/are disability (and) care conceptualized in the current historic moment? What are the organizing dialectics of disability (and) care? Who is included and who is excluded from these conceptual categories?

(2) How do we learn to demystify and recognize disability (and) care in our everyday lives? How do processes of imperialism and austerity rework the dialectics of disability (and) care, and shape our capacity to understand history and think about a revolutionary future?

(3) What is revolutionary disability (and) care? What are its historical contradictions? How do these contradictions structure our possibilities for the future?

I have tried throughout to answer these questions using a historical and materialist dialectical analysis of my interviews and other secondary data. Following Gorman’s (2005) relational/reflexive method, I have analyzed my own experience and consciousness as the child of a disabled, institutionalized parent, and later as a care worker and activist, as an entry point into disability (and) care relations. I then traced the relations between my own experiences and those of 12 activists and care workers that I interviewed, many of whom I have also been politically engaged with. I uncovered similar “relations of ruling” (D. Smith 2005), coordinating or structuring the particularities of these experiences and our mediation of disability (and) care relations. The relations I have examined are social service provision in the form of disability care and harm reduction services. I have focused particularly on those services administered through non-profit organizations, which often involve close connections with marginalized poor communities and service users who are in crisis. I have also examined the political formations of radical, alternative and community-based disability care. These political formations are key crucibles for the development of class and disability consciousness that politicizes disability, and analyzes its interrelations with capitalism.

Throughout my analysis, I have traced relations between these community-based care projects and the corresponding state-organized social services in terms of cooptation, enclosure and resistance. I have also examined how these relations have shifted historically, particularly with the state services being increasingly characterized by austerity and privatization/financialization schemes. In addition, I have examined how the activist response has become characterized by prefiguration and radical, community-based alternatives to state
services and resources. Through these shifting relations, the activists I have interviewed develop disability consciousness in unexpected terrains—proliferating or spilling out beyond the domain of disability politics proper. For the most part, these activists consider themselves “radical” and their focus is on fundamental or revolutionary social transformations. Care is articulated as a key mode of this transformation, rearranging or rethinking the ways in which people interact with each other and develop political consciousness around the embodied, everyday role they play in reproducing capitalist social relations. This, I argue, has signaled the central role that disability (and) care relations are beginning to play in radical and revolutionary activism and struggle and the necessity of a revolutionary disability consciousness.

I have also drawn extensively on Ollman’s (2003) *Dance of the Dialectic* to develop dialectical abstractions of extension, generality and vantage point, which allows a better understanding of the historical relations of disability (and) care in the current moment of late capitalism. By analyzing the interview transcripts, I discovered two epistemologically distinct vantage points from which to analyze (or abstract) disability (and) care relations.

First, in Chapter 3, I examined radical forms of disability activism and disability justice and radical care as responses to austerity. These political projects are sometimes referred to as the “third wave” of disability activism—a shift that significantly broadens the ontological scope of disability (to better attend to things like psychiatric diagnoses, chronic pain and acquired disabilities) and places particular emphasis on care. These third wave formations are led by disabled, queer people of colour who are prioritizing cultural activism in the San Francisco Bay area through projects like Sins Invalid. This political formation has migrated to Toronto through various activists, like Leah Lakshmi Piepzna Samarasinha and Loree Erickson. Erickson and AJ Withers, have articulated this politics as the “radical model of disability,” which is often used interchangeably with the term “disability justice” in Toronto.

Second, in Chapter 4, I examined disability (and) care from a perspective beyond the dominant disability care organizing as it relates to poverty, trauma and drug use (still largely abstracted from disability ontology within the third wave frameworks) and how it articulates or (dis)articulates from disability politics proper. From this second vantage point, I look at how people develop disability consciousness or become “politically disabled,” (Mingus 2011c), even as they (actively) remain outside of the so-called “disability movement.” None of the activists featured in this chapter were involved in “disability activism” *per se*, but were instead engaged in
harm reduction activism, poverty and anti-gentrification activism. Nevertheless, there were key bridges. For example, AJ Withers is the co-developer of the radical model of disability and a leading member of the Ontario Coalition Against Poverty (OCAP), which has been leading many of the anti-gentrification struggles in Toronto’s downtown east end. By means of this examination, I theorize how disability identity, experience and activism become abstracted from the social relations of colonialism, imperialism, race, and class contradictions through embodied practices of disability (and) care in both paid work and informal community-based contexts. I also further expand the scope of disability identity and care, while also exposing some enduring contradictions of disability activism as it relates to other social justice movements and projects. In addition, I show how revolutionary disability consciousness is developed by explicitly engaging these contradictions and mediating them in prefigurative and strategic ways—in effect changing consciousness around the ontology of what disability (and) care are and what their revolutionary potential is.

In Chapter 4 I was also able to focus on the particular relations of disability (and) care within the current context of financialized gentrification and criminalization of poverty in Toronto’s downtown east end. In this context, disability consciousness focuses on the processes of trauma, violence, poverty and highly exploitative, and often illegal, forms of labour that “break the body down.” Disability care, in this moment, is both a necessary form of social reproduction for people in crisis and involved in activism, but also an exploitive and sometimes disabling form of labour that serves to perform, and profit from, the reproductive labour that sustains capitalist social relations. The activists I highlighted in this chapter described the specificities of the current mode of capitalism—characterized by austerity, neoliberalism, colonialism, and imperialism—and how these dynamic social relations produced disability and, in many ways, determined specific cultural responses such as disability justice and new anarchism, as well as care formations, such as care collectives and harm reduction.

Next, in Chapter 5, I historicized these radical disability (and) care relations. Taking cues from historical references made by the activists in my interviews, I focused on two historical examples of prefigurative care from outside disability activism: the Black Panther Party Service to the People programs; and the grassroots, anarchist formations of harm reduction in the 1970s and 80s. Analyzing these examples, I followed the analytic thread established in my interviews and moved beyond the confines of disability politics proper to trace the real imperialist, colonial...
and capitalist relations that shape all these political projects, albeit in quite different ways. Following this thread, I commented only fleetingly on significant formations of disability care politics (such as the independent living movement). However, through that analysis I was better able to extend my dialectic of disability (and) care and to trace the current relations described and theorized by the activists I interviewed. I thereby concretely demonstrated how the same relations and contradictions are to be found in seemingly discrete political projects. By historicizing these relations, I identified four key contradictions that have structured radical care politics from the 1960s (although not necessarily beginning in the 1960s) up to the present: (1) the contradiction between care giver and care recipient; (2) the contradiction between formal or state-coordinated care provision and alternative, informal community-based care; (3) the contradiction between disability activism/politics and other forms of social justice organizing; and (4) the contradiction between fixed and individual disability ontology and dynamic collective disability consciousness. This historical analysis has also allowed me to trace how contemporary radical politics have come to place a high emphasis on prefigurative, community-based, alternative forms of care, sometimes to the neglect of strategic organizing that might effectively challenge and undermine state cooptation and capital accumulation (enclosure), while also building mass movements for a revolutionary future.

Taking the dialectical approach has meant that I examine everything as dynamic social relations in a process of tending and becoming rather than ontologically distinct or natural phenomena. This has necessitated not limiting myself to looking at what is popularly conceptualized as “disabled,” but rather interrogating the way that the concept is engaged from different vantage points. This method can, however, lend itself to conceptual confusion. As Ollman (2003) says, “Viewing the world as undergoing constant change and as devoid of the clear-cut classification boundaries that distinguish the commonsense approach, Marx could not keep a definition of one factor from spilling over into everything else” (33). Nevertheless, by focusing on dialectics that structure disability (and) care relations, I am able to uncover the essence, rather than the appearance, of disability (and) care within the current moment of austerity and finance capitalism.

Marx’s distinction between appearance and essence, as described by Ollman (2003)—is useful here as it clarifies how things can be classified in ways that do not necessarily reflect their internal relations, and the ways in which this organization can mystify or thwart revolutionary
consciousness. For Marx, the term “identity” refers to “a different expression of the same fact” (Ollman 2003, 77). Thus, identical sets of relations bear important similarities in their relation to larger relations such as capitalism or class. However, Ollman continues, these identities, or the relational essence, can only be revealed through dialectical analysis that extends wide enough to capture the full relation(s). For example, in my analysis, by extending my dialectical analysis of disability (and) care both *ontologically*, beyond disability politics proper and into the realm of drug use, trauma and gentrification, and *historically*, by examining Service to the People Programs and anarchist harm reduction, I am able to uncover the same dynamic relations of ruling (*e.g.* imperialism, finance capitalism) and their enduring contradictions. While, as I have argued, classifications of disability, poverty and drug use, have historically related somewhat differently with the capitalist state and undergone different modes of capitalist accumulation and exploitation, there are also similarities in how these processes have been shaped by capitalist enclosure, cooption, abjection and negation. Thus, care has been central to these struggles. When extending this dialectical analysis, then, these seemingly distinct classifications or “appearances” are instead conceptualized as having more or less identical relations within the context of austerity, imperialism and finance capitalism. Furthermore, we can concretely recognize that revolutionary struggles around drug use, poverty and disability are materially (and not just conceptually) interrelated.

**Visionize! Revolutionary Disability Consciousness and the Future**

After analyzing and historicizing, the next step in Ollman’s (2003) “dance of the dialectic” is to “visionize” the future. Throughout this dissertation, I have argued that a significant part of developing (disability) consciousness through uncovering, demystifying and understanding the social relations of disability (and) care in the current historic moment, is to also understand their revolutionary potential. Once the real relations of disability (and) care are revealed, we can develop an understanding of where these relations are tending in the future. Ollman (2003) explains,

Investigating potential is taking the longer view, not only forward to what something can develop into but also backward to how it has developed up to now. This longer view, however, must be preceded by taking a broader view, since nothing and no one changes on its, his, or her own but only in close relationship with other people and things, that is, as part of an interactive system. The notion of potential is mystified
whenever it is applied to a part that is separated from its encompassing system or that system is separated from its origins. When that happens, “potential” can only refer to possibility in the sense of chance, for all the necessity derived from the relation and processual character of reality has been removed, and there is no more reason to expect one outcome rather than another. (160)

In Chapter 3, I articulated the revolutionary potential of radical formations of disability care. I outline how radical and alternative prefigurative forms of disability care that prioritize “mutual aid” and “interdependency” are powerful and necessary means of survival and resistance during the current moment of austerity and late capitalism. Disability justice and crip politics have focused heavily on imagining “crip futurity” that is accessible and liberatory for disabled people. These activists and cultural workers are consequently highly invested in developing a kind of radical imagination (Haiven 2014) and ideological struggles over what disability is and what disability could become. This involves crafting new theories, new visions, new forms of culture, and new types of communities where people could relate to each other “differently.” Sometimes this was linked in with other political projects or social movements, but not always.

A historical materialist understanding of the future is somewhat different. In his discussion of how to “visionize” a revolutionary future, Ollman (2003) stresses that we see the present and its historical contradictions as always a process of becoming the future. In other words, even a revolutionary future is possible only because history is actually tending towards it. Ollman explains:

I do not think it is utopian to believe that a qualitatively better society is possible or to hope that it comes about. What is utopian is to construct this society out of such hopes, to believe, in other words, that such a society is possible without any other reason or evidence but that you desire it. (2003, 158-9)

In this light, the cultural interventions and radical care practices I describe above are not revolutionary in and of themselves. Often “opting-out” or disengaging institutionalized forms of disability care (such as the workplace or social services) obscures state violence and the centrality of class struggle by willing them away and fetishizing “alternatives,” and community as outside of state and capitalist social relations. At the end of Chapter 3, I drew particularly on

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47 For theoretical engagements, see McRuer 2006 and Kafer 2013. For cultural visioning see Piepzna-Samarasinha’s and Mingus’ (2015) short story “visionary fiction” in Octavia’s Brood.
Jazayeri’s (2015) analysis of revolution, and the importance of uncovering how the relations of ruling are mediated and reproduced in these community-based, radical and alternative care projects. In Chapter 4, activists like Withers, RM and Forrest have emphasized that strategic, material interventions with capitalist enclosure and processes of dispossession are necessary as well. This strategic organizing within state/capitalist institutions not only serves and politicizes “the masses” (including hyper-precarious people that are often referred to by the Marxist terms paupers, unwaged workers or the lumpenproletariat), but also builds mass power to effectively challenge the capitalist state. In fact, for this reason, RM and Forrest described a kind of rejection of radical prefigurative care formations that seem to hold little relevance for the masses at large, and instead work towards a return to a revolutionary practice of materially serving the masses in strategic ways, perhaps along the lines of the Black Panther Party’s revolutionary interventions in medical care and other forms of social reproduction (described in Chapter 5).

This argument for strategic and dialectical organizing is echoed by many Marxist and anarchist theorists (Coulthard 2014, Gorman 2005, Erevelles 2011, Farber 2014, Jazayeri 2015 and Withers 2012), who emphasize the importance of dialectically relating local, everyday interventions (such as care) with the broader transnational and historical capitalist relations.

By examining the tensions between prefigurative and strategic orientations towards the future, I was able to trace the development of embodied consciousness that attends to highly politicized and visionary understandings of disability as well as revolutionary analyses of capitalist social relations. I have used the term revolutionary disability consciousness to describe what I saw emerging across the various interviews I conducted. I have argued that this revolutionary disability consciousness takes on five key characteristics that correspond with mediation and conscious interventions in the central lines of fault (contradictions) of disability (and) care I describe earlier. First, disability, in its various forms is conceptualized as historical processes that (re)produce material relations of violence (i.e. through imperialism, hyper-exploitation, criminalization of poverty and racial difference, etcetera) rather than a fixed ontology that is either codified in medical and psychiatric diagnoses or simply discursively produced as non-normative or abject embodiments. Second, rather than adhering to the politics of being “out and proud” (see McRuer 2006), many of the activists I interviewed downplayed the importance of actively claiming a disability identity as part of developing their revolutionary disability consciousness. Instead, disability is often understood in relation to violent capitalist
processes rather than a source of pride. Third, and closely related to this second point, many activists I interviewed described disability pride or disability desire, so often heralded as a key dimension of disability politics’ response to “cureism”⁴⁸, as not abstracted or taken for granted. Instead, disability pride and desire were conceptualized as processes created through class struggle as disabled people demand more of the state and for themselves. Disability pride and desire, then, are built through revolutionary organizing and are never disconnected from the necessity for material change through advancing class struggle. Fourth, even though many of these activists conceptualized disability as intimately interrelated with violent capitalist social relations, revolutionary care was conceptualized as a process of transforming disability ontologically, rather than eliminating it or imagining it out of existence, as is common in many social justice movements that lack political analyses of disability.⁴⁹ Finally, revolutionary disability consciousness conceptualizes disabled people, including “traumatized,” criminalized, hyper-precarious and/or pauperized workers and drug users, as revolutionary and integral to revolutionary organizing. This challenges the Leninist understandings of waged workers as the primary revolutionary force and supports the revolutionary praxis of the Black Panther Party, that drew on Mao and Fanon to conceptualize hyper-precarious black people as revolutionary subjects.⁵⁰

The term “revolutionary disability consciousness” is my own, and does not reflect the terminology of the people I interviewed. In fact, the activists I interviewed often described their consciousness (or process of developing consciousness) through terms like “political disabled identity,” “radical analysis of disability,” “class consciousness of disability” or “cripping capitalism,” etcetera. I have been particularly ambivalent about using the language of “crip” to describe their consciousness. This term was rarely used by the people I interviewed and mostly comes from the realm of (largely white) disability studies, which most of my participants do not find helpful for building their revolutionary consciousness. Rather than using the term “crip,” I

⁴⁸ Josh Lukin describes “cureism” as “the belief that the goal of people with disabilities should be focused on eliminating their disability” (2013, 313). See also Eli Clare’s Brilliant Imperfection 2017.
⁴⁹ For example, Withers (2012c) discusses the disableist and eugenic tendencies of environmental and animal rights movements.
⁵⁰ Indigenous scholars such Glen Coulthard (2014) have also built on this analysis to emphasize how indigenous people—who are primarily the targets of ongoing colonialism and primitive accumulation, rather than wage exploitation—play an integral role in revolutionary organizing.
make use of the disability/disablement dialectic articulated by Rachel Gorman (2016), where disability politics, with its dominant attention to cultural reformations and identity might be “recast” as revolutionary, by better attending to the development of (class) consciousness and struggles to expand disability politics beyond a white-centric politic with limited attention to violence and processes of disablement. First, following the relational/reflexive method, I am interested not only in investigating the conditions and social relations that shape the political formations that the people I interviewed are involved in; in other words, how they mediate these relations through their embodied activities and how they develop consciousness of them. This reworking of the disability/disablement dialectic, by Gorman (2016) makes possible a highly political and contestatory relationship with both individualistic and medicalized understandings of disability, as well as mainstream disability politics, without the trappings of “crip politics” that overemphasize cultural celebrations of disability identity. Finally, and perhaps most importantly, while “crip” attends to a liberatory future for disability. My use of the term “revolutionary”—and focus on consciousness, rather than identity—indexes my historical materialist orientation towards capitalism and the necessity of its inevitable demise, based on its inherent contradictions and existing potentiality of communism or a revolutionary future. As Ollman (2003) states, there is also an internal relation between actuality and potentiality, and through analysis we can find both the necessity and the possibility of a new world concealed in the old (capitalism’s main class contradiction makes a socialist future a necessity and possibility (159). While I am critical of overly idealistic imaginings of “crip futurity” (a concept closely associated with “crip politics”), my analysis develops a materialist, dialectical counterpoint to this “futurity” by tracing the real social relations (and contradictions) of disability (and) care as preconditions or a map of potentialities for an already-becoming future.

I hope that, through the analysis I have developed here, I have laid the framework for a historical material understanding of where the current disability (and) care relations are tending and thus what are very real possibilities for the future. At this point, I will summarize some of the major contradictions that emerged from my analysis and how they serve as preconditions of the future of disability (and) care. As a brief caveat, I will say that these current relations do not predict, but are only potentialities that might guide the terrain of revolutionary struggle.

Disability identity is proliferating and disability politics are casting a wider and wider net. “Third wave” formations like disability justice are beginning to focus on so-called invisible
disabilities such as madness or psychiatric diagnoses and chronic pain, although addiction and trauma remains peripheral to disability politics. As these identities proliferate, there are increasing tensions around what disability is, who can claim disability and how disability politics relate with other social movements. Often these tensions are/have become antagonistic as I have demonstrated particularly in Chapters 4 and 5, and they have led and could lead to increasing bifurcation of disability politics as I have described throughout this dissertation. Nevertheless, building a revolutionary disability consciousness through cross-movement organizing and emphasizing the interrelated social relations of disability identity helps resolve these antagonisms. It also challenges our understandings of revolutionary organizing by de-centring the white, working man as revolutionary subject and conceptualizes colonized, hyper-precarious BIPOC, women and trans people as important revolutionary forces.

Through the social relations of austerity, finance capitalism, imperialism, white supremacy and neoliberalism, disabled embodiments (or “debility”) also proliferate along with ideological disability identities. As poor, racialized people are criminalized and forced into illegal economies, the social welfare state erodes, making it increasingly difficult for more and more people to access the basic means of survival. In this context, I have argued, community-based, non-institutionalized disability care becomes a growing necessity. Thus, many social movements and political projects have heightened their emphasis on “self-care,” “communities of care,” “interdependency,” “mutual aid,” and support groups for people who are in crisis or whose bodies are “broken down” by current living conditions. Those social movements that fail to engage this necessity of care (or ensuring the basic means of social reproduction) are alienated from the growing hyper-precarious masses.

The Black Panther Party Service to the People programs, described in Chapter 5, provide an excellent model for how to provide this care. Yet the increasing tendency towards prefiguration without strategy or class analysis has made it difficult for many radical care formations to effectively challenge capitalist social relations. For these alternative care interventions to move from survival and resistance to effective anti-capitalist or revolutionary struggle, they must be conceptualized collectively and must strategically engage and challenge the capitalist state through anti-capitalist organizing. Historically, disability politics have been alienated from revolutionary, anti-capitalist organizing, and this bifurcation has continued into the present political landscape. Revolutionary disability consciousness forms through the
conscious mediation of these alienated political projects. There are several examples of this mediation, both historically, through the so-called “Lomax matrix” described by Schweik (2011) in Chapter 5, and in the present, through several political projects that work across both disability politics and anti-capitalist activism. Like the Lomax matrix, this current work exceeds the confines of disability justice or radical disability politics, as well as dominant forms of communist/socialist organizing, which has historically been relatively uninterested in the queer, disabled, racialized masses. Through analysis of prefigurative and strategic mediation of these historical contradictions, we can see a revolutionary future take form. Yet this future must still be struggled for. It is only one possibility among many.

**Implications: Towards a Red Disability Studies and Revolutionary Struggle**

Conceptualizing disability (and) care in the historical, material and transnational relations of austerity, financialized gentrification, dispossession, and imperialism, is also to understand some disability as “a body broken down” and fighting for survival. Radical and revolutionary forms of disability care are struggles for life, value, and social transformation. It is necessary to pose questions of both how and why disability (and) care are constituted and productive within these social relations. Such questions are under-examined and under-theorized in Disability Studies and disability politics in general. I argue that this is only partially due to the fear of eugenics and “cureism.” This is also due to a theoretical turn to ahistorical, “ludic” (Ebert 2015), post-structuralist and even new materialist epistemologies of disability (and) care.

This dialectical, transnational and historical analysis of disability (and) care I describe above has significant implications for disability theory, disability and activism and its orientation towards crip futurities and desire. In her 2011 book *Disability and Difference in Global Contexts*, Nirmala Erevelles began a historical materialist response to the project of “desiring disability” that has up to now preoccupied much of disability studies (see, for example, Chandler 2014, Erickson 2015, McRuer 2006, Shildrick 2009). Erevelles challenges the post-structuralist (namely Judith Butler’s) and Gilles Deleuze and Felix Guattari’s new materialist theoretical frameworks that have heavily influenced disability studies’ exploration of how some (disabled) bodies come to matter or be desired, while others remain, in fact, invisible, denigrated, or unintelligible. She does this by outlining how these epistemologies “theorize the disabled body as if it exists outside of the specific historical conditions that constitute its material reality” (12). Erevelles incites us to understand desire itself as an historical event produced through the
capitalist exploitation and accumulation. Rather than reproducing these relations, by abstracting “disability desire” from its historical material conditions, she asks, “Within what social conditions might we welcome the disability to come, to desire it? In raising this question, I situate ‘desiring disability’ as a historical condition of possibility that does not reproduce economic exploitation on a global scale.” (29). In other words, the “disability-to-come” can truly be desired (29) only when the violent transnational capitalist social relations that produce disability and “disability care” are fundamentally transformed.

Erevelles, taking a cue from Teresa Ebert’s (1996)51 “red feminism,” shifts from the question of how to why. She asks:

*Why* do some bodies matter more than others? In raising this question ‘why,’ I intend to shift the tenor of the discussion from description to explanation. To do this, I draw on the analytical framework of historical materialism, which Ebert (1996) describes as . . . “[Historical materialism]...disrupts ‘what if’ to explain how social differences—specifically gender, race, sexuality, and class [and to which I add disability]—have been systematically produced and continue to operate within regimes of exploitation, so that we can change them. It is the means for producing transformative knowledges. (Erevelles 2011, 7, emphasis added)

This dissertation builds on the historical materialist framework of disability laid out by Erevelles towards what might be called a “red disability studies.” Returning here to my engagement with Ebert’s (2015) work in Chapter 1, I have argued that disability (and) care need to be retheorized within the academy, using a red disability studies lens that explains and transforms the social relations of imperialism, colonialism, white supremacy and finance capitalism rather than discursively shifting or reimagining disability in a purely ideological or prefigurative manner. This theoretical framework makes use of dialectical methods, such as Gorman’s relation/reflexive method, to marshal a more historical and material analysis of disability and how it interrelates with other forms of difference and consciousness within the context of capitalism. Red disability studies should also provoke other academic disciplines, such as political economy, socialist studies, feminism, and women’s, ethnic, and gender studies to fully historicize and denaturalize disability ontology and epistemology and to better

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51 See also Ebert (2015) discussed in Chapter 1.
conceptualize disabled people through class struggle and thus as an important revolutionary force.

Disability studies, crip theory, disability activism, and cultural interventions and reimaginings are not sufficient for making disability (and) care truly desirable and revolutionary, abstracted as many of these interventions are from real historical, transnational, and material relations. I have emphasized that revolutionary (and desirable) disability (and) care need to be struggled for outside of the academy and disability politics proper. Disability (and) care must also be consciously engaged in the everyday activities and struggles within poor, racialized, criminalized, and hyper-precarious communities in the workplace, and across diverse social movements and political formations. In this dissertation, I have offered the formation of “revolutionary disability consciousness” as an important dimension of this necessary work. Importantly, this consciousness builds an understanding of a material history of disability (and) care as a crucial means for transforming the material conditions of disability, through creating alternatives and counter-institutions, but also through direct engagements with the state and with medical science. It is these revolutionary struggles that give disabled people life, and thus inherent value beyond the logics of capitalism, imperialism, ableism and white supremacy.

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Afterword and Further Questions

The discussions I had with the disability activists and care workers I interviewed for this research have taken me in many directions that I had not anticipated. I had to make numerous difficult decisions around which lines of analysis and which sets of social relations to focus on and which to bracket out for future analysis. While it probably goes without saying, this dissertation is not an exhaustive analysis of radical and revolutionary disability (and) care relations in Toronto’s downtown east end. For instance, while I have commented on the formal, paid care work that many of my participants engage in, many of them emphasized that they did not want me to mention their workplace or employment relationship. Similarly, in some cases, the participants asked me not to mention the specific activist organizations they worked with. These omissions obscure the significant role that formal workplaces and organizations collectively play in the activist activities and consciousness of these activists. Furthermore, interviewing individuals only once or over a short period of time does not accurately reflect how their consciousness changes over time. Several participants who read drafts of this dissertation more than a year after
our interview told me that their viewpoints a changed since the time of our interview and so some slight changes were made to better reflect their general vantage point. Studying organizations and/or political formations over time—as I did in Chapter 5—rather than individuals’ stories—as I did in Chapter 3 and 4—has allowed me to develop a more accurate abstraction of dynamic collective struggle and consciousness within these stories. However, this presents several ethical dilemmas (e.g. who speaks for whom, etcetera) that were not possible for me to fully engage for this specific research project. There were also many fascinating and important accounts of cultural interventions that I also bracketed out of this analysis—mostly because I chose to focus instead on material interventions with the state and capitalist social relations.

Another important dimension of this radical and revolutionary work to which I have given relatively scant attention is the social relations of fascism, white supremacy, and specifically anti-black and anti-indigenous racism. As I mentioned earlier, I found it very difficult to recruit black, indigenous and people of colour (BIPOC) participants for this project. Consequently, most of the people I interviewed are white, or chose not to be identified as racialized. This has obscured the significance of white supremacy and racism from the social relations my participants analyzed in our interviews. I have suggested that this relatively small number of BIPOCs in my research is at least partially due to my being a white researcher. However, this is also likely to due to the fact that BIPOCs and analyses of race and white supremacy have historically been obscured and alienated from disability studies and disability politics more generally. Thus, Gorman (2013, 2016) has argued that, for many racialized people, disability (or “madness”) are not useful identities or frameworks for making sense of violence. The violence of these relations was clearly a central focus for past revolutionary organizations like the Black Panther Party, and the necessity of anti-racist and anti-fascist analyses of disability (and) care projects is increasingly salient in the current conditions of imperialism, colonialism and white supremacy. Not prioritizing these violent and intensifying relations of white supremacy and fascism risks reproducing the violence of their exclusion and again valorizing the role of the white subject in disability and anti-capitalist politics and theorizing. In future research projects (whether within disability studies or elsewhere), I will endeavor to explicate these relations further, so that the social relations of race and white supremacy be given their due analytic scrutiny.
Epilogue: A Reflection on Changing Consciousness

When I began this research, I was highly invested in disability politics and care alternatives; I still am, but in very different ways. I started this dissertation with a narrative of how I came to research disability (and) care in late capitalist struggle. I end this dissertation with a reflection on how my own consciousness has developed, along with the people I interviewed, throughout the research and writing process.

While I was fascinated by dialectical analysis, through my involvement in critical and Marxist theory courses and reading groups, I had little idea of how to develop my own such analysis of the most intimate and impassioned aspects of my personal and political life. However, the process of dialectically analyzing and theorizing my own experiences and struggles with multiple care alternatives—ranging from L’Arche communities, to care collectives, to struggling to prioritize care ethics within my own organizing activities—was truly transformative. Engaging in these many political projects helped me identify points of disjuncture, contradiction and conflict, but it was not until I reflected on these points through discussion with other activists—those whom I interviewed and many others—and through the active writing process, that I was able to recognize a multiplicity of dialectical forces at play.

As I interviewed activists about their own disability (and) care politics, I was also engaging in my own experimentation, reflection, and analysis. In effect, I was undergoing a transformation in how I understand the concepts of disability (and) care, which shaped my changing interview questions and process. These concepts became profoundly relational and dynamic concepts, identities and practices through this analysis and this is often difficult to reflect in writing. Activists rarely use the language of dialectics to describe their political work yet I learned to recognize how they struggled through these dialectics in their conceptual, embodied and material understandings of the many contradictions that shaped their work. Nevertheless, analyzing and theorizing involves identifying limitations and strengths, which is often difficult when people are using different conceptual frameworks and language to describe their ideas and experiences.

I leave this intensive period of reflection, dialogue and conceptual production with new questions about my own struggle for revolutionary disability consciousness. How do I better attend to the contradictions revealed in this dissertation and where and how do I look for other contradictions through my own organizing and writing? After sharing my work with a few colleagues and participants, I realize that a beginning place might be further explicating
dialectical analysis with my comrades and colleagues in my academic work and renewing my investment in revolutionary organizing both inside and outside the academy.
References


---. 2013. “Mad Nation? Thinking Through Race, Class and Mad Identity Politics.” In Mad
Matters: A Critical Reader in Canadian Mad Studies, edited by Brenda A. LeFrançois,


Gorman, Rachel, annu saini, Louise Tam, Onyinyechukwu Udegbe, and Onar Usar. 2013. “Mad
http://www.asylumonline.net/mad-people-of-color-a-manifesto-by-rachel-gorman-annu-
saini-louise-tam-onyinyechukwu-udegbe-onar-usar/


Sharkey, trans.). Oakland: AK Press.

Haiven, Max. 2014. Crises of Imagination, Crises of Power: Capitalism, Creativity and the

Organizing.” Paper presented at 9th Annual Critical Disability Studies Students’
Association Graduate Student Conference, April 6.

---. 2013b. “Organizing the next wave of disability justice: Identity, inclusivity and
accountability in the Toronto disability organizing community.” Unpublished paper
submitted as course requirement for “Qualitative Research Methods II”, Ontario Institute
for Studies in Education, University of Toronto, April.

---. 2014. “Challenging the Financialization of Healthcare and Disability through
‘Commoning.’” Paper presented at Society for Socialist Studies Conference, Brock
University, May 28.

Historical Materialism Toronto, York University, Toronto, May 14.

Hande, Mary Jean and Christine Kelly. 2015. Organizing survival and resistance in austere
times: Shifting disability activism and care politics in Ontario, Canada. Disability &
Society 30(7): 961-975. Accessed April 30, 2017. doi:
http://dx.doi.org/10.1080/09687599.1069731

Hande, Mary Jean and Muna Mire. 2013. ‘The Pace We Need to Go’; Creating Care Culture.
Action Speaks Louder: OPIRG-Toronto’s Field Manual for Those Who’ve had Enough,
Fall, 8-9.


Hari, Johann. 2015. Chasing the Scream: The First and Last Days of the War on Drugs. Bloomsbury USA.


THRWU (n.d.). Accessed December 31, 2016 from 
https://www.facebook.com/pg/thrwu/about/?ref=page_internal.


Appendix A: Notes on Participants

AJ Withers is a disabled, queer trans, anti-poverty activist and disability scholar. They are the author of “Disability Politics and Theory” as well as the “Still My Revolution” blog and zine. AJ has been committed to anarchist anti-poverty organizing for more than a decade and has been at the forefront of developing a “radical disability” analysis for organizing, particularly in Toronto’s downtown east end. They are interested disability oppression and how people claim and organize around disability identity. AJ has also organized and participated in several care collectives, both for themself and for others.

Christine is a “disabled, queer nonbinary femme” who provided disability care as a sex worker. They explain that their disability politics is deeply connected with their sex work. As a disabled person, they struggled to work in many physically demanding jobs for most days of the week. They also had a hard time getting benefits or insurance to cover the costs of drugs they needed to continue working. Sex work allowed them to work fewer hours a week and get large amounts of immediate cash for their drugs. They explained that many of their clients are disabled as well, and they consider the work they do with them as a kind of disability care. At times, they have found their work traumatizing, intensifying their struggles with addiction, among other issues. They have developed a kind of informal support network with other sex workers in their region, where they take care of each other and help minimize the risks associated with their work. They also consider this a kind of disability care. While they have been involved with different kinds of political/labour organizing as well, they keep this very separate from their sex work, because of the strict privacy, confidentiality and anonymity they must adhere to as a sex worker.

Geoffrey Wilson is a mixed-race, gender queer non-binary, sober addict in recovery with PTSD. After drug overdoses, Geoffrey joined a twelve-step fellowship to become sober. They are a writer and artist and have been involved with different political projects in Toronto. They often write about twelve-step culture and “sober spaces” as a political project against the “intoxication culture” that is dominant in society. After taking a disability studies class, they began thinking about how disability identity relates to their identity as an addict. They also draw connections between twelve-step culture, the anarchist principle of mutual aid, and disability care and accessibility. While twelve-step culture helped them become sober, they understand that it is not for everybody. Because of this, they are currently working on another peer support program for young queer addicts in Toronto.
**JR** is a queer woman who has worked professionally as a care worker in several capacities over the years. She has also provided unpaid disability care as a member of a queer care collective. She says she was drawn to this collective because she wanted to belong to a radical queer community. In our interview, she contrasted her experience as a paid care worker with her involvement in the care collective. She said being a part of the collective dramatically changed her way of thinking about disability and accessibility and motivated her to develop care collectives for other friends of hers. She feels that there is something inherently queer about the way a care collective works. Interestingly, she mentioned that she has never required collective care for herself, but self-care is very important to her.

**LD**, a white queer femme with chronic illness, grew up with a disabled brother, so she has been interested in disability care her whole life. Her parents became activists for her brother, in order to prevent him from being institutionalized. She also grew up imagining how to build a caring community around her brother so that he would not be isolated from society. When she moved to Toronto, she prioritized building queer collective communities that made space for disabled people. Later, she took on the disability identity for herself. She currently works for a non-profit organization helping support disabled people develop support networks so that they don’t become institutionalized.

**Loree Erickson** is a well-known disabled, femme, queer activist and academic. She played a key role in formulating the radical model of disability with AJ Withers and is closely connected with many leading disability justice activists in the United States. She has organized a large care collective to support her care needs for over 15 years. In the United States, this care project was a response to inadequate and homophobic state-provided care while she was in university. When she moved to Canada, her immigration status prevented her from securing affordable care attendant services, thus making her care collective vitally necessary. While not originally a political project, her care collective has become a place where people learn to politicize and desire disability, while also queering the care relationship and developing diverse ways of mutual support outside of state intervention.

**MG** is a disabled disability activist who works in a disability care-related field, but keeps this work separate from her activism because it “creates a barrier between me and some of the other people that are involved.” She explained how she is working to develop a new kind of disability activism, where the definition of disability is expanded and incorporates an anti-oppression
politics so that race, gender, sexuality are addressed better than they have in the mainstream, more bureaucratic politics. While she did not necessarily call her activism “disability justice”, she stated that she believed that disability justice was an important part of her organizing. She seemed tentative about “radical disability.” She insisted on an “intersectional” approach building a wide network of disability activists. She also adhered to anti-oppression politics (although she did not name it as such in our conversation). Part of this politic is encouraging an acknowledgement of privilege—particularly for white, cis-gendered, heterosexual, non-disabled men with well-paying, or even just secure, jobs. She asked to be identified as a disabled woman, but she was careful to remind me several times throughout our interview of her privilege as someone who is financially stable in a service-sector job and has her disability-related care needs comfortably provided. While organizing disability care is an integral part of her professional work, she told me that care is a private matter that need not be emphasized in her unpaid activism. She believed that the disabled people she did activism with were largely not interested in making their care need explicit.

**ND** is a mad and disability activist who is interested in disability cultural production. She volunteers at a woman’s shelter doing artwork and invests her time in building radical disability community. For her, disability justice happens in communities, not organizations or in bureaucracies. She is particularly interested in the “world-making” aspect of disability justice and believes that “cripping community” (or developing a radical disability approach/analysis to community building) has the effect of building an alternative world for the future. Inherent in building crip communities and keeping them strong is building a care ethic of interdependency, which she sees as crucial to practicing disability justice. She does various things to care for her crip community, such as bring food, or creating art together. While she says that she has never needed care from this community, she is confident that the community would provide for her in return if she were in need.

**RCG** preferred not to be given any identity markers. She is a community organizer, who has engaged in several different forms of unpaid community-based disability care. She explains that, for her, disability care is an integral part of taking care of people who are traumatized and struggling. In her community of activists, she believes that poverty and trauma are extremely common. Therefore, they have had to develop creative ways of supporting each other; disability justice has been a key way to do that. Disability justice is thus the expertise of poor women of
colour, in particular, because they need it most. She became interested in disability care when her friend became very ill and she took on a caregiving role. For her, doing this care work made her “more human.” Since then, she has tried to prioritize care in all the organizing she does. At present, she is focused on anti-poverty and anti-gentrification organizing. She thinks that gentrification is the biggest challenge that poor people in Toronto face in the current moment of late capitalism and that organizing around this challenge must centre care work.

**RM** is a trans disabled, queer man who works as a harm reduction worker and is committed to communist organizing and developing a revolutionary analysis of disability. His analysis of disability care mostly focuses on drug users, trauma, psychiatric diagnosis and people with HIV. He does not consider himself an adherent of disability justice or the radical disability model, which he feels focuses too much on pride. He is inspired by revolutionary disability organizing such as the Socialist Patients Collective, but does most of his “care work” in the harm reduction setting, providing support for drug users in crisis. He emphasizes that a revolutionary politic of caring for disabled people must not reject medical intervention, but must work to ensure that science and medicine serve the interests of working-class and poor people, rather than private interests.

**Wendy Forrest** has worked for decades as a psychiatric nurse and a socialist, anti-poverty organizer. Her anti-poverty organizing in Toronto’s downtown east end and her involvement with her labour union has enabled her to maintain a critical analysis of the violence of institutional care. In her interview with me, she emphasized that her organizing and critical analysis allows her to subvert institutional care in small ways so that she can better serve the clients she works with. She is critical of disability justice and radical disability politics. She feels that too often “radical alternatives” only benefit a small number of people. She feels that we need to develop a praxis that will have broader appeal and has the capacity to benefit a majority of disabled people.
Appendix B: Sample Interview Questions

Questions related to Disability Justice

- How did you get involved with disability justice organizing?
- How has your involvement in disability organizing changed over the years?
- Have you noticed significant changes in disability activism over the last 5-20 years?
  - If so, how would you characterize those changes?
- What does self-care or community care mean to you as someone who does disability-related organizing?
- What does disability justice mean or look like to you?
- How do you see disability justice related to accessible organizing?
- How do you see care work related to disability justice?
- Would you say that certain principles, ethics or models guide your work?
  - If so, how might you describe those guiding principles?
- What is the role of other activists or organizers in this work?
- What does “research” mean to you in relation to your work?
- What is the role of research in this work?
  - What should the priorities of this kind of research be?

Questions related to care politics

- What does disability care work mean to you?
  - How significant is this work in your life?
- What have your experiences of disability care work been like, overall?
- What are some of the challenges of disability care work? For the recipient? For the provider?
  - Are there times where you feel like disability care seemed violent? Exploitive?
- What kind of changes would you like to see in relation to disability care in terms of public or private services or support?
  - How might this work?
- Would you say that certain principles, ethics or models guide your work?
  - If so, how might you describe those guiding principles?
- What is the role of other activists or organizers in this work?
• Do you see care work related to disability justice?
  o If so, how?