LYDIA X.Z. BROWN: Good afternoon, everyone. This is Lydia XZ Brown, pronouns they/them, and I am the Director of Policy, Advocacy, & External Affairs at AWN. Before we get started, I just wanted to remind each of you to take a look at your access options. Captioning is available if you click at the bottom of your Zoom where the CC button appears. You can click the CC button and “view subtitles.” You can also open it in its own separate window or on the side bar on the right and you can either keep the chat open on the side bar to avoid it conflicting with subtitles or you can open the captions as a full transcript. You should all be able to see the interpreter and me on screen. So let me know in the chat box if that is posing an issue.

LYDIA: Options are on the bottom of the screen or you can choose to “show full transcript,” which will open multiple lines of text in the right-hand side bar. If you are using subtitles and you want to avoid having chat notifications block your view of the subtitles, you can open the chat as a popout box or you can set the chat to appear in the right-hand side bar and either of those will allow you to keep the chat out of the way and be available to view the subtitles. At the end of our time, we'll also have an opportunity for a short Q&A with our panelists.

LYDIA: Today’s webinar is about Surviving Burnout from Racism and Ableism in the Pandemic. And I’m very excited to introduce you today to our panelists. First, I have with us Allilsa Fernandez, a mental health and disability advocate and activist. They are currently the Advocacy and Policy Senior at ENDependence Center of Northern Virginia and a member of the Sylvia Rivera Law Project's shelter organizing team. He is a board member of the National Council on Independent Living, DREAM, and ISPS-US. She's also a peer specialist and aspiring lawyer.

LYDIA: Dom Chatterjee, who uses they/them pronouns, is a freelance editor, holistic health educator and lead organizer behind QTPoC Mental Health. They seek healing through peer support, aerial arts, music, baking, and writing. Find the community resources they organize on restforresistance.com.

LYDIA: Friends, I am so excited to have you here and I hope I got your bios right because you’ve both done some excellent work and are leading many critical conversations now about burnout, wellness, and living and surviving during this pandemic.

LYDIA: So I want to ask both of you first, if you can talk about what burnout looks like for disabled, queer and trans people of color? What about wellness? And why don't we start with you, Dom?

DOM CHATTERJEE: I was having a conversation the other day with a friend who's also a QTPoC organizer about how there's these levels of burnout. It's like I feel like I get through one,
and then I have to face another one, and I have to get used to those challenges. I have to understand the feelings, the way my motivation has shifted. There are times for me, where I'm burned out and it pushes me to do a lot more. And then I end up going into, like, hyperactivity mode, trying to get all the things done. That's gonna contribute to more burnout. Lately, I've kinda been in the other space of being really tired and low motivation and struggling to do the basic things. So I think there's this wide spectrum of what burnout can look like. It shifts for me as an individual person month to month and year to year. I think that's part of burnout for me: not expecting it to look like or feel like just one thing. And being willing to meet myself where I'm really at and take care of myself there.

[pause]

ALLILSA FERNANDEZ: Should I just hop in? [laughs]

LYDIA: Yeah.

ALLILSA: Okay. I think it's important to know that for BIPOCs–Black, Indigenous, people of color–burnout may not look like white folks’ burnout. The crying, the breaks, the you know “I need to self-care.” It's the opposite. You know? We have so much–and that's part of the system that we've been under for so long. That we take on so much. And we don't allow ourselves to rest. It's a constant go, go, go, pick, pick, pick, you know.

ALLILSA: And we're living in a time, specifically in the pandemic, where [for] BIPOCs it’s more than a burnout. It’s traumatic. Extreme trauma. The lack of healthcare–that’s extreme trauma. Consistently having to fight for food, a home, where you can be safe during the pandemic and not end up homeless. To fight evictions.

ALLILSA: You know, it's a constant survival. A constant “how can I survive? How can I live?” Because the government–and we know this is true--is not supporting the community. It's like you're constantly struggling as a collective, marching out there. Even though there's a pandemic. Because if you don't march, you're not going to get the eviction moratorium. If you don't march, you're not gonna get the food banks to refill their foods. If you don't march, you’re not gonna get the things you need to just survive. I feel like, right now--and I’ll just speak for myself--I’ve been in this mode where it’s just surviving. And there isn't this “I'm allowed to burn out.” I don't have the privilege to burnout. I think that's the case for a lot of our members in the community, the BIPOC community, where we're not allowed this privilege. We’re not allowed this break.

ALLILSA: I posted this in my social media the other day. I said, the world is on fire and under this capitalist society, we're expected to just work. And here's the thing. Because white supremacy--and capitalism is based on white supremacy--the white system is based on “You don't have a break.” So BIPOC are expected to continue to go to work, to continue to go to school, and their bosses are predominantly white. [The bosses] are just like “Oh, you can make it, everything’s ok” because that’s ok for THEM.
ALLILSA: But for us, we’re showing up to work hungry, we’re showing up to work at the risk of facing eviction. We’re showing up to work when our families don't have access, basic access, in the hospital and they're dealing with Covid. They don't have Spanish-speaking translation or other translation. They don't have access to lawyers. They don't have access to resources. It's a constant struggle, but we're still expected to produce. We're still expected to show up to work.

ALLILSA: You know, the recent event with Capitol Hill, that's white supremacy. And we’re seeing that, and we're still expected to go back to work. We know as BIPOC, we would have never made it past those steps. We would’ve been beat, we would’ve been tortured—specifically Black people, I want to acknowledge that specifically Black people would’ve been murdered if that would’ve happened. And yet, what was the message America sent? “We will allow white folks to take over without any consequences.” So when we’re seeing that again, we’re still expected to go back to work. We’re still expected to work.

ALLILSA: All that to say that I think that right now, as a collective and individually, for the most part for BIPOC, we're in survival mode, in trauma mode. We're experiencing the trauma and I don't think we're going to feel the full scope of it or allow ourselves to feel the full scope of it until after these events have passed. If they ever come to pass. If they ever even make it a bit better, which we don't see that on the horizon yet.

[pause]

LYDIA: White supremacy is everywhere and it is impossible for us to live or breathe or move in this country without constantly experiencing its effects. I was hoping that each of you could talk a little bit about how the pandemic has actually sharpened ableism, racism, white supremacy, and other forms of oppression in our lives and communities. And I think we can start this time with Allilsa.

ALLILSA: So, where do I even begin? White supremacy has been a part of us for so long. For so long. I think that the pandemic only highlighted it for the people who didn't want to accept it. Even with the recent event with Capitol Hill, I've heard white people say, “Oh, my God, we ARE white supremacists.” [ironic laugh] You’ve always been! It took the pandemic to push you to acknowledge it. But it's always existed, it’s always been there. Particularly with healthcare. Now it's like, it's in your face. You can't avoid it.

ALLILSA: There's been rationing when it comes to healthcare. Who gets a ventilator, doctors get to decide if a person is “severely disabled” and their outcomes are “so bad” that they “don’t deserve” the ventilator. Now it’s in your face. You can't even avoid it. You can't even hide it, which is what we were doing for so long. But now, it's crystal clear. The accessibility that [workplaces] are providing right now. So many jobs are providing accessibility like we're doing right now, connecting virtually. But for so long, people with disabilities were fighting for that accessibility. So now, it's like in your face.

ALLILSA: Or food. We know food has always been an issue. Particularly for BIPOC community. But now, because of the pandemic, it’s highlighting that. Or even going into the
healthcare system, people not having access to a language translator, or accessibility when it comes to disability.

ALLILSA: So it's in your face and you can't look away. I think that's the only difference, but the ableism and racism and white supremacy has always existed. And even now, I'm heartbroken to say, even when it's in our faces, I fear that we still may not change as a whole. As America. Because there's still so many people reluctant to accept, even in adversity and even with clarity, that these things exist.

[pause]

DOM: I think I want to speak to the ways that ableism has gotten worse. Particularly for a disabled BIPOC. Most of us already feel very isolated within society. We feel very abandoned in terms of general care and well-being. And the level of feeling disposable, I think, has been increasing. With the fact that now everybody is kind of tightening their communities down, isolating more for themselves, it's just increasing this high level of isolation for others.

DOM: I know for myself, speaking to burnout, it’s just gotten to this point where one, trust has become very difficult. I’ve always struggled with trust as someone with complex PTSD surviving all of these multiple oppressions. But I think there’s this level of witnessing other people receive care, witnessing other people receive funding as a result of the pandemic [that] has been very difficult for me as an organizer. That's been a conversation I've had with other QTPOC organizers as well. Seeing people start new projects to do community caregiving while continuing to deny us resources has been incredibly heartbreaking.

DOM: People could have seen the beginning of the pandemic as an opportunity to find disabled community organizers, to find people who are already doing healthcare work in communities. Particularly as peers, right, because we're talking about pods and building these personal communities that are safer. And I haven’t seen any of the funding really go to existing organizers within the space of Disability Justice.

DOM: And we’re always struggling for any resources. We're struggling for resources as individuals. And those resources do involve not just the money and obviously food and housing, but also just people showing up, people caring. I feel like a dearth of caring, whereas there's these media reports about the increase in caring due to the pandemic, but who's receiving that? What is the impact on others who aren't receiving care where we see the care they're getting be so celebrated? For me, it's just driving home the internalized ableism I felt.

DOM: Especially last year, I ended up hospitalized in mental health facilities and it just felt like there was this disposability of “We don’t know what to do with you as a person, we don’t want you to exist as a person, so we’re just going to push you over here because we don’t have time to deal with the mental health system as it already existed,” let alone as it's shifting in its landscape now, which has been very difficult to wrap my head around.
DOM: I think for a lot of us, either as consumers of mental healthcare or providers, witnessing the way that has been impacted and people are continuing to look at physical healthcare as if it’s separate from mental healthcare and deny the increasing anxiety, isolation, and trauma. I personally don't know what to do with it except have these conversations, call attention to the fact that it is continuing to happen, and together maybe we can find better solutions rather than what’s been happening. But I know for me, trying to figure it out individually is a recipe for burnout in and of itself.

[pause]

LYDIA: And that's part of how white supremacy and ableism work, right? They teach that it's our individual problem to deal with or fix. And that if we experience it, it is our fault and deliberately makes invisible the mechanics, and the structures, and the systems, and the processes that enable oppression. And it does that whether by criminalizing being homeless, whether by criminalizing addiction, whether by blaming students for not having access to food or school books or an internet connection. Or blaming us, as disabled and mad people, for not having a “good enough” attitude. Or not “trying hard enough.”

LYDIA: And that tactic of oppression is just so pervasive, right? And teaches us that if we don’t perform according to those same capitalist, ableist standards, then it is our fault if we experience trauma, or burnout, or fatigue, or develop additional disabilities. But in contrast to those realities… and I know Dom, you were just talking about the work you've been doing, and I've experienced too— I'm sure, we all have in different ways chronic underfunding, underresourcing, and really, those words don’t do it justice because it is actually a deprivation and a denial of funding more than it is simply the lack of it existing in the abstract. It is deliberate. It is by design. It is structurally embedded.

LYDIA: But what does an actually anti-ableist, or anti-racist, approach to support care or healing look like? What would it mean to do support, care, or healing for one another in anti-ableist and anti-racist ways?

[pause]

DOM: People get really hung up on “I want to help X community. I have privilege so I want to run out and help people who don't,” right? They forget to individualize and humanize those people. In doing this intersectional Healing Justice work, I think the dehumanization is one of the biggest issues that we face. And it does relate to, if you're not even seen as enough of a person to be worthy of funding, to be worthy of care, of course that's going to impact the level of oppression a person feels.

LYDIA: And it does end up with this great level of scarcity that is related to the dehumanization. And you even get a “scarcity of self.” I’ve been doing a lot of work on self-healing lately, just trying to love myself and see myself, which is a result of this isolation. When I don't have other people around me to validate that I exist and that I deserve something basic like care, like food, like rest. That ends up being more healing work put on me, right, in terms of the self-healing.
Allilsa was saying earlier we don't even really have the privilege of time for self-care. We don't have the same relationship to self-care as, perhaps, white people, or other people coming from a place of, perhaps, class privilege.

LYDIA: And that self-care, for me, just ends up being this huge self-responsibility in my own healing work while I’m also going out into community and trying to help community as well. I think looking at the results of dehumanization like that, as opposed to just looking at the bullet point list of the way that an identity affects somebody. Listening to them, hearing them when they say “The impact of racism on me might be a little different on me than what you anticipated. But please give me space to talk about it, to ask for support and care around it, and to be seen as a full human being beyond just that one identity as well.”

[pause]

ALLILSA: Yeah. And now I think we've always, as a community, as a collective, have done—and by collective, I mean disabled folks, BIPOC folks, multiply marginalized folks—we have done anti-ableism or anti-racism, depending on the community. Because we have no choice. You know? It is as Dom said, the responsibility lies in us. For example, we didn't have food. We created mutual aid. The disability community created its own mutual aid in order to survive. Not thrive. To survive.

ALLILSA: Because as Dom was mentioning earlier, we’re seen as disposable. Whether that’s disabled folks, or BIPOC, even more if you have multi-marginalizations—“We don’t care! You can die!” is what society says. “We don’t want you here. We will make it as complicated for you [as possible] to die.” Our communities have done that work.

ALLILSA: We can see that disproportion being played out systematically in schools. Who got left behind during the pandemic in schools? Students with IEP program. Who got left out from hospitals? Disproportionately, they're dying at a high rate. BIPOC. They're going to tell you it's because they have “higher rates” of so-called “diabetes and cholesterol” and these things. BS. They're not providing the proper care.

ALLILSA: We know for a fact that Black women are disproportionately [not] given accurate and fundamental care when it comes to birth. We know racism plays a part in medicalization. What we’re seeing in the medicalization of COVID-19 is racism. It’s pure racism. People don't have access to language. People who don't know how to advocate for themselves because they don't understand the system because white supremacy has made it so complicated.

ALLILSA: I'll say this: as a person who's recently had to fight for their mom to be alive, I saw it with my own two eyes. Continuously. Where my mom was trying to communicate with doctors and nurses and they wouldn't feed her because my mom “didn't want to eat.” But my mom communicated consistently in Spanish: “I do, but I need assistance.” But there was a language barrier, and since there were no translators around, she couldn’t communicate.
ALLILSA: I wonder what would have happened to my mom, who's hopefully being discharged today, had I not known how to navigate the system. I feel in my heart 100% she would be dead. 100%. Because the system is racist. The system is designed, like Dom said, to destroy marginalized folks.

ALLILSA: I think our communities have consistently done that work because we have no choice. If we want to survive, we have no choice, that’s what we’ve done. We collectively share food with each other. We collectively share resources with each other. Like Dom mentioned earlier, we’ve collectively supported each other when it comes to mental health. But ultimately, that ends up burning us out because we’re still doing the work.

ALLILSA: So I think in order to truly change the system, we have to address white supremacy and white folks need to be a part of that work. White folks need to be the one to say, “I'm moving out of my home and allowing space for BIPOC and people with disabilities to exist.” And that shouldn't even be an “allowance.” Why should we even be “allowed”? When I say “allowance,” I mean like if you really believe in equity, you should move, you know? You're hogging the space and that in itself is white supremacy. That’s what I mean by “allowing.”

ALLILSA: If you truly stand by equity, you’re gonna say, “No, this person”—using the example Dom gave—“should be getting the same amount of grants I'm getting.” We need to invest equally in these other spaces. Because right now, although we're doing the work, the community—like Dom said—we are carrying trauma. We are being pushed to our max and burning out, and it is no coincidence that our communities are dying at a higher rate. All of this plays a part, and it’s because of discrimination and racism. Simple as that.

[pause]

LYDIA: I have two more questions for you all before I know we're eager to hear from participants and community members. The next thing that I want to ask you both is what are some of the things that we've learned in this pandemic as organizers, as advocates, as cultural workers? What are some of the things that we've learned?

[pause]

DOM: The first thing I can think of is just that when community organizers aren't taken care of, there's a ripple effect where now one organizer who's holding it down for who knows how many people can't show up anymore. Then there's this ripple effect where now, because one person is suffering to a degree that they can't attend demonstrations, or organize online, or show up for their friends and family, so many more people aren't getting care. And that's something that really affected me and my mental health a lot last year. Burnout took me down in a way that it hasn’t in the 5-6 years I’ve been organizing and burned out. I began to feel really guilty because it’s like now I can't show up, and now how many people aren't receiving care as a result?

DOM: And that shouldn't be my burden to sit and think about, especially when I'm in a hospital or something. But at the same time, I can't help but think about how many, like I said, there's
already so many community organizers, particularly, I know countless organizers who are specifically non-binary and disabled people of color. But we are out here and if we had more resources and more care and just more general support, the ripple effect would turn around. It wouldn’t be the organizers burning out and now our communities aren’t receiving care. It would be the organizers being nourished, whoever’s in the center—they might not even call themselves an organizer, I think it’s important to say that. People who are providing a lot of community care, once they’re nourished, that ripple effect means that people keep getting more and more support, instead of that opposite trend of just because one or two people are too sick to show up anymore, don't have the money to show up anymore, don't have the spoons, whatever that looks like for them.

DOM: I think it's really important to try to reverse this trend. I see this pattern all the time of community caregivers burning out for a number of reasons. And then so many people, like innumerable people no longer are receiving support because one person became burned out. Instead, you can think about what happens if that one person receives nourishment from the community? Not necessarily the community they're helping—from communities at large. What happens if they receive nourishment? That nourishment can then ripple out instead of scarcity rippling out.

[pause]

ALLILSA: So, some of the things that we've learned from the pandemic, I think, is how homicidal our nation is, you know? How far they're willing to kill us as a collective—and it's always been the case, but I think the pandemic has really opened up the curtains and exposed it in a way that's so vivid and so in your face. I feel like we're going to talk about this historically—you know, about that time that genocide was committed against our communities. As BIPOC and as disabled folks.

ALLILSA: I mean, we as a community, had to fight. I remember this because at the beginning of the pandemic I was involved in some work. We had to fight for ventilators. Like for certain states to pass policies in these hospitals that didn't allow the hospitals to discriminate. So the basic laws that were in place initially in the pandemic went totally ignored.

ALLILSA: And even recently, there was a situation where someone with disability was denied a ventilator. Just recently, in the second wave of Covid. And the parents had to fight for that ventilator. And the only way this person got it was by going to another hospital because that [first] hospital was like, “We don’t think she’s gonna live.” Which, by the way, she lived.

ALLILSA: But we’re fighting for basic rights all over again. All over again, even though they were established. Who gets fed? It took months for the government to say, “Oh, yeah, we're going to feed people.” Because initially, they said, “Well, the kids are still in school. We will feed the kids and only the kids.” Which by the way, wasn't even good meals. It was frozen food. It wasn't really healthy. You know? And then they established something in the communities which was horrific. Horrific. Gummy bears, candy, juice. What else they gave? Premade
sandwiches, which excludes a lot of people who have food allergies or can’t eat certain foods. So they weren’t serving our communities for a long time.

ALLILSA: And it wasn’t til–I would say about July, August? We started to see a shift and that shift was not made because all of a sudden the government and the hospitals wanted to do what was right. That shift happened because we saw a decrease in COVID cases and they have more resources. But what we're seeing in the second wave is the same amount of discrimination. The same amount of genocide and homicide. Except we've gone back in some ways to what we've always done historically, which is put things behind curtains.

ALLILSA: There’s less reporting on it. There’s less news about it. There’s less visibility about it. And that’s scary. That’s scary.

ALLILSA: I think about it all the time. I’m like, whoa, so many people are losing their lives right now, and it’s not because of COVID-19. It's not because of the virus itself. It's because of the discrimination and the racism. COVID-19 really highlighted and smacked our communities with “You are disposable.” With what Dom said earlier. We as a community are disposable and the government has been loud and clear about that. Very loud and clear that we're disposable. Because otherwise, they would be sending support checks like other countries and supporting their citizens. Otherwise, they would ensure that families have food. Otherwise, they would ensure that no child gets left behind in their education, you know?

ALLILSA: All of these things... it's really insulting and more than oppressive. Obviously more than oppressive. It's really saying, “I'm looking at you”–that's what the government is saying–“I'm looking at you, directly at you, marginalized community and multi-marginalized community, and I’m telling you, a big F you. We don't care about you and we're going to make it loud and clear that you know we don't care about you and your community.” That's how I feel. Or at least that's what I've learned from the pandemic. Like it’s shined a light on how far the government is willing to go to kill us–and historically, it’s existed–but I feel like the pandemic is really exposing the brutality and the violence that exists.

[pause]

LYDIA: It really is. [pause] The last question that I want to ask both of you really comes back to our connection, too. I asked you to join us for this webinar because you’re both organizers who I admire a lot and who I've learned from, and because I am always excited to be able to be in conversation with other queer and trans disabled people of color.

LYDIA: But I feel like all the time, we're talking to people who don't share our identities. Like we are often speaking as though many of the people who are in the same spaces as us might be white, or non-disabled, or they might be straight because we often don’t have the opportunity to just be around each other. So that last question I want to ask you both is how can we support each other as disabled people of color, especially in queer and trans communities?
DOM: I think about this a lot in the work of mental health. Operating in scarcity, as a community with great need. Trying to do as much as possible. Sometimes I think surviving is just like wow, that's such a great thing we're trying to do together. A big bar to reach. And how do we do that when it feels like we're just always working with crumbs? And hopefully sharing them and not fighting over them because that's a result of oppression as well, right, the intracommunity fighting over resources that happens. I really try to look at that and disengage from that as much as possible. I think it’s one of many things that just eats up energy and time.

DOM: I think the best thing I can do is reclaim my energy from all of the oppressive systems and oppressive behavioral patterns I see myself being part of—through no fault of my own, that's just part of being alive—how I reclaim my energy from them. My time, even if it's five minutes here and there. And I kind of think of it as like how am I banking some of that energy away from these oppressive systems so that I can use it to take care of myself and other queer and trans people of color. I see no other way.

DOM: It also feels like a fight to even try to reclaim that energy, right, reclaim those resources. But at the same time, I see no other real way forward. It's either for me that, or succumb to the fact that my energy is just being taken, stolen by all of these other systems, being taken up by capitalism, just having to survive and figure out how to pay rent. It's so daunting to think about disengaging from some of those systems and ways of being and living because it's all around us and there's this level of enmeshment in it that just feels trapped. Like I feel trapped in oppression.

DOM: At the same time, I want to find those silver linings. Where maybe instead of some sort of meeting with people who are looking for me to educate on my personal experiences that they don't understand, and they're probably going to oppress me, how do I just get that time to go have a meeting with another queer or trans person of color instead? Right? Just looking at those little choices. And even if it's just me laying in bed for five minutes alone trying to think of how I'm getting out of those systems, how I'm going to take care of myself, how I'm going to survive and help others survive—I feel like even if it's just me laying in bed or on the floor for five minutes, that’s still a step in reclaiming my energy and taking some of it back. And trying to be more central in my life and narrative.

DOM: Whereas I think, especially as an organizer with all these oppressed identities, it’s very easy for people to put their expectations and narrative onto me and then, you know, I end up with all this external motivation to do what people think an organizer like me should do. I hate that. I can't stand that. I get really angry about all those expectations a lot. But I think even that anger can fuel my desire to reclaim my energy and be able to fight back.

DOM: A few years ago, I got to lead a workshop with Dominic Bradley, who’s also part of QTPoC Mental Health, and we did a whole thing about how do you just reclaim your energy in order to have something to give back? Because you hear so much from community: “Well I want to be able to show up for other oppressed people, but I don’t have the time, I don’t have the energy, I don’t have the money.” And that is completely valid to feel and to say. But then it’s
like, well, what's next? What resource do you want to reclaim and offer other people? Because it's probably not all of them. For me, I try to think about time and emotional labor because I can offer that a lot more than money. Yeah. I think for me, that's analyzing what I can offer, analyzing what other people need. And really trying to figure out—we're talking about burnout—how can I offer something, hopefully receive a little bit back and not be overgiving, not be falling into a pattern that's going to lead me and others to greater burnout.

DOM: I don’t want to model behaviors of the organizer that lead to burnout, especially as someone wanting an organization called Rest for Resistance, because now it’s setting the tone for, “Oh this is just what organizers deserve. Organizers deserve to be overworked. Organizers deserve to be underfunded. And that’s just what you get, that’s just what you signed up for.” No, I think we can look at this together and see how we're all caught up in these patterns of burnout and help get each other out instead of—we were taking earlier about how these problems have become individualized problems—“How am I going to revolve burnout alone as one human being?” I'm not. That's a collective responsibility. That's something we need to take on together.

[pause]

ALLILSA: So, for me, supporting each other... I'll start with something somebody told me recently. In our community, I bet you the same $20 goes around. [laughs] One person gives us $20, but I bet you it goes around the same circle. And why reinvent the wheel? For centuries, our ancestors have taught us in the collective. You know, white supremacy teaches us individualism: “I'm in charge of my burnout. I'm in charge of my self-care and I'm in charge of the prevention. And me, and me...” Don't reinvent the wheel! Our ancestors taught us: for us, that leads us to a worsening case, for the most part. So look to our ancestors, the collective.

ALLILSA: You know, when my mom was in the hospital, I couldn’t do everything alone. If I was a solo caretaker, I definitely would’ve had a psychiatric crisis. I have no doubts. But I leaned into my family, and my friends, and my chosen family. And I couldn't do everything. So my sister did some parts. My friends did some parts. I had the community sending me food. So it released out that load. And even for my mom, we couldn't make her food, so I was handling the advocacy. My sister was handling more of her coordinated care. My mom's sisters were the ones making the soup. Not every day. One sister made one soup, the other sister made it the next day. The other sister made a juice. So we came as a collective and I really strongly believe that in the collective is where we can release the stress.

ALLILSA: There's nothing like going into a safe space. Only BIPOC, and saying “What a messed up system. This is so messed up.” And hearing from others feeling the same way, and venting and processing with people who get it—who get how messed up the system is and who can help you, who can process with you, who can uplift you. Then if you have allies—I'm talking about true accomplices allies—these are people who are going to help you financially. Who are going to help you in mentorship, and getting jobs. So again, they're part of that collective where that load isn't being carried only by you.
ALLILSA: And then for the community itself, the collective itself, we need to check in on others. Not everybody is extraverted. Not everyone feels comfortable with reaching out for help for numerous reasons. So as a collective, I've learned to check in on folks. I know folks have done it for me. They’re like, “Hey, I just wanted to check in on you today. Do you need anything?” Or they'll send me puppy pictures. And they have no idea how much that made my day. But they’re checking in, in their own way, and that’s how they express their love, and it makes me feel better. Because it’s not placed on one individual, it’s spread out, it’s sorted in a way. It becomes balanced. And there’s not this expectation that you have to reach out. Because when you have a community— that’s what I love about the Disability Justice community—when you have that community, people are reaching out to you. It makes me tear up.

ALLILSA: When my mom was going through this, I posted on social media. But it was the community who was like, “What do you need? I'm sending you food. Do you need help with advocacy? I'll get you some resources. Do you need help finding the correct medications? I got you.” And they came to me. I didn't have to ask for that because they knew asking was labor. They came to me. So the community is a two-way street. Not relying that someone’s gonna reach out. That you’re the first to reach out and vice versa. So creating that community.

ALLILSA: And then lastly, a reminder that organizing is POWERFUL. Absolutely powerful. What we saw in Georgia this week, that was the community organizing. Specifically Black folks. The fact that we have the Senate, that was Black folks—because Black folks came together and organized. We had the most marginalized and multi-marginalized representative this year than we've ever had. We have to remember that no matter how much they try to suppress us, we have power. That's what they fear. That's what they fear. They want to kill us because when we organize, when we come together, when we are a collective, we are powerful. We are so powerful.

ALLILSA: So we need to continue to organize. Eviction moratorium. No white man can get us that. We did. Yes, it took us work, but we fought for our communities. We came together. And this time around, at least for New York State, we were just like “We’re not accepting anymore month-to-month… enough with the trauma, we want something more long-lasting.” And that's what we got.

ALLILSA: So organizing, demanding. The fact that we can change things at the federal level or at a state level, that's why. And yes, it takes work. And yes, it takes labor and energy. But eventually, we're going to start reaping what we're planting. Hopefully that's what we're going to see. Like, I can't wait to see this work. And that doesn't mean we let our guards down. That means that we're going to use our organizing power to hold them accountable. Now we can't sit back. Now we hold them accountable, but it's really that power that we have. So taking care of us is at a community level and then at an organizing level.

ALLILSA: Then the last thing I'll say is regardless if it's community or organizing, as Dom said earlier, recognizing when you have to step back. I can't stress that enough. When you just have to take a break. Maybe that's sleeping. Maybe that's watching a movie. Maybe that’s playing with
your cat. Whatever helps you. Sometimes we have to step back and that doesn’t make us any less productive, it doesn’t make us any less as a human being.

ALLILSA: We need to stop with the capitalism mentality and know that stepping back is part of the work. Stepping back is saying, “Well, right now, my body and mind needs to rest.” Whatever that may look like because it's different for everybody. When and if I have energy, and if I want to, I will join back in. And then you're switching off with different people to continue the work. At least that's the system that has worked for centuries and it's what we have now that seems to work. Hopefully in the future, we won’t have to do all of this labor, and [experience] so much trauma. But if this is what works for surviving–I’m gonna say that, this is just to survive.

ALLILSA: This shouldn't be the way we live. This shouldn't be. I'm saying this to keep us safe. There's that saying, “We keep us safe.” And I believe that. That we keep us safe. But I'll end by saying I hope, I really hope, that in the future this is no longer the way we live. We shouldn't [just] survive and we shouldn't exist to survive. We really should be existing to thrive. I strongly believe that. That we deserve to thrive. So hopefully that changes in the future.

[pause]

LYDIA: Thank you, again, so much to both of you for joining us this afternoon. I always enjoy listening to you both and learning about what it is that you have to say and to offer. We're going to turn now to a brief period of question and answer. And so we thank all of you for joining us for this conversation.