

ASIAN AMERICAN FEMINIST ANTIBODIES

{care in the time of coronavirus}



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AN ASIAN AMERICAN
FEMINIST COLLECTIVE
& BLUESTOCKINGS NYC
COLLAB

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By Salonee Bhaman, Rachel Kuo, Matilda Sabal, Vivian Shaw, & Tiffany Diane Tso
Design & Editing: Rachel Kuo

COVER ART OF FRONTLINE HEALTHCARE WORKERS BY AMIRA LIN (IG: @AMIRA_LJX):

I was born in Shenzhen, China. As an Asian international student, currently, the amount of hatred and discrimination towards Asian people due to coronavirus is a new experience. Most of the Chinese international students worry about their families back home and fear being racial attacked. I wish to use art to communicate that our enemy is not a certain region or cultural community. We should try to understand the hardships people are going through.

CARE IN THE TIME OF CORONAVIRUS

“Crisis [is] the instability that can be fixed only through radical measures, which includes developing new relationships and new or renovated institutions of what already exist. Crisis signals a systemic change whose outcome is determined through struggle.” - Ruth Wilson Gilmore, 2007

With the COVID-19 pandemic neither behind us or solely ahead of us, this zine offers a way to make meaning of the coronavirus crisis through long-standing practices of care that come out of Asian American histories and politics. We bring together first-hand accounts and analyses from our communities, including health and service workers and caregivers on the frontlines, students, people living with chronic illness, journalists, and organizers. Together, this collection of stories, essays, and artwork shows how we experience, resist, and grapple with a viral outbreak that has been racialized as Asian, is spoken of in the language of contagion and invasion, and reveals the places where our collective social safety net is particularly threadbare.

This moment of precarity and disaster reminds us that we cannot rely on the state for our wellbeing. The legacies of imperialism, capitalism, and patriarchy undergird forms of violence that unevenly expose many in our communities to further risk, rendering people disposable.

Yet, in this moment, we also see how revolutionary love and care can reshape our world. We see the urgency, necessity, and radical possibilities of decarceration, language justice, healthcare and housing access, economic redistribution, and mutual aid. Our dreams, visions, and desires for an alternative world and future can be realized. We are made of communities with deep collective knowledge on how to care for each other and the earth around us. Together, we can survive and build interdependent communities of resistance.

With love,

Salonee Bhaman

Rachel Kuo

Matilda Sabal

Vivian Shaw

Tiffany Diane Tso

THANK YOU to everyone who submitted to our open community call. Thank you for the gift of your time and your stories. We appreciate you.

WITH LOVE, FROM THE END OF THE WORLD // KAI CHENG THOM

It has become something of a truism among my community of queer people of color that the end of the world is nigh. A wave of right-wing and openly fascist governments have been elected to power across the world. Wealth and power are increasingly concentrated in the hands of brazenly corrupt few. Climate change and mass extinction are ravaging the earth, largely unacknowledged by those with the political power to do anything about it.

Sometimes it seems like the most painful cuts of all come from within my own community: Call-out culture. Lateral violence. Puritanical politics. Intimate partner abuse. We know so much about trauma but so little about how to heal it. What would "community" know about saving us from the apocalypse?

In 2016, I turned 25 years old and published my first novel. I became "queer famous" that year. This was also the year that broke my heart, which has been right on breaking ever since. This was also the year that Trump was elected, that millions of people were displaced in the Syrian refugee crisis, and that 49 people — most of them queer and brown — were shot to death in a nightclub in Orlando. In the intervening years, more disasters and atrocities have followed.

All around me, the people I loved were also in crisis — psychological, financial, medical, interpersonal. When you live in a community of queers, anarchists, and activists, crisis is the baseline and stability an outlier. Among trans women, a life expectancy of 35 is the norm.

In the midst of despair, I have come to believe that love — the feeling of love, the politics of love, the ethics and ideology and embodiment of love — is the only good option in this time of the apocalypse. What else do we have?

I mean love that is kind but also honest. Love that is courageous and relentless and willing to break the rules and smash the system. Love that cares about people more than ideas, that prizes each and every one of us as essential and indispensable. I mean love that is compassionate and accountable. I mean love that confirms and reaffirms us as complex and fallible yet lovable anyway, love that affirms us as human. I want to live in love and believe in love. If I have to die, I want to die in love. This whole world might be coming to its end, or it might be in the midst of an enormous and terrifying change that leads to something better. Either way, I want to go through it in love with the people I love.

Love that might not save us at the end of the world, but that might make it possible to live through. It may be harder to believe in. It will be harder to live. I hope we choose it anyway.

Reprinted with permission from I HOPE WE CHOOSE LOVE: A TRANS GIRL'S NOTES FROM THE END OF THE WORLD by Kai Cheng Thom (Arsenal Pulp Press, 2019). All rights reserved.

HISTORIES: PUBLIC HEALTH & XENOPHOBIC RACISM

“Health discourses and policy concerning the problematic ‘Chinese’ or ‘Oriental’ body revealed how whiteness is performed. These definitions of racial identity gave racial boundaries to social space...The presence of Chinese people in economic and social life was emphasized in infection routes traveled by Chinese laundered clothes and manufactured goods, in the proximity of Chinese servants in white households, and in leisure activities with Chinese men in opium dens and women in brothels. Chinese presence in San Francisco was [perceived as] dangerous [and] Chinese bodies and conduct [threatened] the norms of white American society.” -Nayan Shah, *Contagious Divides*

Our histories have shown us how Asian-ness, the banned, the barred, the excluded ‘Asiatic’ has historically been in flux as the U.S. state determines barometers for inclusion and exclusion. Further, racialized regulations around mobility and migration marks certain people as unfit and unwell, or dangerous and unwelcome.

Here we share some histories of public health, xenophobia, and racism across different times and places to offer a glimpse at how health and medical discourses further racist projects of excluding and eliminating those deemed undesirable.

1492- Infectious disease from European colonization has long been part of settler colonial elimination of Native peoples. Many Native tribes lost up to half their community to European diseases. In 1793, British colonists gave Lenape emissaries items from a smallpox infirmary to intentionally spread disease to nearby tribes.

1875 The Page Act was introduced to prohibit entry of “undesirable” immigrants, primarily affecting Chinese women. The American Medical Association believed that Chinese immigrants carried diseases to which they were immune, but would be dangerous to white people. This fear targeted Chinese women as sex workers, as people believed they would transmit ‘Chinese diseases’ to white clientele.

1876 Smallpox epidemic hits San Francisco. City health officials blame Chinese living in the city, calling Chinatown a “laboratory of infection” (Shah 2001). San Francisco’s Chinatown had expanded considerably due to the demand for Chinese laborers in railroad construction and agricultural work. The smallpox epidemic and other public health concerns would be used as rationale for the Chinese Exclusion Act.

1882 The Chinese Exclusion Act passes. Chinese immigrants stereotyped as more likely to carry cholera and smallpox. First detected in India, cholera was sometimes referred to as “Asiatic cholera.”

1889 The U.S. military begins an extensive and violent program of quarantine, inspection, detention and deportation against sex workers in the Philippines during the Philippine-American War, citing fear of venereal disease spreading to U.S. troops and fears of contagion spreading to the U.S. when enlisted men returned to their American wives and girlfriends (Kramer 2011).

1899 A ship travelling from Asia into Honolulu is quarantined after a deceased crew member is diagnosed with the plague. Rats aboard the ship spread the disease to nearby Chinatown. Military troops enforce a mandatory quarantine of the area before the board of health decided to burn affected homes down.

- 1901-1904** A plague epidemic in San Francisco's Chinatown was recognized by medical authorities in 1900, but California's Governor Henry Gage denied its existence for 2+ years, fearing damage to the economy. Chinatown was placed under quarantine. While white people were allowed to leave the affected area, Chinese and Japanese Americans needed a health certificate to leave.
- 1918** With 500 million infected and 50 million deaths, the Spanish Flu is widely regarded to be the deadliest pandemic in modern history. Especially hard hit were places under European colonial management, like India, where over 18 million people died due to British negligence of the colony's health infrastructure. Many believe that this negligence inspired a stronger anti-colonial resistance.
- 1939-1941** Tuberculosis kills more than 181,288 people in the United States, with striking racial disparities in those affected. Census figures note that Black people died from TB at nearly 3.5x of whites, while the census category for "Indians, Chinese and other races" doubled that. In San Francisco, city officials blamed the tenement living conditions in immigrant Chinatowns.
- 1979-** HIV/AIDS is often mistakenly interpreted as a white, male, gay disease. People of color and women were excluded from early drug trials, studies, and interventions and eventually incorporated into epidemiological writing under different categories: drug users, "men who have sex with men," or women who have sex with bisexuals. Public health responses included shutting down bathhouses and pornographic theaters. Activists fought for harm reduction services like needle exchanges and educational campaigns about safe sex and cleaning needles. Later, the federal government moved to restrict immigration on the basis of HIV status, creating a detention camp for HIV+ Haitian refugees on Guantanamo Bay in 1991.
- 1985-1990** Tuberculosis rates skyrocket in New York City's poorer neighborhoods, affecting Black and brown populations disproportionately. Public health officials attribute this resurgence to several factors, including the reduction of services and screenings in East Harlem, Chinatown, and the South Bronx during the 1975 fiscal crisis (Coker 1998; Sze 2006).
- 1990-** Political rhetoric around 'cleaning up the streets' has often been synonymous with the policing and displacement of Black, brown, and working class immigrant communities. For example, NYC Mayor Rudy Giuliani's "Quality of Life" campaign included targeting street vendors as threats to public health and safety.
- 2005** Hurricane Katrina hits the Gulf Coast killing an estimated 1,833 people and leaving millions more homeless. The disaster also exposed New Orleans to toxic pollution from chemical plants, petroleum-refining facilities, and other hazardous sites. During its clean up, the city attempted to build a toxic landfill close to Versaille, a community home to Vietnamese immigrants. In 2006, Vietnamese American youth activists, in coalition with Black allies, effectively rallied to close the landfill.
- 2009** A new flu virus, H1N1, is first detected in the U.S. and quickly spreads globally. Conservative talk show hosts fanned racist and xenophobic sentiments by blaming Mexican immigrants for bringing the virus across the border and commenting "that emergency rooms" had become "essentially condos for Mexicans."
- 2014** Following an outbreak in West Africa, 8 cases of Ebola are confirmed in the U.S., resulting in virulent anti-black xenophobia. Rather than offering public health support to affected regions, politicians discussed travel bans under rhetoric of national security.

HOW THE STATE & INSTITUTIONS FAIL US

MATILDA: It's been 30 years since the passage of the Americans With Disabilities Act (ADA). Our community had to sit-in, die-in, and crawl up Capitol Hill to win this set of limited (and often ignored) rights. Still, it is a testament to the strength, activism, and care of our communities. We have won victories even when facing incredible adversity. However, this moment of crisis makes this anniversary a bittersweet reminder that the government still does not care about us. Time and again, we see how institutions abandon people unable to access and afford care.

In 2005, government incompetence at all levels before, during, and after Hurricane Katrina in New Orleans worsened the disaster. For example, local, state, and federal officials were too slow in helping those who couldn't afford evacuation, namely poor, Black communities, leaving them trapped in the storm. In 2020, the medical abuse, neglect, and lethal mismanagement of the coronavirus epidemic at the hands of the U.S. government is not a unique phenomenon, but rather, another deadly piece of a brutal and remorseless legacy of how the state has failed us.

SALONEE: Many people thinking historically about the Trump administration's failure to respond to early warning signs of the COVID-19 pandemic have drawn parallels to the Reagan administration's refusal to publicly acknowledge AIDS. This is a tempting comparison and not without merit: the Trump administration refused WHO testing kits and called COVID-19 "a hoax" during a time where clear communication, decisive action, and widespread testing would have saved lives. Similarly, rather than agitating for funding, awareness, and care, Reagan did not publically say "AIDS" until 1985, when 12,529 people died of HIV/AIDS related complications (with likely many more undiagnosed fatalities). That moment affords us some perspective and context about how power responds to crisis.

During a 1985 speech at the Foundation for AIDS Research (amFAR), Reagan announced that Congress would use the new ELISA AIDS tests to exclude HIV+ applicants from naturalizing, applying for amnesty, or qualifying for marriage licenses. There was also widespread debate in different states about whether insurance companies could use positive HIV tests to exclude people from coverage. In 1991, the first Bush administration began quarantining HIV+ refugees from Haiti in a prison camp at Guantanamo Bay, Cuba. Blocked from accessing government resources, HIV+ activists in prisons organized internal aid and education groups to keep each other safe.

In theory, the ADA offered some protections for those who had a qualified AIDS diagnosis during this time, including access to social security assistance and Medicare coverage. However, applicants were required to "spend down" their own assets until they were sufficiently below the poverty line to qualify for benefits or face mandatory waiting periods that far exceeded the average lifespan of someone with an AIDS diagnosis. Others, like women, saw their symptoms excluded from diagnostic criteria until 1993.

MS AND SB: The field notes that follow show how state bureaucracy, U.S. exceptionalism, and the privatization of public services have intertwined in lethal ways.

FAILURES IN PREPARATION: In 2002-2003, after the SARs outbreak that primarily affected China, Taiwan, Hong Kong and Singapore, China and Singapore invested in their health infrastructure, and Taiwan established a central command center for epidemics. In 2020, diligent contact tracing, temperature checks, preventative travel restrictions and widespread testing in East Asia, such as Taiwan and Hong Kong, gave other countries time to prepare for COVID-19 by keeping cases fairly low. Despite readily accessible information and first hand experiences of outbreaks, the U.S. and other Western governments failed to anticipate and adequately prepare for COVID-19. Instead, the U.S. has actively stripped away support for basic social services.

COST-CUTTING: Part of a series of cost-cutting measures, Trump fired and never replaced the U.S. pandemic response team, gutting infrastructures to defend against infectious diseases. Further, there was an 80% reduction of allocated funding for CDC prevention programs of global disease outbreak, including agency efforts in China.

FAILURES IN TESTING: Unable to get government approval after attempting for weeks, Dr. Helen Chu and colleagues began performing coronavirus tests on February 25, 2020. (Note: The first U.S. case of COVID-19 was Jan. 20). The U.S. privatized healthcare system has produced a weak public health network. Testing has been slow and inaccurate. The Trump administration also rejected WHO testing kits to develop their own.

DELAY IN PAID LEAVE RELIEF: Despite the CDC urging people sick or exposed to isolate for 14 days, the Senate GOP blocked legislation guaranteeing 14 days of paid leave for affected workers. Federal paid leave policy didn't pass until a week later on March 18.

INVESTING IN PUNISHMENT, NOT HEALTH: As of March 24, at least 39 incarcerated people and 21 correctional employees tested positive for COVID-19 as of March 21. Calls from abolitionists and the Board of Corrections Oversight Committee have called for prisoner release. It is impossible for incarcerated populations to maintain social distance recommendations, and a rocketing death toll is imminent. While many hospital and ICU beds are at capacity, in contrast, according to the Prison Policy Initiative, there are 40% more beds across jails, prisons, and detention centers than hospital beds in the U.S (~2,300,000 beds/6,843 correctional facilities vs 924,107 bed/6,146 hospitals).

MISMANAGEMENT: Mike Pence, who now oversees the COVID-19 crisis in the U.S, opposed a needle exchange program on moral and religious grounds during an HIV outbreak in Indiana, which resulted in many more cases, before he finally took the CDC's recommended advice.

HOUSING PRECARITY: Following statewide and city-specific eviction moratoriums, the federal government suspended evictions and foreclosures for 60 days for people in HUD owned properties or with FHA- guaranteed mortgages. NY Governor Cuomo announced mortgage relief for homeowners, but no matching program for renters. The patchwork of regulations and increasing privatization of public housing leaves many unprotected. There continue to be disconnects between institutional bureaucracies and understandings of how communities disproportionately experience public space closures, housing insecurity, and public health. As another example, as universities close campuses, students have been given little notice to vacate, leaving some students without a place to go. Many institutions have no contingency plans for students who cannot 'go home' due to factors such as socioeconomic cost, immigration status, and gender identity and sexual orientation.

RACIALIZING RESPONSIBILITY: In the wake of his administration's failures, including severe underestimation of both urgency and risk, Trump has turned towards blaming China, including referring to COVID-19 as the "Chinese virus."

CORONAVIRUS & YELLOW PERIL

// AMANDA YEE (@CATCONTENTONLY)

BUT—
THE UNDERLYING
RACISM OF
CORONAVIRUS
HAS BROUGHT
BACK OLD
IDEOLOGIES OF
YELLOW PERIL,
WHICH IN TURN
THREATENS THE
LIVES AND BUSINESSES
THAT MAKE SEATTLE'S
INTERNATIONAL
DISTRICT SO SPECIAL.



ART BY MONYEE CHAU, MORE OF THIS COMIC ON P.45

YELLOW PERIL - the alleged threat that Asians pose to Western dominance. Originally referring to West and South Asia and later emphasizing fear of East Asians, particularly Chinese immigrants in the U.S as "inassimilable aliens who brought economic competition, disease, and immorality" (Erika Lee)

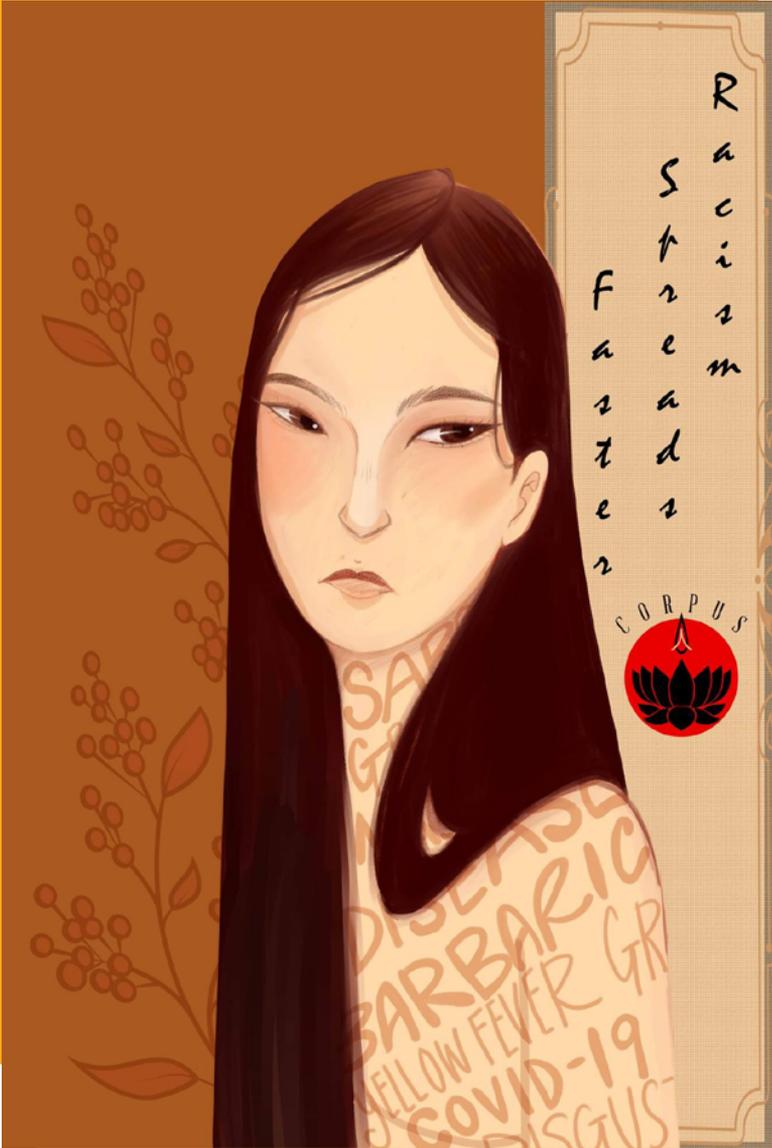
Edited from interview excerpt with Nick Estes for The Red Nation podcast. Activist and independent researcher Amanda Yee analyzes mainstream media's response to COVID-19 as part of U.S. empire and desires for global dominance.

"I've seen a lot of articles and op-eds that use coronavirus as this metaphor for the Chinese government itself, conflating the virus with this 'authoritarian' system, one that we see as bleeding out beyond its borders and needing to be contained at all costs.

"There's a lot of similarities between coronavirus coverage and the way mainstream media covered Ebola a few years ago. In the case of Ebola, there was similarly sensationalized news coverage of the consumption of bushmeat in West Africa. Newspaper articles and broadcast news revived images—that were already latent in Westerners' minds—of Africa as a dark, diseased place to be feared. Likewise, at the very beginning of the coronavirus epidemic, *The New York Times* published an article about wet markets in China with the tweeted caption, 'This is where you get new and emerging diseases that the human population has never before seen.' CNN also aired a segment that consisted of footage of 'exotic' animals in cages—pictures of raccoons, snakes, porcupines, rodents—different 'exotic' animals sold in Chinese wet markets to be eaten. The coverage of bushmeat then and the wet markets now are a dog whistle. These images revive very old stereotypes of Chinese people as dirty and diseased, so cruel that they torture and eat anything that moves. These stereotypes have origins that date back to the 19th century, back to the Chinese Exclusion Act. They function to persistently associate immigrants with disease."

"The response to infectious diseases always conveys what needs to be contained and controlled. With coronavirus and Ebola, it's about the border. American Airlines, Delta, and United announced they were suspending service to China until April. The Trump administration immediately barred entry to foreign nations who recently visited China. In Hong Kong, we've seen protestors expressing anger at the government for not sealing the border with the Mainland."

"In January, U.S. Secretary of State Mike Pompeo called the Chinese Communist Party (CCP) 'the central threat of our times,' claiming that the Chinese government presented a challenge to our own Western democratic values. Sometimes these comments are interpreted as individual incidents of prejudice, but even so-called liberal media such as *The New York Times* supports the larger ideological apparatus of U.S. empire. For decades the paper of record has drummed up support for and fallen in line with US foreign policy (most obviously with Iraq, but we also saw it more recently with its coverage of the Bolivian elections). Coverage of coronavirus and its consistent framing of this global public health epidemic as a crisis of CCP legitimacy is not accidental, but deliberate, revealing the U.S.'s thinly veiled anxiety over emerging Chinese economic and political influence, and its own declining hegemony."



**"RACISM SPREADS FASTER", BY REN FERNANDEZ-KIM
TW & IG: @CORPUSREN // [LINKTR.EE/CORPUSREN](https://linktr.ee/corpusren)**

JESSICA // VIETNAMESE AMERICAN DRAMA STUDENT IN NYC

I was taking the university shuttle to class and the non-Asian bus driver told me to use the hand sanitizer. None of the other students were told so. I've heard from other international friends about them being yelled at by groups of white people and even being elbowed in the stomach.

CRIPPING THE APOCALYPSE (WE'VE ALREADY SURVIVED THE END OF THE WORLD)

BY LEAH LAKSHMI PIEPZNA-SAMARASINHA // @BROWNSTARGIRL

2017 felt apocalyptic. One place I felt the apocalypse was in the wildfires that covered the Pacific Northwest. One morning, I went outside and something grey was sprinkling from the sky. Was it ... ash?

At first the people on the news were optimistic. It should be over in a day. Then a week. Then maybe next week we'd have breathable air. The news reports trickled in: Fueled by climate change, giant wildfires in British Columbia had spread to cover most of Washington State. Fires started in the Columbia River basin near Portland. Then fires came to Santa Rosa and Southern California. Everyone was coughing and stressed out.

It was sick and disabled folks — particularly folks with environmental illness, asthma and other autoimmune conditions, who'd been navigating unsafe air for years — who shared our crip survival knowledge and skills. We had comprehensive information about where to get masks and respirators and about the right herbs to take to detox after exposure to air pollutants. We knew it was normal to be feeling fatigue, confusion and panic.

People have been talking about how Octavia Butler's *Parable of the Sower* and *Parable of the Talents* eerily predicted the climate change, wildfires and fascism of our current world. Lauren Olamina, Butler's Black, genderqueer teenage hero who leads her community out of the ashes is disabled. In the book, she is a "Sharer": someone with hyperempathy syndrome. She feels everything everyone feels, and it's overwhelming in a way that reminds me of some autistic and neurodiverse realities. To me, Butler's *Parable* books are a Black disability justice narrative. Lauren struggles with her non-normative mind, but it also gives her Black disabled brilliance. Her hyperempathy makes her refuse to leave anyone behind. It allows her to innovate, making a survival pack with seeds, and co-creating a resistance community and rebuilding it.

For years awaiting this apocalypse, I have worried that as sick and disabled people, we will be abandoned. But I am dreaming the biggest disabled dream of my life — dreaming of a movement in which we lead the way. We will leave no one behind as we roll, limp, sign, and create the decolonial living future.

I am dreaming like my life depends on it. Because it does.

Republished from CARE WORK: DREAMING DISABILITY JUSTICE

WELLNESS OVER
EVERYTHING

**POLICY IS
PERSONAL**

SHAHANA FROM
BK



ART BY ANN VAN

RO // HIGHSCHOOL STUDENT

My family had returned from the Philippines, two weeks prior to when people with infections had returned. At my school, people joked about coronavirus which quickly morphed into thinly veiled harassment and racism. Similar scenarios occurred with my younger siblings.

YUKIKO // QUEER JAPANESE-KOREAN NURSE PRACTITIONER

I work in out-patient psychiatry, and I have been grilled by patients about my ancestry; if my family has been sick; or I have been sick. I'm the only person of color at the clinic and I noticed that while my white co-workers' schedule remains fully unchanged, my schedule has been very empty.

"What politicized me over a decade ago is seeing a broken healthcare system when I was diagnosed with Lupus. The broken healthcare system impacted me as a student, in all my workplaces, and as I moved about in this city. A city built around disability justice means emergency preparedness and community wellness plans in advance for times like COVID-19."
- Shahana Hanif

LANGUAGE ACCESS IS AN ISSUE OF SURVIVAL

A PLATFORM FOR RADICAL LANGUAGE JUSTICE IN NYC SHAHANA HANIF, NYC COUNCIL CANDIDATE FOR DISTRICT 39

The majority of non-English speaking New Yorkers do not receive the services agencies are mandated to provide, including access to healthcare and housing. Providing adequate language access is an issue of immigration - approximately 50% of all immigrants are non-English speakers, and over 60% of undocumented immigrants are non-English speakers. Immigration status and English proficiency level should not be a barrier to accessing critical resources and support.

TRANSLATION ACCESS:

- + Create a pipeline and campaign to recruit paid diverse translators, including those fluent in languages of limited diffusion, representing district demographics
- + Create a citywide strategy for translation in times of emergencies. This should include a community outreach plan for neighborhood dissemination and funds to hire per diem translators from communities impacted.

INTERPRETATION ACCESS:

- + Establish a Citywide Interpretation Fund to invest resources for worker owned language coops, sign language services, interpretation equipment, and research to support the work of language activists on indigenous languages and languages of limited diffusion
- + Provide framework for schools and parent teacher associations to adequately support and integrate limited English proficient students and families in the school community

CITY SERVICES:

- + Expand the IDNYC program to enroll even more New Yorkers, strengthening the card's utility in spaces where undocumented, immigrant, and limited English proficient New Yorkers currently face challenges
- + Develop a system for translated documents across city agencies that are written by trained and paid community members
- + Establish an enforcement mechanism for city agencies not providing adequate services, particularly codified compliance measures to establish consistency across agencies

JAILS MAKE PEOPLE SICK A RADICAL DECARCERATION PERSPECTIVE

BY JOSE SALDANA (DIRECTOR, RAPP), KOMRADE Z*, AND NADJA GUYOT

The coronavirus crisis compounds the health crisis incarcerated people face every day. People who are disproportionately policed and incarcerated come from communities most impacted by chronic illness and lack of access to medical care. Health services in jails may be a person's first contact with medical personnel. Jails exacerbate existing health conditions and provoke new ones.

While infectious diseases—from tuberculosis to chickenpox—circulate rapidly and regularly through correctional institutions, prisons are more concerned with maintaining order than ensuring health. Prison staff minimize illness, neglect medical appointments, punish sickness, and withhold care. In Florida, incarcerated people say when an infectious disease is detected, physicians strip them and quarantine them in crowded cells with other sick people.

Under non-pandemic conditions, incarceration makes people sick. Confinement—restricted movement, overcrowding, lack of sunlight and healthy food, severing of community ties—increases vulnerability to illness. COVID-19 and recent crises bring these failures into devastating relief. In 2019, access to soap wasn't legally mandated and mumps rocketed through immigration detention centers in Texas.

Jails and prisons are unprepared to protect people from coronavirus. There is currently no soap in Brooklyn's Metropolitan Detention Center, which just last year was without heat, hot water, electricity, and medical care during the coldest days of winter. Hand sanitizer is contraband in many places (even as prison labor is producing it) because it contains alcohol. Instead of expanding access to testing and medical care, jails rely on restricting family visits, putting potentially-infected people in "medical keeplock," solitary confinement, and facility-wide lockdowns to prevent spread. This increases illness and mental health distress.

In response to the threat to incarcerated people posed by coronavirus, local, state, and federal jurisdictions must use their powers, including pardon and clemency, to release people now, beginning with elderly, ill, immunocompromised, and pregnant people. [For example, Iran recently released 54,000 incarcerated people to slow the spread of COVID-19]. Jurisdictions must also reduce "jail churn" (the rate people cycle through local jails exacerbating disease spread) by reducing arrests, declining prosecution, decriminalizing conduct, eliminating pretrial detention and releasing people to fight cases from home.

By pursuing a strategy of radical decarceration we can divest from the jails and prisons and invest in community-based, humane, and dignified healthcare for all, in the face of COVID-19 and beyond.

Read the full article on Shadowproof.
(bit.ly/jailsmakepeoplesick)



RACISM THAT BRIDGES // KIM TRAN

 @BUT_IM_KIM_TRAN

Everyday, I read the same Wikipedia page. It was created 50 days ago; two weeks after I first heard about COVID-19, three weeks before I came home from Southeast Asia, and forty-two days before the beginning of the indefinite quarantine from which I now write. The page lists hundreds of incidents of hatred aimed at people who look like me. They're set in school yards, supermarkets and office cubicles across the world. They force me to reconsider what I know of racism and bodies like mine.

As a child, racist incidents were few and far between; a war veteran screaming about my mother's country, a lit cigarette flung in my direction alongside a casual slur. But in the last few weeks, the seeds those early moments planted have sprouted anew. The first time a white woman grabbed her bags and briskly walked away from me, I was incensed. The third time, it finally dawned upon me that the roots of a tree planted in 1882, 1917, and 1942 were bearing fruit once again.

For many light skinned Asian Americans like me, this moment welcomes us anew, into irrevocably American territory, one that hinges upon social surveillance, presumed guilt and physical harm. While we have long known about the violent exclusion of Asian Americans from this country, the myth of our model status has protected many of us from the banal terror that others face, dividing us from other communities of color more familiar with our new reality. Yet with every breaking story of an Asian American student beaten in California, every headline about a Burmese family stabbed in Texas, we are being inaugurated into a cold new world that many of our compatriots know all too well.

*What can we do with our immediate and pressing racial terror? What do we make of our newfound sense of precarity in public space? What do we do with the news stories, the Wikipedia pages, the tweets? **We remember.***

We remember that our honorary whiteness was and is always provisional. We remember that what for us feels like novel moments of violation are for many perfunctory; the fee for being in public space in their skin. We remember that white supremacy binds all communities of color in its violent expression. We remember that there are those us for whom the experience of being this vulnerable and violable whether behind bars or without shelter is a daily reality. We remember that in our deliberate and intentional exclusion from the American imaginary, we are also bound. We are bound as those who endure injustice in all its forms to free ourselves and all communities who know our fears.

We remember that racism can either be a bridge or a wall and it is up to us to build and travel across our difference toward liberation.

WHITE DOCTOR // ALISON ROH PARK

the respirator hisses
like a life-giving snake
his chest rises

and falls again
plastic tube wet with our tears
and his the body's reaction
waste bag hung
from catheter
on the side of the bed

I see her
eyeing
our ancient remedies

white doctor
what do you know
about being brain-dead

about our herbs for drinking
and herbs for burning

my daddy's
magic
and silver needles.

 @ALISONROHPARK

Alison Roh Park is the founder and editor of Urbanity Mag and on a mission to reframe urban Asian America and understandings of diaspora. She is a Pushcart-nominated poet and Kundiman Asian American Poetry fellow.

A HATE CRIME INCIDENT FORM: bit.ly/stopaapihate

by Los Angeles-based organizations Asian Pacific Policy and Planning Council (A3PCON) and Chinese for Affirmative Action (CAA)

IN OUR COLLECTIVE CONCERN DURING THIS PANDEMIC, WE CALL FOR THE ABOLITION OF SANCTIONS, ACCESS TO QUALITY HEALTHCARE FOR ALL PEOPLES IRRESPECTIVE OF BORDERS, AND THE IMPLEMENTATION OF RADICAL FORMS OF AID.



PROTECT CAREGIVERS FROM CORONAVIRUS

BY AI-JEN POO, NATIONAL DOMESTIC WORKERS ALLIANCE (DOMESTICWORKERS.ORG)

Millions of Americans rely on professional caregivers to look after their children and aging parents. As the coronavirus spreads, who will care for them? Overworked, underpaid and ignored, domestic workers and caregivers are often asked to put the needs of the families who employ them over their own...Without access to health care, paid time off or job security, they must navigate crisis [...] without a safety net.

[...] We must listen to the professional caregivers whose full-time job it is to support some of the most at-risk populations, particularly older people, young children and the range of people with compromised immune systems[...]Some of the first known deaths in the U.S. were direct-care workers who interacted with older people.

Domestic workers and caregivers do not have the same legal protections provided to almost all other workers in the [U.S.] Most domestic workers ... are Black women and other women of color, and this was also true in the 1930s when Southern congressmen agreed to pass the National Labor Relations Act & the Fair Labor Standards Act only after domestic and agricultural workers were excluded. The Occupational Safety & Health Act also excludes domestic workers.

[...]The [CDC] should direct more of their resources toward the front-line care professionals who work in the home and the community [...] Workers should be provided with masks, [...] offered free testing and treatment, [and] state and federal governments should distribute [multi-lingual] prevention materials. [...] Workers who have been in the shadows could be key to stemming the spread of the virus.

[...]Employers [can help by] providing paid sick days, flexibility and other accommodations. [Employers can] reassure caregivers they will have a job, even if they need to stay home, [and also] contribute to benefits...Programs like Alia, a benefits program by [NDWA] make it easy [for workers] to take a paid day off and gain access to a safety net.

In the longer term, we must strengthen protections for this work force that is so proximate to and responsible for so many vulnerable populations. That begins with passing the Domestic Workers Bill of Rights. It would give the same legal protections afforded to people in other professions and create new protections that pick up where old labor laws left off, providing for fair scheduling, time off and other rights that would support resilience in times of crisis.

Domestic workers have long been a part of our national emergency response team. [...] They bear the responsibility of taking care of our homes and families, while our federal government fails to protect us. [...]The least we can do is care for them, too.

This is an adaptation of an article published in The New York Times on March 9, 2020. Used with permission. Read the full article: bit.ly/NDWAcaregivers



**ART BY
PRIYANKA PAUL,
IG ARTWHORING**

QUESTIONS ABOUT REPRODUCTIVE HEALTH DURING THE COVID-19 PANDEMIC, ANSWERED

**BY THE
STAFF AT
REWIRE.NEWS**

Dr. Diana Wu, a physician at Dartmouth-Hitchcock Medical Center in New Hampshire and fellow with Physicians for Reproductive Health answered some of our most pressing questions with the help of information from the National Abortion Federation. >>> [Read the full article at **bit.ly/COVIDReproHealth**](https://bit.ly/COVIDReproHealth)

IS IT OK TO GO TO THE CLINIC FOR A SCHEDULED ABORTION?

DW: Just like all other clinics, clinics that provide abortion care as a part of the full spectrum of reproductive health care are rapidly adjusting to the pandemic and its implications on social distancing in waiting rooms, using increased precautions for hygiene, and other measures to protect patients, staff, and health-care providers from becoming infected.

For those clinics that are able, they are increasing their capacity to provide abortion by telehealth or removing requirements around abortion like in-person consent, ultrasound, and lab testing before an abortion to reduce patient contact. National Abortion Federation recommends these evidence-based changes for clinics providing abortion. This is impossible for clinics in hostile states that prohibit telemedicine or mandate multiple, medically unnecessary appointments. For example, in Texas a patient has to go to a clinic three separate times for a medication abortion [...]. Hostile states where people are punished for having an unplanned pregnancy now also put them at risk for COVID-19 given the extra travel and extra office visits.

IS IT OK TO HAVE SEX DURING THE PANDEMIC?

DW: Social distancing is an essential component to reducing the spread of COVID-19, and it is important to minimize contact with people as much as possible. Even if you are young and without risk factors, young people can still become severely infected. You will put others you come into contact with at-risk, whether or not you are experiencing symptoms. Avoid anonymous or casual in-person sex. At the same time, we are only going to get through this with love, kindness, and intimacy. A possible guideline is to not have in-person sex with anyone you would not want to be quarantined with for 14 days. Consider phone, video sex, and/or mutual masturbation to reduce risk.

Excerpted from Rewire.News, the only media nonprofit dedicated to reporting on reproductive and sexual health, rights, and justice.

GENDER-BASED VIOLENCE DURING THE COVID-19 CRISIS // SAKHI

**National Domestic Violence Hotline: 1-800-799-7233 or 1-800-799-7233 for TTY
If you are unable to speak safely, text LOVEIS to 22522 or log onto the hotline.**

Relegated to their homes, many folks are currently facing increased domestic violence. We must do our part to be vigilant community members and check in on our neighbors. While remaining aware of necessary physical distancing, it's crucial to make extra efforts to support and connect with others. Whenever safe, we suggest calling, video chatting, texting, and writing letters to loved ones.

This public health crisis showcases and exacerbates immense inequalities and disparities. 95% of clients who come to Sakhi are recent immigrants, 10% are undocumented, 80% are mothers, and 75% reside below the federal poverty level. As women, mothers, and immigrants, many of the clients who come to Sakhi will be disproportionately affected by the breakout of COVID-19.

Given layoffs and lack of access to paid sick leave, the economic effects of the virus worsen the conditions of individuals who may be living with perpetrators. We are also acutely aware of the threat this virus poses to those who are undocumented. Not only are they ineligible for medicaid, but they may also refrain from going to hospitals even if they exhibit symptoms, out of fear of exposing their documentation status. As a result, they may not be able to receive necessary services in due time. The recent public charge ruling only elevates undocumented folks' wariness of seeking public benefits, fearing threats to immigration status.

During this time, we are reminded what a privilege it is to be able to work remotely, and to be safe and sheltered in self-isolation. In addition to the economic effects of the pandemic, we are concerned about the physical and psychological effects. Crisis sparks conflict. Those who are living with perpetrators will indefinitely be in forced proximity to abuse and threats of abuse. In the Hubei province in China, cases of domestic violence reportedly tripled in February.

During this time, safety planning must be vigorous. Sakhi advises the following:

- Keep important documents handy.
- Keep money handy in case you need to call a car (Sakhi can reimburse you).
- Make a safety word with children or a neighbor for calling external help.
- Keep the phone handy.
- Try to avoid stairs and unsafe rooms that have sharp objects or hard surfaces.
- As shelters may go on lockdown and be unable to accept new clients, keep a place in mind, perhaps that of a neighbor, friend, or family member, where you may be able to go if the need arises.

Edited Statement from Sakhi.org, representing the South Asian diaspora in a survivor-led movement for gender-justice.

SEX WORKERS AID BY TIFFANY DIANE TSO

The coronavirus outbreak has been particularly harmful for sex workers who are experiencing cancellations, job loss, and lost income—not to mention being high at-risk for the disease. Many jobs require in-person gatherings and physical intimacy, like stripping, escorting, and massage work—the public health crisis has decimated their industry. Strip clubs closed. Massage parlors closed. Online, sex workers across the country have shared updates about cancellations and declines in business. Those with access are moving online to subscription services like OnlyFans and camming or other industries altogether.

Sex workers are usually self-employed or independent contractors, and therefore not eligible for unemployment benefits when out of a job. And there is no knowing how long it will take for the industry to bounce back, given the forecasted economic recession. **HERE ARE A FEW WAYS YOU CAN HELP SEX WORKERS RIGHT NOW:**

DONATE:

Sex workers and advocates have set up emergency relief fundraisers in cities like New York, Detroit, Portland, and Las Vegas. More below:

- **Lysistratamccf.org:** Online-based sex worker mutual care collective
- **Red Canary Song:** Advocates for NYC-based Asian & migrant sex workers, bit.ly/DonateRedCanary
- **SWOPBehindBars.org:** Support for incarcerated sex workers
- **Green Light Project:** Harm reduction for street-based sex workers in Seattle, bit.ly/FundGreenLight
- **BayAreaworkersSupport.org:** Bay Area-based sex worker resource organization
- **Coyote RI:** Rhode Island-based sex worker advocacy org, bit.ly/CoyoteRIFund

Some groups, like Coyote RI and SWOP Brooklyn are also seeking supply donations. SWOP Behind Bars accepts book donations for incarcerated sex workers and workers who will be released soon.

FIGHT FOSTA-SESTA+:

Advocate for the decriminalization of sex work by fighting harmful legislation like FOSTA-SESTA & “walking while trans” laws.

PAY TRIBUTE/SUBSCRIBE:

Instead of streaming free porn, be an ethical porn consumer and pay for subscriptions to providers' channels. When possible, send money directly through payment processors like Venmo or CashApp. Read more: bit.ly/EthicalPorn

SHARE RESOURCES:

Donating old devices or sharing your technological wherewithal can be helpful for sex workers trying to transition to digital work.

#FREETHEMALL:

Sex workers are likely to enter into the criminal justice system and become incarcerated. People incarcerated in jails, prisons, and ICE detention centers are at serious risk of infection. Call on Congress and local leaders to #FreeThemAll.

UnCover 100 MASKS

UNCOVERINITIATIVE.HOME.BLOG

IG: @UNCOVER.2020.

3 months ago, Chinese Feminist Guo Jing (郭晶) moved to Wuhan, the epicenter of the COVID-19 outbreak. Guo reflects on her experiences & mutual aid in a conversation with her friend Xiao Meili (肖美丽). Guo & Xiao are known for their activism in China against sexual violence.

Guo Jing (郭晶): By January 20, confirmed cases jumped to 100. People were queuing at the drugstore. I woke up on the 23rd to find out from WeChat the city was locked down. It felt unbelievably surreal. I got some basic food but didn't know how long the lockdown would last. The lockdown notice was sent around midnight, catching people off guard. It didn't explain how to prepare and there was no government support for basic needs. There was no information. It was nerve-wracking.

Once I had information for basic survival, I started taking walks to learn more. Life is relational and connected to others. I talked to workers maintaining the basic functions of this city: sanitation and delivery workers, supermarket cashiers. I learned that sanitation workers wore old masks and some without masks used cloth to cover their mouths. They were afraid to go outside, but no work meant no income or even getting fined. A woman I talked to said she earned about 70 RMB (\$10 USD) each day, but if she didn't show up for work, she could be fined 150 RMB (\$21 USD). They had no choice but to work, and their work conditions weren't great.

I bought 100 masks and shared them with workers. I also wanted to document their situation. I slowly built relationships with the community that I live in. Many people are experiencing a sense of helplessness. While people volunteered at the beginning, some official organizations, like Red Cross and Hubei Charity Federation, quickly took over. But people saw that official organizations didn't execute well, and the non-governmental sector is limited in what it can do. I heard that donated overseas supplies were detained at customs.

Political depression exists. Many political issues exist in our society, from banning of topics on social media to censoring information during the epidemic. People with power and resources locked down information, failed to fulfill duties, and hindered relief work. Of course we feel helpless.

To a certain extent, activism can reduce this feeling. Some people, including myself, helped with the mask supply. I was here by myself with no car, so distribution was a problem at first. After I posted my diary entries [on Wechat], people reached out offering assistance or donations. I did more coordination work. This made me feel energized. In the face of crisis, we need to learn more about the world to reconstruct new goals and meaning in our lives.

Conversation first appeared on "Into the Fields" (有点田园). Translated by Ariel Guicheng Tan & Joyce Tan for the **unCOVER Initiative**, a project documenting the voices of those in & beyond China affected by the COVID-19 outbreak.



LEFT IN THE DARK: INSIDE THE BUILDINGS OF CHINATOWN AFTER HURRICANE SANDY

ART AND WRITING BY SUKJONG HONG

Full article at: aaww.org/left-in-the-dark

For many, the steps to recovery post-Sandy will be long and complicated. Is rent due when no heat or power is available? How do I recover lost wages? For those who have lost loved ones, the loss is more staggering. The immediate language of disaster relief is more elemental. Food? Medicine? Shelter? Flashlights? Are you okay? Volunteering in Chinatown before the power came back on, and unable to speak Chinese except for "I don't speak Chinese," "I am Korean," and "I love you," this basic language of needs made up my script.

On the first Friday after Sandy struck, I biked to CAAAV: Organizing Asian Communities, [which was] part of a patchwork of aid spearheaded by community organizations across Chinatown and the Lower East Side, operating in the absence of FEMA, the Red Cross, or other traditional first responders. Organizations with miniscule operating budgets were the main hubs of emergency relief. They knew what the community needed.

Volunteers were fulfilling specific requests that came from nearby residents and canvassing the neighborhood to talk to people unable to leave their homes. We got our assignments and entered the first building, starting on the top floors, where people might have the most difficulty getting down to retrieve necessities. I had heard about the darkness from those who had fled Chinatown, but I didn't fully understand until we entered the first building.

Pushing forward into lightless corridors felt like we were moving within a bad dream, as if light was the same as air and dark was an airless abyss. We climbed the stairs clumsily. People were scared to open their doors. No one knew us. We listened for sounds behind doors. Was anyone coming? Was it hard for the resident to walk to the door? Sometimes we just got one eye staring at us, a small voice asking, "What do you want?" Many told us, "No one has come by," and took some donated food and a flier.

We quickly realized that numerous buildings had been rendered inaccessible by the lack of power, silencing the buzzers. I questioned the logic of senior housing—filling tall buildings with elderly residents seemed cruel in cases of disaster. On the eighth floor [of one building], an elderly woman came to the door. She accepted a blanket and food. She began speaking to our Cantonese-speaking friend [who] tried to translate. "She is asking, 'Where is my son?'" "She has been so afraid." "Her son is in Hong Kong." "She hasn't heard from anyone."

On our way back to CAAAV, the power came back. A roar went up the block and all around us, the din of an entire neighborhood celebrating. It struck me, retracing our route and noting all the homes I had entered, that the storm had temporarily shifted the norms around private space, property, and personal boundaries. In a landscape of uncertainty, small community organizations had activated a gift economy among strangers, and neighbors had come together. *What would remain of this good will as difficult decisions around housing and resources were made? What impressions would stay with the hundreds of volunteers who had canvassed Chinatown? Had new commitments been made, or would the demands of daily life pull people back into their individualized routines?*

Excerpted from LEFT IN THE DARK: INSIDE THE BUILDINGS OF CHINATOWN AFTER HURRICANE SANDY, originally published in 2012 in the Asian American Writers' Workshop digital project Open City

CORONAVIRUS & THE DISABILITY COMMUNITY

A CURATION BY ALICE WONG // DIRECTOR, DISABILITYVISIBILITYPROJECT.COM

 @SFDIREWOLF  @DISABILITY_VISIBILITY

There is a constant creation and co-creation of stories, culture, information, and ideas on social media by marginalized people, especially multiply marginalized disabled people of color. The reasons why I care about and share our stories goes back to the the Disability Visibility Project which is "dedicated to creating, sharing, and amplifying disability media and culture." Our stories are not told enough and too often they are told by non-disabled people. Our stories and wisdom and not valued by a society that does not recognize us as a community with distinct histories and cultures. I see an incredible amount of wisdom and narratives created by disabled people online in the spirit of generosity AND in response to ableism and other forms of oppression. This is a small sample of the online conversations about the coronavirus by chronically ill, disabled, and immunosuppressed people. In this link I curated stories, advice, articles, resources, and calls for mutual aid. Please listen and learn to these communities.

[>>>Read the full conversation at bit.ly/COVIDCreakyChats](https://bit.ly/COVIDCreakyChats)



ashira @captain_tiny · Mar 13

When this all goes back to normal, when you can all reschedule your holidays and outings and events, please don't forget those of us that are chronically ill, who have to deal with this without reprieve. This is our reality.

@Blackdisability:

We cannot survive without community care. We cannot achieve collective liberation if we behave as if anyone's life is disposable.

@painandcats : Spoiler alert: Disabled people are so scared right now because you're all showing us how little we matter. Aabled people: you can't go around collectively saying "only x and y people will die from the coronavirus" AND go around frantically hoarding material Disabled people need to survive.

@snoringdoggo: A thing some of my friends have brought up that I want to reiterate: disabled people are put at the bottom of the list for being revived during a pandemic. This is directly tied to the perception that our "quality of life" is lower, that disabled life is inferior.

And it fucking terrifies me. To be clear: disabled lives have a unique set of challenges, sure, but nondisabled lives aren't inherently higher quality, and *fuck off* if you're here to tell me otherwise. I don't want my friends to die.

@typewritersing: all week disabled people have been talking about how things could have been accessible all along, that the world we're creating to survive the Rona is the world we could have had all along. underlying that sentiment is the presumption that non-disabled people could have given a fuck. that they actually possessed the imaginations for access justice MANY claimed they didn't have & could never find given that their lives didn't depend on it

@tripping_crutch: It's really interesting to me as a introverted, immuno-compromised, disabled chronic pain sufferer, who spends about 95% of his time at home listen to stories of non disabled folk dealing with social isolation for the first time and just for a few hours.

PARTITION // FATIMAH ASGHAR

you're kashmiri until they burn your home. take your orchards. stake a different flag. until no one remembers the road that brings you back. you're indian until they draw a border through punjab. until the british captains spit paki as they sip your chai, add so much foam you can't taste home. you're seraiki until your mouth fills with english. you're pakistani until you classmates ask what that is. then you're indian again. or some kind of spanish. you speak a language until you don't. until you recognize it between your auntie's lips. your father was fluent in four langauges. you're illiterate in the tongues of your father. your grandfather wrote persian poetry on glasses. maybe. you can't remember. you made it up. someone lied. you're a daughter until they bury your mother. until you're not invited to your father's funeral. you're a virgin until you get too drunk. you're muslim until you're not virgin. you're pakistani until they start throwing acid. you're muslim until it's too dangerous. you're safe until you're alone. you're american until the towers fall. until there's a border on your back.

- IF THEY CAME FOR US

NAN // CHINESE AMERICAN, QUEER DISASTER POET IN BROOKLYN

I work as a barista on weekends and I am hyper-conscious of how people watch my movements. I was wiping down tables near the entrance when a white woman glared at me and stood pointedly angled towards the door. I tried to give her a wide berth, but she kept glaring until I moved to the other side of the room. Only then, did she walk out. I'd already been minimizing my motions; doing my makeup to make myself "seem" healthy; holding back light coughs and sneezes in public; dressing in my best outfits in a misguided attempt to seem "put together" and unlikely to be ill. I am fully aware that this all a farce, for an extra sense of security. Unfortunately, this is the way people have treated Black, brown, and Muslim folks every day. Having this ultra-surveillance turned on me has strengthened my determination to stand in solidarity with my peers and look to solutions for a collective liberation.

IVANKA // FILIPINA-CHINESE RESTAURANT WORKER

I worked at a family-owned pizza restaurant as a hostess as the only Asian coworker. I've had customers pull their shirts to their faces like makeshift masks whenever I went to their tables for refills or to take away empty dishes. They shot nasty glares at me and I've had customers shoo me away before I even asked them if they needed anything. "No thanks, go." "We don't need your help." I no longer work at the restaurant because of mandatory closures and I'm trying to apply for jobs at grocery stores. Grocery store clerks and restaurants workers tend to be frowned upon for being low-wage [but] grocery cashiers are now front lines pandemic workers. I hope that when there's a vaccine for COVID-19, the public will be radicalized into demanding a better country that treats every marginalized community better.

VERONICA // CHINESE AMERICAN NON-PROFIT WORKER

A guy on my train started yelling at all the Asians to get out with our "egg roll virus" and "samurai virus."

BEVERLY: TAIWANESE PUBLIC SCHOOL EDUCATOR

At a restaurant in the booth across from me, an older white woman was talking about her recent bout with pink eye and her symptoms. She then side-eyed me and whisper-yelled, "I had the Chinese eyes. At least it was only that, not the Chinese virus." Then she glanced at me again to check if I had heard. I smiled at her like nothing happened.

MARIA // FILIPINX GRADUATE STUDENT

In a rideshare, the driver said to me, "The government should have told you, and people like you, to stay out of the country. Guess it's too late for that."

TIRED // ALICE TSUI, MUSICIAN & EDUCATOR

Racial Battle Fatigue: the cumulative result of race-related stress responses from constantly facing hostile racial environments and individuals. - William A. Smith, 2008

After the first confirmed case of coronavirus in the U.S, I started to read about racist attacks against Asian Americans. People with Asian-sounding last names not being picked up for rideshares; racist slurs targeted towards Asian people who coughed on a subway; and people moving away from Asians with a face mask. It didn't hit me fully until this week at my elementary school. I had heard rumors spread about the possibility of me having coronavirus because of the association of the virus with "Asian-ness". It was hurtful and I ended up addressing this with my elementary school students. I told them that not all news is factual - some things on the news that are false and some are true. I also told them if they had questions about my Chinese-ness, to ask before assuming.

While I was proud of this response, I also knew I had more to do as a teacher. The NYC Department of Education issued a letter about coronavirus to employees citywide. Online, in teacher forums, educators were joking about the greater likelihood of school shutting down for the virus than for snow days. Non-Chinese, fellow educators made casual comments that furthered the underlying racist attacks. My friends who are Asian American educators also heard racist comments. Many schools haven't been proactive in addressing this - some going to lengths to avoid these conversations.

In this past week, I have received more racist comments than I remember receiving in a long time. I have asthma and sometimes I cough. On the train, people would give me cold stares, move away or mutter slurs. I now turn the volume up so high on my headphones to tune everything else out while going about my life. I want to be both invisible and LOUD ABOUT THIS simultaneously. I want to help create a change in perception, for my students, for my community, but I have felt so racially fatigued. I am so tired right now. I can't feel like I constantly have to stand up for my race and explain my Asianness - non-Asian, non-Chinese people need to STAND UP also.

ANGELA // TECH WORKER LIVING IN NYC

I was at a Trader Joe's with my parents, both well over their 60s. We were in line when 10 children surrounded us, pulled up their jackets to cover their mouths and said, 'ew,' 'ugh,' pointing at us. We were singled out because we are Chinese. I pulled my parents away. I was stunned and embarrassed. I was nothing but a disease to them. I didn't know what to say. They were kids. Who I really blame are the adults in their community, but they weren't around.

ANASTASIA // STUDENT IN BERLIN

I was riding the M11 bus and two boys screamed "corona corona corona" as we got on the bus from Dahlem Dorf. I let it be because they were 12 years old boys. But at Holbeinstraße, a little Asian girl with her friend tried to get on. Once the bus doors opened, they screamed corona very loudly at her. I felt angry and super sad. This is why speaking up is important. Next time, I definitely will speak up.

JULIE // TAIWANESE AMERICAN FASHION WRITER RAISING 3 KIDS IN NYC

I take the M train to bring my 3 elementary-school aged children to school. On this particular day, we boarded the train and didn't get a seat. After a few stops, a large enough section opened up and all 4 of us were able to sit together. As we sat down, a white woman in her 50s groaned, covered her nose and mouth, and moved to another car saying, "Oh for god's sake!"

Being an Asian Mom Amid the Corona Virus



Last week at the hair salon, the woman next to me started saying hateful things to her hairdresser about Chinese people. Her young child was within earshot. We wake up to news of racial bullying in schools and we wonder where children learn hate. When fear is as contagious as the virus, you get xenophobia. In this current political climate, permission to hate is granted from the top down.

These days, Asian Americans have quickly become the target of scrutiny and suspicion. As an Asian Mom, I can't help but think, what if I go into the city on the train with my child and we get harassed? What if his friends or their parents start treating us differently?

To every parent out there is: be careful what you say to or in front of your child. Because our children can take that fear and easily turn it into hate.

by *olivia ahn* // @ahntologies

ten of wands: the world is overextended and capitalism is its burden. the times are telling that for the sake of humanity that the system must bend, but it won't unless the economy is truly at risk—never people. these extenuating circumstances have made it bend—if only for just a moment. they do not see where they are going or why. they only think of their responsibility and allegiance to the currencies of crypto-colonialism. the system is not broken. it is working perfectly and the algorithms are as strong as they ever were.

we must continue to love each other, fight for each other, and protect each other fiercely as we all have been doing and will continue to do.



GRACE DUONG, TEN OF WANDS, TAROT @MYSTICMONDAYS

do not let them possess your heart or stomp out your capacity to compassionately see into the hearts of others.

share the medicines of your ancestors with your kindred and chosen family. do it justly and honorably. continue to nourish and heal the wounds of this subconscious unknowing.

colonization is the ongoing infection that we must continuously combat collectively.

who thrives? who dies?
whose bodies matter?
whose health matters?
whose labor matters?

who is an acceptable vector for disease
who is a most reliable scape goat?
whose turn is it to be blamed?
who is protected? who is expected to do the protecting?

silence=death

olivia (they/o) is a doulx, reiki practitioner, researcher, and family therapist in NYC centering qtbipoc communities. they are honored to follow the lineage of corean-chinese diaspora and queer indigeneity & serve in the spirit of their ancestors.



Two hours after the towers fell I crossed the ship out on the map.
I buried it under a casket of scribbles.

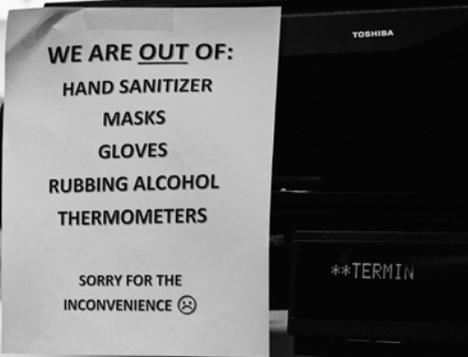
All the people I could be are dangerous.
The blood clotting, oil in my veins
- Fatimah Asghar, IF THEY COME FOR US

Someone wrote anthrax on my locker
where I keep my body mist. Alexandra
says I smell musty. All the boys laugh.
When was the last time you showered?

COMMUNITY SUBMISSION // POV FROM THE FRONTLINES:

I am a pediatric nurse in a large hospital in Seattle.

STORY & PHOTO BY CHAREZKA RENDORIO



WE ARE OUT OF:
HAND SANITIZER
MASKS
GLOVES
RUBBING ALCOHOL
THERMOMETERS

SORRY FOR THE
INCONVENIENCE 😞

**TERMIN

After coming down with cold symptoms, I went into early isolation but was unable to get a test. When the prolonged sore throat turned into a cough, I went through so many hoops to obtain a test. I called my doctor's office, but they didn't have enough personal protective equipment to keep their staff safe for tests. I called public health and I didn't qualify for a test because I was under the age of 60 and had no underlying conditions. But, I am a nurse who lives with other nurses. I come into contact with babies and children. My roommates care for the elderly and vulnerable.

While we went on about our lives after my cold was over, we then learned that the virus is incubating and spreading rapidly among the young adult population - with little to no symptoms at all. Our city went into lockdown and many of my friends and loved ones lost their jobs in one fell swoop. The restaurants that I worked for, my friends in the industry, artists in the city...they all lost their jobs and went without any income.

Because of the greed of many in society, healthcare workers like me are out of supplies needed to keep ourselves, each other, and our patients safe. We're re-using disposable masks. We're running out of hand sanitizer and gloves. We're so short staffed that we are still required to come into work even if we've been exposed to the virus until we display symptoms. Every day that we go back into work, we then go home to our families, and our communities and live with the guilt that we could potentially get them sick...that weight is crushing.

We are doing the best we can and we are professionals, but that does not mean we are immune to the horrors of our job. That we do not cry after seeing people die. That we do not feel rage at seeing our friends be so irresponsible and go out to bars and crowded restaurants. After learning that multiple doctors and nurses have contracted the virus means that even with protection, we aren't safe. It feels like constant anxiety and terror, guilt and shame. Will we get sick? Get our loved ones sick? Get our non-COVID patients sick? How do we keep trudging on, with no protection?

One morning, after rolling around in panic for hours, my partner asked, "Why are you reading so much?" I replied, "So I can be prepared."

"Prepared for what?"

"Prepared for how much it's going to hurt."

Charezka Rendorio is a Filipina-American nurse, writer and amateur photographer.

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JEAN Y. WU // RETIRED EDUCATOR IN BOSTON

I was walking home when I was jarred by a squeak of brakes. A young white man leaned out of the car passenger window, spat at me, and screamed 'VIRUS VIRUS VIRUS BITCH!' I was so startled that all I could manage was to yell back, 'Fuck you!'. The man leaned out further and screamed back, 'FUCK YOU TOO CHINK BITCH' before the car sped off. I looked for witnesses. There were ten people around and no one said a word. Every head turned away. Two people snickered and another quickly crossed the street to walk away.

I walked home, thoughts running through my head: *Will the car come back down the street again towards me? I'm not surprised. This has happened already to many Asian Americans. I'm glad I didn't have kids or elders with me and I'm also glad that it was me and not a kid or teen or elder. My blood pressure is really high right now. I felt my heart knocking against my chest. I felt the weight of helplessness settle in me. I felt contaminated by the ugliness and cowardice of the racist screaming from a moving car. What pleasure, satisfaction, or delight does someone get from this kind of attack?*

The US is "at war with a virus." As the US militarizes to fight this war, Asians and Asian Americans, racialized as the perpetually 'foreign' (read un-American) are once again the enemy. Trump repeatedly uses the term 'foreign virus' in press conferences. Every time he says 'foreign virus,' and every time the right wing media use the terms 'Chinese virus' and 'Wuhan virus,' they are actively reinforcing that once again, 'the Chinese' are diseased, evil aliens bent on harming 'real' Americans. And Asian and Asian Americans are left to continue to brace against verbal and physical anti-Asian violence that is clearly alive and virulent in the US. In the endless hours of reporting on COVID-19 and the toll it's taking on the physical and economic health of society, I haven't heard a single mention about the toll on the mental and emotional health of Asian and Asian Americans.

I have spent more than half of my life urging Asian American students and students from targeted marginalized communities to not swallow racist, sexist, homophobic taunts and attacks in silence. Tell someone. Write. Disseminate. Share what happened. As Audre Lorde tells us, embrace anger as a sign of being alive and understand rage as a reaction to the pain of deep wounding, a violation of our very beings. Understand the need for collective grief, even as we rage, and move forward toward collective action.

STEPHANIE // HONG KONG-AMERICAN IN CHICAGO

A friend is teaching me how to drive, and I've known him and his family for several years. During a driving lesson last week, his father called him to check in. My friend reassured him that he was giving me a lesson and then returning home. As soon as his father heard he was with me, he said, "Be careful around her! Don't you know she's Chinese? What if you get the coronavirus from her?" My friend and I were shocked. I'm thankful that my friend didn't feel the same way, but at the same time I feel hurt.

HANNAH // REPRODUCTIVE HEALTH NURSE IN NYC

I had a patient, who was a wealthy white woman. While I was on the phone with her pharmacy, she started talking about COVID-19 and then asked me where I was from. It's been a long time since someone asked me that, so I said "Baltimore." She replied, "No, but really". On the inside, I was thinking "fuck you", but I said "my family is from Korea". She responded, "Oh so they're fine then". I then, said, "I mean they're all here so..." Thank God the pharmacist came back on the line right then.

ELSE WHERE

BY KAITLIN GU //
FULL COMIC AT
@GUBEAN



Between news, panic, & evident inequality...



It's hard not to think about my mom — how much she's gone through & how she still finds ways to smile everyday.

Every day I remind myself that the world can be scary but people can still be kind, like Juan, the bodega worker who gave me his last hand sanitizer.



I try to be kind to myself and others because even though we might have come from somewhere else, we all ended up here together.



MEDIA COVERAGE RECOMMENDATIONS

FROM THE ASIAN AMERICAN JOURNALISTS ASSOCIATION



AAJA urges journalists to exercise care in their coverage of the coronavirus outbreak to a) ensure accurate and fair portrayals of Asians and Asian Americans and b) to avoid fueling xenophobia and racism that have already emerged since the outbreak. Visit aaja.org to learn more.

IMAGES OF PEOPLE WEARING FACE MASKS NEED CONTEXT:

Prior to the coronavirus outbreak, face masks have been commonly used in East Asian countries, including for protection from pollution. This practice has crossed over into immigrant Asian American populations in the United States and the masks are now more prevalent as a result of the outbreak. News outlets should consider reasons for the masks and provide context when using such images.

DON'T USE OF GENERIC IMAGES OF CHINATOWN:

Only include images of a local Chinatown if it is directly related to a news story, not as a way to illustrate the virus. The images are appropriate, for example, if the story is about Chinatown businesses emptying out over fears of the virus, or if there are potential cases stemming from a particular Chinatown. Avoid blanket uses of Chinatown images that reinforce stereotypes and create a sense of "otherness."

AVOID USING "WUHAN VIRUS," "CHINA CORONAVIRUS," OR "CHINESE

CORONAVIRUS: (Or any other term that uses geographic locations or refers to a population to describe the virus.). In 2015, the World Health Organization issued guidelines discouraging the use of geographic locations when naming illnesses because it could stigmatize the people living there. Coronavirus is the umbrella term for a large group of viruses causing anything from the common cold to SARS, according to the AP stylebook. COVID-19 is the disease caused by the virus that originated out of Wuhan.

BECCA // CHICAGO-BASED COMEDIAN AND SOCIAL JUSTICE ADVOCATE

In the first week of March, I experienced people sidestepping me downtown, putting on gloves before I reached the cash register (after several white folks purchased items), and a potential job employer at a job interview saw my race and then yelled at his secretary, "Hey we need some hand sanitizer in here!"

KILEY: FOURTH GEN JAPANESE-AMERICAN WITH DISABILITIES

I work in an adult retail store, and starting around January, a lot of white folk said things to me like, "I don't want to buy it if it's from China." Also, my father overheard a person in line at a grocery store right behind him, say: "We should never have allowed Chinese people into this country! They're dirty and good for nothing!" My father is Japanese.

أعشاب ضد الفيروسات

anti-viral plantcestors

FROM BILAD IL SHAM (THE LEVANT) + BEYOND

من أرض بلاد الشام وغيرها



BY LAYLA K. FEGHALI

IG: @RIVERROSEREMEMBRANCE

الخوف والتوتر والقلق يضعف المناعة

FEAR, STRESS + ANXIETY IMPACT OUR IMMUNITY NEGATIVELY.

TAKE BREAKS FROM THE NEWS. DO SOMETHING THAT BRINGS
YOU JOY, STRENGTH, PEACE OF MIND.
INTERNAL WELL-BEING SUPPORTS EXTERNAL WELL-BEING.

خذ استراحة من الأخبار. افعل ما يزيد من الفرح وراحة الجسم والبال.
العافية الداخلية تدعم العافية الجسدية.

| | |
|--|----------------------------|
| حرك جسمك | move your body |
| احضل على نور الشمس | get some sun |
| ارقص وغني واستمع إلى الموسيقى التي تحبها | dance + sing |
| خذ قيلولة | listen to music you love |
| تحدث مع صديق | take a nap |
| جد سبباً للضحك | call a friend |
| صلي | find a reason to laugh |
| كون في الطبيعة | pray |
| خذ حماماً أو تمشي | be in nature |
| افعل ما يجعلك تشعر بالحياة وبصحة جيدة | take a bath or a walk |
| | do whatever makes you feel |
| | alive + well. |

We have embodied knowledge inside our bones and the body of the earth. This knowledge can be cultivated to remedy the "culture of severance" that characterizes our colonial realities - a transformation of ancestral, communal, and ecological violations that disconnect us from life's inherent sacredness and laws.

هذه الأعشاب يمكن أن تساعد أجسادنا وأرواحنا من
الخوف والتوتر والقلق

THE FOLLOWING PLANTCESTORS CAN SUPPORT OUR BODIES + SPIRITS THROUGH STRESS, ANXIETY, AND FEAR.



البابونج
ورود
مليسه
مرامية / قصعين
زرعتر
نناع
البانسون
القراص + الشوفان

CHAMOMILE
ROSES
SAGE
CALIFORNIA POPPIES
LEMON BALM
MINT
LAVENDER

NETTLES + OATSTRAW
(INFUSE OVERNIGHT)



Can take as Tinctures (12 drops
1-4x/day) or Teas.

اشرب واحد إلى ثلاثة أكواب شاي
يوميًا

Pour boiled water over 1 or a
combo of the above herbs. *cover
the jar or cup* (important!) + let
them sit for 20 minutes - several
hours. Drink 1-3 cups a day.

Layla is an ancestral re-membrance tender, archivist, and plantcestral medicine practitioner. Her work restores sacred, ancestral + baladi (land-based/local/indigenous) wisdoms from the SWANA region (South West Asia & North Africa).

Layla is currently based between her ancestral village in Lebanon and her diasporic home in Tongva territories (Los Angeles, CA) where she was born and raised.

Learn more about her work and offerings at www.RiverRoseRemembrance.com and visit the online community archival project she hosts at www.SWANAancestralHUB.org.

هذه أعشاب قوية لدعم المناعة وقتل الفيروسات + العدوى بشكل عام، خاصة في الجهاز التنفسي

POWERFUL PLANTS FOR BUILDING IMMUNITY + SUPPORT AGAINST VIRUSES + INFECTIONS OF MANY KINDS, INCLUDING IN THE RESPIRATORY SYSTEM:



تناول كطعام أو الشاي

consume as food or teas:

زعرتر أو زعتر

ZAATAR
OREGANO OR THYME

خبثية

MALLOW

خشمية

NIGELLA SEEDS (AKA BLACK SEED)

حبة البركة

GARLIC + ONIONS

زنجبيل

GINGER

ثوم فضيل

simmer covered on low fire for

الكمثرى

several hours and take a shotglass/finjan 1-3x a day for prevention or every few hours if sick:

يغلي على نار هادئة لثلاث ساعات أو أكثر ويشرب واحد إلى ثلاثة فنجان في اليوم وورق البريثون الفطر الأسود

OLIVE LEAF

MUSHROOMS OF ALL KINDS
ELDERBERRY + ELDERFLOWER
(CAN ADD GINGER, CINAMMON, AND OTHER HERBS FROM ABOVE)

our bodies and the earth are intelligent.

we are resilient, adaptable.

many of us come from lineages that have been surviving in the face of all kinds of adversity, illness + stress daily, for many generations now.

يمكن البخار، الدخان، البخاخات، و الاستحمام في /من هذه الأعشاب أن تساعد في تنظيف الفيروسات و التهابات من أجسادنا و بيوتنا

STEAMS, SMOKES, BATHS + SPRAYS OF THE FOLLOWING PLANTCESTORS CAN HELP CLEAR VIRUSES + INFECTIONS FROM OUR BODIES + HOMES.



زعرتر

ZAATAR

أكليل الجبل

OREGANO OR THYME

أوراق الغار

SAGE

طيون

ROSEMARY

خزامى

FRANKINCENSE + MYRRH

مرامية / فصعين

LAVENDAR

اللبان + المر

BUCALYPTUS

أوراق الصنوبر + الأرز

BUY LEAVES

PINE NEEDLES



استنشق البخار بعمق لعاربة الفيروسات في رئتيك

DEEPLY INHALE THE STEAM OF THESE PLANTS TO DIRECTLY SUPPORT YOUR RESPIRATORY SYSTEM IN FIGHTING INFECTIONS + VIRUSES. (CAREFUL NOT TO BURN YOURSELF).

أخيرا ، دوائي المفضل ...

FINALLY, MY FAVORITE OF ALL REMEDIES...

HONEY!

a spoon of high quality authentic raw honey in the morning is an excellent medicine against infections, viruses, funguses, and to support all around immunity

عسل!

ملعقة من العسل الأصلية في الصباح هي دفاع ممتاز ضد الالتهابات والفيروسات والفطريات ولتقوية المناعة العامة

PLUS ... SLEEP + SUNSHINE

كمان ... النوم ونور الشمس

we have many tools that can continue to help strengthen us + care for the more vulnerable folks in our communities.

WORKERS - KNOW YOUR RIGHTS!

WORKING FROM HOME: There's currently no federal law that gives employees the right to work remotely. In San Francisco, the Family Friendly Workplace Ordinance gives some workers the right to request flexible arrangements for caregiving responsibilities. Workers who are immunocompromised may be able to seek telecommuting accommodations through state and federal disability law. Employers must pay the same hourly rate/salary for teleworking as an accommodation.

INCOME RELIEF: If your workplace has shut down operations or you have reduced hours because of the coronavirus, you may be eligible for unemployment benefits. California has waived the one-week waiting period for unemployment and disability insurance claims. Some cities, including San Francisco, L.A., Boston, and Seattle aim to protect low-wage workers through temporary eviction moratoriums.

WORKPLACE DISCRIMINATION: It's against the law for employers to discriminate workers based on race, national origin or ethnic background! Your employer also can't treat you differently because with someone presumed to have coronavirus based on their race, national origin, or ethnicity. You can file a charge of discrimination through the Equal Employment Opportunity Commission (EEOC) or through your state's department for fair employment..

PAID SICK LEAVE: As of March 18, 2020 (through December 31, 2020), federal legislation requires certain employers to make 14-days of paid family and medical leave accessible for specified reasons related to COVID-19. These provisions apply to specific public employers and private companies with less than 500 employees. Small businesses with less than 50 employees can qualify for exemption if requirements jeopardize the business. *Your workplace cannot force you to come into work if you have an illness.*

If you have tested positive for COVID-19 or have been exposed to it and unable to work, you may be able to file for a Disability Insurance claim within certain states (this offers short-term benefits to eligible workers who have lost wages because of illness or injury). California, New York and Washington offer paid family and medical leave benefit programs for self-employed people.

FOOD/SHELTER SUPPORT:

- SNAP: Supplemental Nutrition Assistance Program
- EFSP: Emergency Food and Shelter Program

HEALTH SUPPORT:

- [Healthwellfoundation.org](https://www.healthwellfoundation.org)
- [Needymeds.org](https://www.needymeds.org)

INTERNET SUPPORT:

- Comcast offering 2 mo/free internet to low income applicants, [internetessentials.com/covid19](https://www.internetessentials.com/covid19)
- [LifelineSupport.org](https://www.lifelinesupport.org): Discount communications services

PROTECT YOURSELF, FAMILY, & FRIENDS FROM GETTING SICK

BY MALAKA GHAIRIB, EXCERPT "A COMIC EXPLORING THE NEW CORONAVIRUS" @ NPR

① WASH YOUR HANDS OFTEN

★ USE SOAP AND WATER

★ WASH FOR AT LEAST 20 SECONDS. IF IT HELPS, SING THE ABC'S WHILE YOU DO IT - THAT'S ABOUT 20 SECONDS.

★ WASH AFTER USING THE BATHROOM OR BEING IN PUBLIC SPACES (LIKE THE BUS OR PLAYGROUND).

★ TRY TO GET INTO ALL THE NOOKS + CRANNIES!



② SNEEZE INTO YOUR ELBOWS

★ CORONAVIRUS IS BELIEVED TO SPREAD THROUGH LITTLE DROPLETS OF FLUID FROM YOUR LUNGS.

★ IF YOU SNEEZE INTO YOUR ELBOWS, YOU CAN PREVENT GERMS FROM GOING INTO THE AIR AND ONTO YOUR HANDS.



③ AVOID TOUCHING YOUR FACE

★ DON'T PICK YOUR NOSE, DON'T TOUCH YOUR MOUTH, DON'T RUB YOUR EYES.

★ THESE ARE THE PLACES WHERE GERMS ENTER OUR BODIES.



It's very important to remember that this kind of virus can affect

ANYBODY.

It doesn't matter where you come from or what country your parents are from.



勤加洗手

使用肥皂和清水

至少清洗20秒，如果可以的话，边洗手边唱ABC字母歌，一个差不多有20秒。

洗完洗手间或者从公共场所（例如大巴车、游乐场）回来一定要洗手。

对着胳膊肘打喷嚏

冠状病毒是从肺部的小液滴扩散出来

如果对着胳膊肘打喷嚏，你可以防止细菌进入空气或到手上。



不要摸你的脸

不要碰你的鼻子，摸你的嘴，也不要揉你的眼睛。

这些都是细菌进入搭配我们身体内的地方。



请记住这种病毒会传染给任何人，这一点很重要。

无论你来自哪个国家，你的父母来自哪个地方。



Half-Assed Disabled Prepper Tips for Preparing for a Coronavirus Quarantine

BY LEAH PIEPZNA-SAMARASINHA // FULL VERSION HERE: bit.ly/preppertips

I joke that I am a “half-assed prepper.” I grew up with a mom who intensively gardened for food and taught me how. As an abused kid, I was fascinated by the idea of running away and living in the woods and studied camping and survival manuals. Most people don't learn about survival from being in “survivalist/prepper” communities.

As sick, disabled, poor, Black and brown, queer and trans people (to name a few), we already know a hell of a lot about surviving. Over the past two decades, I've learned about survival in ways many people do. From being poor and sick and having to make food stretch and grow, to shoplift and forage food, to being a sick and disabled camper figuring out what works for my body in terms of gear and food prep. From studying herbal medicine as a chronically ill person and learning to make my own so I could afford it and could share with friends, to learning skills from friends who live rurally with low electricity.

Most recently, I've learned from sick and disabled mutual aid in the face of wildfires, power cut-offs and now, COVID-19. I live in Seattle, one of the epicenters of SARS-COV2/COVID-19 infection. I am also chronically ill with a weakened immune system, and it's felt like me and every disabled and sick person I know is trying to figure out how to prep and take care of ourselves and our communities.

Anywhere else in the world we'd be under mandatory quarantine, but because we're in the US, we're not. There are no government funded nurses coming to check on us, no mass distribution of food, masks, and gloves. It is all put on the individual (and if we're lucky, communities) to figure it out without an overall social safety net. What we know is we're being urged to “socially isolate” to protect ourselves. To me, this means everything from preparing to not leave the house as much as possible to protect my immune system, taking steps to manage my existing disabilities, and getting ready in case supply-chain slowdowns and mass-buying affect the availability of food, medicines, and cleaning products.

The five cornerstones of prepping are



1. WATER



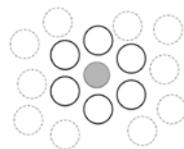
2. FUEL



3. FOOD



4. HEALTH
SUPPLIES



5. MUTUAL
AID

A 14-DAY PREP LIST:

Note: Some things may not or may not work for or apply to you. Take what works, leave the rest.

While the water and electric grid aren't likely to shut down, consider:

WATER: One gallon of potable drinking water per person/day. 1 person = 14 gallons.

FUEL (for heating, eating, electricity): Camping stove with gas containers, power packs to charge phone and laptop, headlamp, battery-powered lantern

FOOD FOR TWO WEEKS:

- What shelf stable foods do you already have? (*Rice and beans? Kimchi?*)
- What is stuff you put on basic food to make it taste good? (*Zaatar? Hot sauce?*)
- What are 2-3 recipes you already know how to make out of shelf-stable foods? (*Pasta with salt, pepper and parm? Khitcheree?*)

Menu planning is something some of us may not have had access to. It can be overwhelming to plan meals for many people for a lot of reasons- eating disorders, growing up or being poor and not being able to plan ahead, etc. Start small and get what will comfort you and also fulfill your nutritional needs.

Tips for buying stuff: Other than big box stores, consider local immigrant food warehouses and grocery stores, local fruit and veggie places, food coops, Asian supermarkets, discount food stores, or health food stores with bulk bins in your area. Sometimes dollar stores have rice, beans, and tea.

Sample Menu:

BREAKFAST: Granola with almond milk, along with apples, dried fruit, seeds/nuts etc. *Or:* oatmeal, quinoa for porridge with the same kind of apples, seeds, etc

Or: eggs in tortillas / on beans

LUNCH: Canned fish is good for tuna or salmon salad + crackers. Having salad stuff on hand (veggies like cabbage store well and you can combine with lemon/olive oil and salt and whatever fridge veggies you are trying to use up). Drain some canned beans and make bean salad. I also bought a bunch of cheese.

DINNER: I bought a 40 lbs bag of rice and hell of red lentils. Both together make protein and you can cook both quickly. I enjoy eating dhal/parripu and rice, I can add veggies. I'm leaning on things like rice and beans, stews, chili, and pasta, mujaddera (rice and lentils), ful (fava beans and tomatos, spice, onions), etc.

Sample Shopping List:

PANTRY:

- Rice and/or lentils
- Pasta (GF)
- Pintos, black beans, chickpeas, other dhal
- Granola, instant oatmeal packs
- Dried Fruit, seeds, nuts
- Shelf stable almond or soy milk
- Tortillas
- 2 bricks of instant rice noodles
- Peanut butter
- Olive oil

FRESH FOODS THAT LAST:

- Apples, oranges (both keep well)
- Onions
- Potatoes / sweet potatoes
- Cabbage, kale, veggies w/ long storage life
- Squashes
- Garlic
- Optional: meat to freeze

CANNED GOODS:

- Cans of coconut milk
- Canned Beans (black, kidney, fava beans)
- Canned tomatoes
- Canned tuna or salmon

ETC:

- Tahini
- Jar of kimchee
- Box of loose tea, coffee
- Chocolate

HEALTH SUPPLIES:**Cleaning:**

3 gallons bleach for disinfecting
 containers isopropyl rubbing alcohol, 98%
 containers liquid soap

Meds: The rec is to have 90 days of meds and to call a doctor or PCP to try and get this. *THIS IS NOT ACCESSIBLE FOR A LOT OF PEOPLE* but it's a recommendation. Coronavirus is not the same thing as the flu virus or as pneumonia. However, if you can, get a flu and pneumonia shot as a way to reduce secondary infections .

Prevention through immune boosting practices: Lower your stress level by getting sleep, going for a walk if that is accessible for you (or do another form of body mindfulness that feels good), drawing, watching something calming on tv, cooking, reading, talking with friends, and taking breaks from talking about it.

MUTUAL AID!!! <3

I have been a part of a lot of experiments in sick and disabled mutual aid, and collective care. At first I was stumped: how were we going to face this? Usually we didn't have to socially isolate/ stay away from groups under 10 people!

But I am realizing that everything we survive gives us some lessons and tools we could draw on in new situations. Maybe you know how to ground. Maybe you know how to pace yourself through the days. Maybe you have a sense of humor that gets your ass through things. Maybe primal screaming does in the shower helps. Maybe you have a dance party on Zoom or re-read a book. Maybe you can remember that you survived before, and what helped you to do so. The principles of cross-disability mutual aid (that we can use our different skills and strengths and needs as disabled people to support each other) apply here as well.

This could be a time where those of us with stronger immune systems go to public places to get supplies. This can be a time where we use the expertise many of us have in doing online meetings and building connection through phone calls.

Every disaster is slightly different. What stays the same is that we can start from where we are and offer what we can to look out for each other. You don't have to be a super-popular, super-networked person to do mutual aid. It can be you and your one friend. We already know a lot about living isolated/ in bed/ being homebound. We can share what we already do to make those things workable.

I also want to lift up that some of us are very isolated and don't have access to friends or community. Doing what we can to feed and take care of ourselves is mutual aid to ourselves. Let's take care of ourselves and each other. Some prep is better than no prep! Share resources, remember that your ancestors survived some shit, and you already have survival skills you can build on.

MUTUAL AID KIT // bit.ly/CoronaVirusResourceKit

COMPILED BY MON MOHAPATRA, NO NEW JAILS

Excerpted from a collectivized and living document. Resources come from those marginalized by state violence and prepared for crisis when there's no social safety net.

- 1 COVID-19 MUTUAL AID AND ADVOCACY:** bit.ly/covid19collectivecare
- 2 AUTONOMY AND COLLECTIVE CARE - THE COMRADE CLOSET:** linkinprofile.com/thecomradecloset
- 3 MUTUAL AID TOOLBOX - BIG DOOR BRIGADE (SEATTLE, WA):** bigdoorbrigade.wordpress.com
- 4 POD MAPPING FOR MUTUAL AID - REBEL SIDNEY BLACK:** bit.ly/podmapmutualaid
- 5 CORONAVIRUS WISDOM - HEALING JUSTICE PODCAST:** healingjustice.org/podcast/corona
- 6 HOW TO HAVE SEX IN THE PANDEMIC - THE CRANKY QUEER:** bit.ly/covid19sex
- 7 CORONAVIRUS TECH HANDBOOK - NEWSPEAK HOUSE:** bit.ly/COVIDTechHandbook

\$ FUND & SUPPORT:

- **BLACK TRANS SOLIDARITY FUND:** paypal.me/btsf
- **COVID-19 PRISON SUPPORT HOTLINE (IWOC BALTIMORE):** bit.ly/COVID19PRISON
- **ABOLITION ACTION GROCERY FUND:** bit.ly/AbolitionGroceryFund
- **FOOD BANK 4 NYC:** <http://bit.ly/Donate2FBNYC>
- **NYC BLACK FOLK MUTUAL AID FUND:** tinyurl.com/NYCBlackAid
- **SERVICE WORKERS COALITION:** Venmo @bkservicecoalition
- **UNDOCUWORKERS FUND:** Venmo @undocuworkersfund

VIVIAN // NONPROFIT WORKER FROM QUEENS

My mother is 73 years old and lives by herself. She had tripped on the sidewalk and fell. She was bleeding so a neighbor took her to the urgent care a block away (Medicare had not approved her insurance and she was worried about the cost). The urgent care was empty, except for one other patient. Upon seeing my mother, the other patient demanded why my mother was here. The neighbor tried to calm her down, but she became more aggressive, calling my mother "chink" and "dirty". My mother was taken to an examination room to meet the doctor, who identified himself as Chinese. He told my mother that the racist patient in the waiting area refused to be treated by him. I'm heartbroken that my mother had to experience racism at her most vulnerable moment, but also grateful for the neighbor who took his time to take her to the clinic.

JEFFREY // CHINESE-POLISH AMERICAN LIVING IN PORTLAND

My mother and I chat every Sunday. She taught me to cook, clean, and care for myself and others. These last weeks, we talk more often, because she's worried about me and I her. Today, she told me she wore a hat at the super market, but people can still see she is Chinese and they turned their carts away.

COMMUNITY CARE: A WORKSHEET

FULL RESOURCE @

bit.ly/amwa_cv

AMWA // BIANCA NOZAKI-NASSER, CAT YANG, SEO YUN SON, & BRITTANY KO
SPANISH VERSION: bit.ly/amwa_cvspanish

Now is the time for community interdependence. We believe in the resilience of community care. This is for folks in our local communities to connect and organize resources/needs.

RESOURCES - DO YOU HAVE THINGS TO OFFER?

| name | contact (ig / email) | offer |
|------|----------------------|--|
| | | ex: car rides, grocery runs, childcare |

NEEDS - DO YOU HAVE NEEDS PEOPLE CAN HELP YOU WITH?

| name | contact (ig / email) | offer |
|------|----------------------|-------|
| | | |

DIGITAL "HAPPY HOURS" AND SOCIAL HANGOUTS: Social distancing helps everyone right now. Some of us live alone, live far from family, do not have family, or are unable to get to places with people. Add your name would like to participate in virtual hangouts.

| name | contact (ig / email) | times available |
|------|----------------------|-----------------|
| | | |

WELLNESS CHECKS:

| name | contact (ig / email) | times available (physical, virtual?) |
|------|----------------------|--------------------------------------|
| | | |

VIRTUAL AA / NA / ALANON / SLAA / GA MEETINGS:

| type of meeting request | contact (use private form) | times available |
|-------------------------|----------------------------|-----------------|
| | | |

ACTIVITIES/ENTERTAINMENT: some strategies with everyone - maybe it's box breathing, or maybe you have a link to a really good tv show, or some accessible stretches to do.

| type of activity | name, etc | link |
|------------------|-----------------------|--------------------------|
| ex: film & tv | Remote Viewing Cinema | IG @ remoteviewingcinema |

A MUTUAL AID NOTE TO YOUR NEIGHBOR:

Hi! This is a note from [names],
your neighbors in [address].
We're reaching out to see how we can
support each other in this uncertain
time. We are stronger as a community,
and it's up to all of us to look out for each
other. Here's our phone number:

Can you fill out the form on the back of
this note? You can return it to us in the
envelope tape to our door.

Name:

Apt:

Phone:

Do you have any needs?

Can you help others in need?

FROM JU-HYUN PARK AND BRIONNA JIMERSON

BREATHE. <3 SALONEE BHAMAN

Start from a comfortable seat. This might mean sitting cross-legged or with your legs with ankles tucked underneath you. Or this might mean your hips above your knees, sitting on a cushion or a block. Maybe, for you, a comfortable seat is in bed. It helps to feel even on both sides of your body: laying on your back or sitting straight, with the crown of your head high.

TO CALM THE MIND/ REDUCE ANXIETY

Inhale for 4 counts. Hold at the top for 4 counts. Exhale for 6-8 counts.

Hold under for 1 count. Repeat.

Inhale, 2, 3, 4.

Hold, 2, 3, 4.

Exhale, 2, 3, 4, 5, 6.

Hold.

Inhale 2, 3, 4.

Hold, 2, 3, 4.

Exhale, 2, 3, 4, 5, 6.

Hold.

ALTERNATE NOSTRIL BREATHING (NADHI SHODANA):

Wash your hands! Place your right index + middle finger on your left nostril, and your thumb on your right nostril; ring and pinky can be loose.

Gently press your right nostril closed with your thumb.

Inhale through your left nostril: 1, 2, 3, 4.

Close both nostrils and hold, 1, 2.

Release your thumb, keeping your left nostril closed.

Exhale through your right nostril, 1, 2, 3, 4, 5, 6.

Switch sides. Inhale through your right nostril, 2, 3, 4.

Close both, hold, 1, 2.

Exhale through your left nostril, 2, 3, 4, 5, 6. Repeat.

KAPALABHATI / SKULL SHINING BREATH (TO CLEAR YOUR HEAD):

Sit up tall. Inhale fully, exhale half way. Place a fist gently at the base of your navel and exhale the rest of your air. Take short, sharp exhales through the nose using the belly. (This should sound like a little steam is releasing from a pressure cooker.) Each exhalation is an expulsion of a thought or feeling you don't want. Keep going for 30 seconds. Inhale and exhale. Place your hands in cups, facing upwards on your lap, and notice how you feel.

SLEEP MEDITATION:

Inhale and exhale, lying comfortably on your back in bed. Close your eyes. Beginning from when you awoke this morning, run through the steps of your day. What did you do? Who did you talk to? Don't dwell on any interaction or task, just take yourself through the day until this moment. Breathe in and out. Notice any thoughts that come up. Beginning at your feet, start to imagine a light moving through your body and "turning off" different parts. Feel your toes, your feet, your ankles, and give them permission to turn off. Next, your legs, your pelvis, your lower belly. Then your diaphragm, your ribcage, your chest, your collarbones. Your neck, your shoulders, your arms. Finally, your head.

SOME SHELF-STABLE RECIPES

SHOP AN ASIAN GROCERY STORE, A-Z: anise, basmati, coconut milk, dried red chilis, extra dark soy sauce, frozen dumplings, garam masala, hoisin sauce, inji (ginger), jasmine rice, kimchi, lao gan ma (hot chili oil), mung beans, nori (seaweed sheets), oi ocha green tea, pork floss, quail eggs, rice vinegar, sesame oil, tumeric, urad dal, vindaloo, white pepper, yuca chips, xi mi fen (tapioca flour), zhenjiang vinegar (black vinegar)



KHITCHEREE

1-

- + 1 ½ cups yellow split peas (or split yellow mung beans), picked over, rinsed, and drained
- + ¾ cup basmati rice

Combine split peas/beans & rice in a bowl, add cold water to cover. Soak for 20 minutes. Drain and set aside.

2-

- + ¼ cup ghee (or butter/canola oil)
- + 3 whole dried red chiles
- + 1 ½ tsp cumin
- + 2 bay leaves
- + 8 whole cloves
- + ½ tsp black pepper
- + ½ tsp tumeric

Combine the ghee/butter/oil, red chiles, cumin, bay leaves, cloves, black pepper, and tumeric in a medium pot (preferably a casserole) over medium-high heat. Cook, stirring for 2 minutes.

3-

- + 2 onions (quartered and then sliced ¼ inch thick)

Add onions and cook until they wilt, about 3 minutes.

(For more flavor, you can also add sauteed diced potatoes, chopped cauliflower, and canned diced green chiles!)

Add rice & pea mix and sautee, gently stirring for ~1 minute.

4-

- + ¼ tsp garam masala
- + 5 ¾ cups water
- + Salt to taste

Add water, salt, and garam masala. Bring to a boil, turn the heat down to low, coer and summer very gently for 20 minutes, and then stir gently

Continue cooking, covered until rice and lentils are tender and the mixture is still wet, like a thick savory porridge, for 5 minutes. ■



RAJMA

North Indian red kidney bean "stew" that you can make with canned tomatoes, spices, and one or two other ingredients

SLOWCOOKER:

Combine all ingredients, 8 hours.

STOVE-TOP:

1. Saute onion, garlic, and ginger.
2. Add water and spices, bring to boil.
3. Add beans & tomatoes.
4. Simmer, covered, for ~1 hour

CANNED:

- + 2 15oz canned kidney beans
- + 14 oz canned tomatoes, pureed
- + 5 cups of water

SPICES:

- + ¼ tsp cumin
- + ¼ tsp coriander
- + ¼ tsp chili powder
- + 1 tsp garam masala

FRESH VEGGIES/HERBS:

- + 2 onions
- + 2 inches peeled ginger, minced
- + 3 garlic cloves, minced



LEFTOVER RICE IDEAS

CONGEE (RICE PORRIDGE):

Simmer 1 cup of leftover rice + 2 cups of water (or veggie/chicken broth) partially covered, for 30-40 minutes.

EASY VEGGIE FRIED RICE:

- + 3 eggs, lightly beaten
- + 1 cup frozen veggie mix (ex: corn, carrot, peas)
- + 2 cloves garlic, minced
- + 1.5 tbsps soy sauce

Cook the eggs first; break into small pieces and set aside. Stirfry garlic & veggies; add the rice. Add soy sauce & eggs.

RECIPES FROM OUR FAM <3



they last a week!!!

TEA EGGS

FROM YUNYI LI // AMWA COOKBOOK
AMWA.WORK/STORE

You need:

- 1 large pot with lid
- 12 eggs + water
- 3 tbsp loose black tea leaves (~9 tea bags)
- 2 tsp salt; tbs rice wine; star anise; bay leaves
- 1.5 tsp szechuan peppercorns
- 1 large bowl with cool water

1. Place eggs in a pot of water, cook covered at high heat until a roiling boil. Reduce heat to medium and simmer for 10 minutes.

2. Stir in remaining ingredients and bring heat back to high until roiling boil.

3. Turn heat down to low and transfer eggs to cool water. Gently crack shells by hand, while keeping shells intact. Transfer back to simmering water. This allows the spiced broth to soak in & marble the egg whites.

5. Continue to simmer for 1 hour. Remove pot from stove and soak the eggs, covered, for ~5 hours.

FREE-FORM TASTY BEANS!

1. Place dried beans (any variety!) in pot and cover with cold water (+ ½ an inch). Bring to a boil for 5 min & off foam. Drain beans.

2. Chop some aliums (onions, garlic, shallots, leeks, etc) and sautee with oil. Add any ground spices (try ground cumin, garam masala, tumeric, chili powder, paprika, etc; < 1 tbsp combined spices, max.)

3. Add drained beans and cover with liquid (broth, water + bouillion, or just plain water), ~6 cups liquid to 1 lb of beans

4. Add hearty seasonings you have on hand (bay leaves, peppercorns, coriander seeds, parmesan rinds, etc)

5. Simmer, stirring occasionally for ~1 hour.

6. Uncover pot and assess beans. If they're still hard, cover and simmer longer. If they're softening, uncover and braise. Add more liquid as needed. Stir.

FROM ASHNI MEHTA
FARMERSMKTFFEMME.SUBSTACK.COM



CHAAT POPCORN

- + 5 cups popped corn (if making from scratch, follow the ingredients on the bag of kernels)
- + 2 tbsp ghee or extra-virgin olive oil
- + ½ tsp chili powder
- + ½ tsp turmeric
- + ¼ tsp coriander
- + ¼ tsp cumin
- + 1 tsp salt

Note: Ratios in this recipe are super flexible. Feel free to adjust to your taste buds! The amounts listed above will result in a pretty spicy and salty blend.

1. Heat ghee or olive oil in a skillet over medium heat, then add spices. Toast spices for about a minute, then remove from heat.

2. In a large bowl, drizzle spice mixture over popcorn and mix by hand until spice mixture is evenly distributed over popcorn.

SLOW COOKED TOMATO SAUCE

- + 1 can whole peeled tomatoes (hand-crush)
- + 5 tbsp olive oil
- + ½ onion, diced
- + 4 cloves of garlic, minced
- + Salt, to taste
- + 1 tbsp red pepper flakes, optional

1. Pour 3 tbsp olive oil into a large pot, medium heat. Add red pepper flakes, if using. Add diced onion and saute until golden, then add garlic.

2. Add tomatoes and bring to a boil.

3. Reduce heat and cook on low for about 45 mins, or until sauce has reduced by ½. Drizzle remaining olive oil on top.

Store in the fridge for several days and use in pasta, pizza, or in place of tomato paste when making soup. If using this sauce with pasta, save ¼ cup of the pasta water right before draining, and stir it into the sauce over low heat to thicken it up (starch water!).

BOOKMARKED: OUR READING LIST



HISTORIES:

1. Nayan Shah, *CONTAGIOUS DIVIDES*
2. Erika Lee, *AMERICA FOR AMERICANS*
3. Amy Bhang, *MIGRANT FUTURES: DECOLONIZING SPECULATION*
4. Jih-Fei Cheng, Alexandra Juhasz, Nishant Shahani (eds) *AIDS & THE DISTRIBUTION OF CRISES* (April 2020)
5. Catherine Choy, *EMPIRE OF CARE*
6. Harriet Washington, *MEDICAL APARTHEID*

ESSAY COLLECTIONS:

1. Audre Lorde, *CANCER JOURNALS*
2. Kai Cheng Thom, *I HOPE WE CHOOSE LOVE: A TRANS GIRL'S NOTES FROM THE END OF THE WORLD*
3. Leah Lakshmi Piepzna-Samarasina, *CARE WORK: DREAMING DISABILITY JUSTICE*
4. Mia Mingus, *Leaving Evidence* (Blog)
5. Sunaura Taylor, *BEASTS OF BURDEN*
6. LD Green & Kelechi Ubozoh (eds) *WE'VE BEEN TOO PATIENT: VOICES FROM RADICAL MENTAL HEALTH*

MEMOIRS:

1. Grace Talusan, *THE BODY PAPERS*
2. Maria Mutsuki Mockett, *WHERE THE DEAD PAUSE, AND THE JAPANESE SAY GOODBYE BY*
3. Esme Weijun Wang, *THE COLLECTED SCHIZOPHRENIAS*
4. Samra Habib, *WE HAVE ALWAYS BEEN HERE: A QUEER MUSLIM MEMOIR*

HOW TO:

1. Ejeris Dixon & Leah Lakshmi Piepzna-Samarasinha (eds) *BEYOND SURVIVAL: STRATEGIES & STORIES FROM THE TRANSFORMATIVE JUSTICE MOVEMENT*
2. Jenny Odell, *HOW TO DO NOTHING: RESISTING THE ATTENTION ECONOMY*
3. Sessi Kuwabara Blanchard, "How the Young Lords Took Lincoln Hospital," (*FilterMag*)
4. Alexander Chee, *HOW TO WRITE AN AUTOBIOGRAPHICAL NOVEL*

FUTURES:

1. Alison Kafer, *FEMINIST, QUEER, CRIP*
2. adrienne maree brown & Walidah Imarisha (eds) *OCTAVIA'S BROOD*
3. Yoon Ha Lee, *NINEFOX GAMBIT*
4. Rivers Solomon, *THE DEEP*
5. *THIS PLACE: 150 YEARS RETOLD*

FICTION:

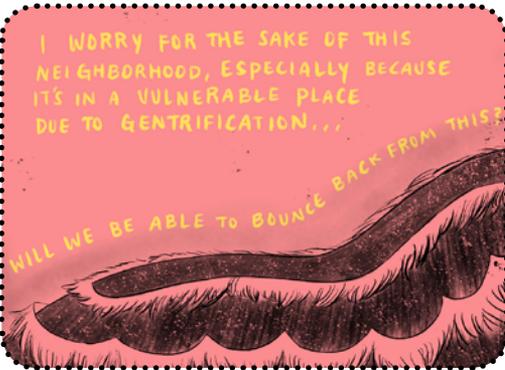
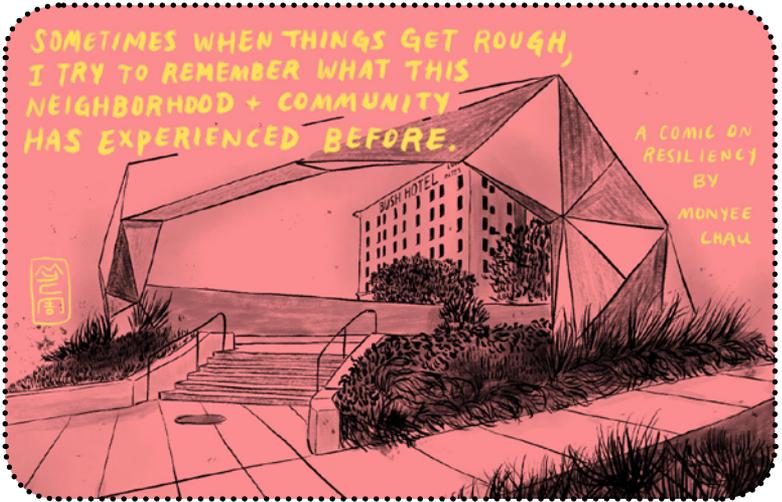
1. Ling Ma, *SEVERANCE*
2. Chen Qiufan, *WASTE TIDE*
3. Viet Dinh, *AFTER DISASTERS*
4. Octavia Butler, *PARABLE OF THE SOWER & PARABLE OF THE TALENTS*
5. Mimi Lok, *LAST OF HER NAME*

"CAPITALISM MAKES EVERYONE FEVERED."
- E. ALEX JUNG ON
SEVERANCE

A COMIC ON RESILIENCY BY MONYEE CHAU

FOR WING LUKE MUSEUM // FULL COMIC AT @MONYEEART

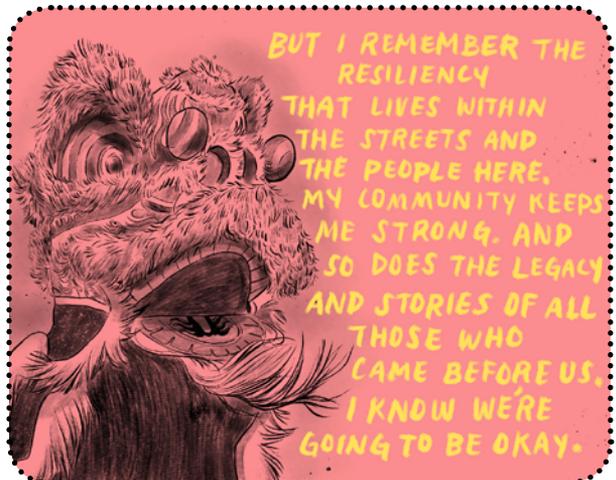
Sometimes, when things get rough, I try to remember what this neighborhood and community has experienced before.



I worry for the sake of this neighborhood, especially because it's in a vulnerable place due to gentrification...

Will we be able to bounce back from this?

But I remember the resiliency that lies within the streets and the people here, my community keeps me strong and so does the legacy and stories of all those who came before us. I know we're going to be okay.





We engage in intersectional feminist politics grounded within our communities, including those whose backgrounds encompass East, Southeast, and South Asian, Pacific Islander, multi-ethnic and diasporic Asian identities. The collective seeks to foster dialogue that explores the intersections of Asian/American identity with issues of social justice in order to build towards collective liberation. They continue to interrogate and define the Asian American feminist movement through media-making, event curation, and digital storytelling.



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IN COLLABORATION WITH BLUESTOCKINGS NYC



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Bluestockings is a volunteer-powered and collectively-owned radical bookstore, fair trade cafe, and activist center in the Lower East Side of Manhattan. Bluestockings seeks to empower all people to challenge oppression and participate in creating a society which is equitable, cooperative, and free by distributing literature and resources about oppression, intersectionality, community organizing, and activism; by sharing the stories of marginalized people; by maintaining a space in New York City for dialogue, education, and reflection where all people are respected, and by building connections, knowledge, and skills in our communities.

172 Allen Street, New York, NY // bluestockings.com