

# **SICK OF IT!**

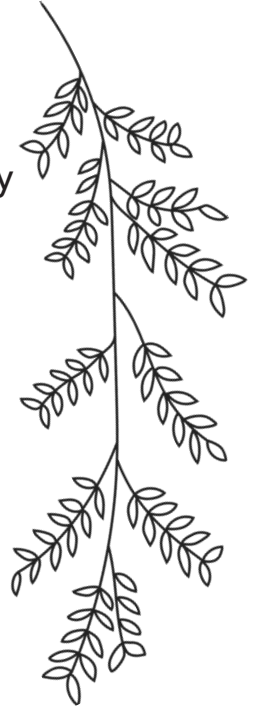


**A Disability Inside/Outside Project**

# TABLE OF CONTENTS

*Content Warning: This zine mentions assault, ableism, and sexual violence.*

- 3 Ableism, Talila Lewis
- 4 - 7 Submissions from Our Community
- 8 - 13 Legal Policy & Know Your Rights
- 14 - 15 Strategies for Care
- 16 - 17 Abolition Must Include Psychiatry
- 18 Book Recs
- 19 Write to us! (Prompts)



---

This is the second volume of **Sick of It! A Disability Inside/Outside Project**. We are a group of abolitionists and disabled activists working to build connections between the free world disabled community and that behind bars. We aim with this project to amplify the voices of incarcerated disabled people, and provide education about the ways disabled liberation and a world free of cages are intertwined.

More at **sickofit.space**

***In this issue, we feature submissions from our community and focus on the legal policies that affect our disabled incarcerated comrades. We also present strategies for medical care while in prison. We hope these tools prove useful in the struggle for disabled liberation. On page 19, please learn about ways to send submissions and share your strategies for care and safety.***

---



## ***ABLEISM\****

*a·ble·ism \ ābə-li-zəm \ noun*

A system that places value on people's bodies and minds based on societally constructed ideas of normality, intelligence, excellence, desirability, and productivity. These constructed ideas are deeply rooted in anti-Blackness, eugenics, misogyny, colonialism, imperialism and capitalism. This form of systemic oppression leads to people and society determining who is valuable and worthy based on a person's language, appearance, religion and/or their ability to satisfactorily [re]produce, excel and "behave." You do not have to be disabled to experience ableism.

*\*a working definition by Talila "TL" Lewis*

*\*updated January 2021*

*\*developed in community with Disabled Black and other negatively racialized people, especially Dustin Gibson*



# COLLECTIVE LIBERATION

By Kisha M. Moore

Look at this world, it's crazy full of COVID.  
They're leaving the disabled without help  
and we all know it!  
Not only do we gotta stress this pandemic.  
But we're living in bodies that have so many limits!  
The struggle is real and everyday I pray.  
For the help we deserve to pave a better way.  
So our children can inherit a world with real love, ramps, and  
collective access  
Build interdependence between each other  
and see success.  
So many issues need to be addressed,  
Sadly the politicians don't understand  
and they could care less  
Every election cycle they lie to get our vote  
While we continue to struggle just to stay afloat.  
Sixteen years of incarceration, this shit is real!  
I put these words on this paper to explain how I feel.  
One day the disabled nation will rise up and reign  
The struggle will be over, no more capitalist gain.  
I patiently sit in anticipation.  
For the dawn of our "collective liberation!"



## **WISE POEM** By Darren Staton

I got the knowledge and I never been to college.  
I got the wisdom and I'm a man of no religion  
I got the understanding and I'm right here and demanding  
I got the culture because I'm a man not a vulture  
I got the power because I build each and every hour.  
I got the equality because I reali with reality  
Why I'm God/me can't you see  
I build and destroy constantly  
I made it born the knowledge must go on  
so that everybody can see  
The cipher of reality all that you see, here, touch, taste, and  
smell. Mental physical emotion.  
Will realization, control, and infinity

## **"INTISAR" (MEANS VICTORIOUS IN HEBREW)**

By Hakim Trent

Free Hakim!! - He's a voice of the voiceless. He gave us  
hope inside a lost world -- but no one notices. Free Hakim!!  
Because he got focus -- he's the realist of the real -- the  
real deal, please take notice. Free Mummia! Free Matulla!  
Free the God First -- the lost souls are blindfolded chasing  
dreams that didn't matter. Free our minds so when our souls  
rise high - they won't fall or smatter. Free man, woman and  
child. Let's get free!! I haven't heard that in a while. Let's  
be Mandela free -- Huey P. Free - exercising and visualizing  
Journeys beyond solitary .I was burning down plantations  
by planting seeds of salvation. I swore my ancestors wasn't  
freed through the Emancipation Proclamation.



by Fausto  
Garza



# **ANONYMOUS TESTIMONIAL**

When I came to prison I had my own personal demons but I wasn't what you would call mentally ill or disabled. Then in 2002 I was raped by my bunkie and when I reported it, the powers-that-be determined it was consensual.

I was sentenced to 18 months in solitary confinement while my rapist received six months. From then on the Depression started in all possible happiness that I could have possibly have in my life banished my family disowned, disavowed and as a result any family or community support no longer exists. I feel like I've been thrown away like garbage. I have thought about suicide many times but all I've been through it can't end like this. Not by my own hand.

Having no family, no friends, and no community support has left me wondering why am I here? Why was this life given to me? Everyone has a purpose in life, so what is mine? I'm a firm believer that this "system of corrections" is designed to take the poor and disenfranchised and abused them to the point of mental illness. Conquer and divide. They separate the people from their families and communities and abuse them to the point that they are worse off than they ever would have been. Then when someone is released to the community and commits a heinous crime they blame it on the person, not the system, and use it as an excuse to keep people locked up.

There is a way to make the system better. Change the 13th Amendment that makes me a virtual slave but if they do that it will severely cut into the Industrial Prison Complex's profits. If prisoners leave prison with more than \$40 there's a good chance there won't be repeat customers. If you focus on drug rehabilitation, education, problem solving, and mental health there won't be repeat customers. The number one rule of business: if you don't have repeat customers or repeat business you have no business.



# LEGAL POLICY

affecting our disabled incarcerated comrades

## UNPACKING THE ADA

Adapted from *Prison Legal News* (2013)

"The Americans with Disabilities Act and Prisoners"



The ADA (Americans with Disabilities Act) was a landmark law passed in 1990 that prohibits discrimination based on disability. The following sections are intended to provide more information on the ADA and how it can be used by disabled people currently incarcerated to protect themselves and their rights to equal access and quality medical care.

### **Title II of the Americans with Disabilities Act (ADA) reads:**

"[N]o qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subjected to discrimination by any such entity." 42 U.S.C. § 12132

Title II of the ADA extends to people who are incarcerated. In 1998, *Pennsylvania DOC v. Yeskey*, 524 U.S. 206, the Supreme Court held that the ADA applies to people in prison. Title II of the ADA defines "public entity" to include "any department, agency, special purpose district, or other instrumentality of a State or States or local government." In *Yeskey*, Justice Scalia wrote, "The text of the ADA provides no basis for distinguishing these programs, services, and activities from those provided by public entities that are not prisons."

The Justice Department found that Cresson's [State Correctional Institution] use of long-term and other forms of solitary confinement on prisoners with serious forms of mental illness, a number of whom also experience intellectual disabilities, violates their rights under the ADA as well as the Eighth Amendment.





## **Under Title II of the ADA, state and local governments:**

- May provide special benefits, beyond those required by the regulation, to individuals with disabilities.
- May not refuse to allow a person with a disability to participate in a service, program or activity simply because the person has a disability.
- Must provide programs and services in an integrated setting, unless separate or different measures are necessary to ensure equal opportunity.
- Shall operate their programs so that, when viewed in their entirety, they are readily accessible to and usable by individuals with disabilities.
- Must furnish auxiliary aids and services when necessary to ensure effective communication, unless an undue burden or fundamental alteration would result.
- Are required to make reasonable modifications in policies, practices and procedures that deny equal access to individuals with disabilities, unless a fundamental alteration in the program would result.
- Must eliminate unnecessary eligibility standards or rules that deny individuals with disabilities an equal opportunity to enjoy services, programs or activities unless "necessary" for the provisions of the service, program or activity.
- May not place special charges on individuals with disabilities to cover the costs of measures necessary to ensure nondiscriminatory treatment, such as making modifications required to provide program accessibility or providing qualified interpreters.



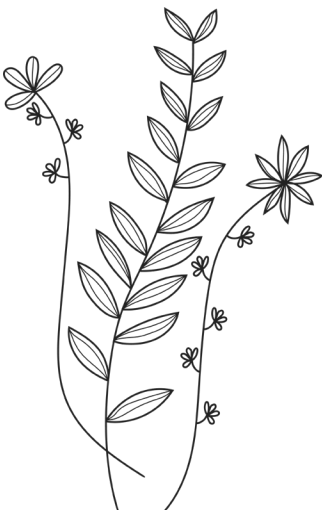
## Private Prisons and the ADA:

Prisoners held in facilities operated by the government have been able to file lawsuits under the ADA arguing that they were discriminated against based on their disabilities in terms of participation in programs provided by a public entity. However, at least one federal appeals court has held that due to the explicit language of the ADA, it does not apply to privately-operated prisons. Relevant decisions by other courts have supported the same conclusion: the ADA does not apply to private prisons.

However, the Jailhouse Lawyer's Manual, published by Columbia Law School, suggests that private prisons can still be sued under the ADA based on DOJ regulations that state Title II extends *"to prisons operated by public entities directly or through contractual or other relationships."*

Alternatively, private prisons could be sued under Title III of the ADA to the extent that they provide "public accommodations" (although only injunctive relief is available under Title III, not monetary damages).

The Fourteenth Amendment reads, in part, "No State [can] deny to any person within its jurisdiction the equal protection of the laws." The Fourteenth Amendment, in conjunction with the ADA, ensures that prisoners with disabilities have the means with which to protect their rights



# **JAILHOUSE LAWYER'S HANDBOOK**

This Handbook explains how a prisoner can start a lawsuit in federal court, to fight against mistreatment and bad conditions in prison. Because most prisoners are in state prisons, the authors focus on those. However, people in federal prisons and city or county jails will be able to use the Handbook too. This is the fifth edition, revised and printed in 2010.

To receive a hard copy, please write to  
National Lawyers Guild—Prison Law Project  
132 Nassau Street, Rm 922  
New York, NY 10038



## **KNOW YOUR RIGHTS**

*Adapted from ACLU National Prison Project*

*Important Note: The law is always evolving. If you have access to a prison law library, it is a good idea to confirm that the cases and statutes cited below are still good law. These resources are adapted from a sheet in November 2012.*

### **Statutes Protecting Disabled Prisoners**

*Section 504 of the Rehabilitation Act of 1973*

Applies to facilities run by federal agencies (such as the Bureau of Prisons) and to any state or local agency that receives federal funding. You can use cases from this act to interpret the ADA.

*Title II of the Americans with Disabilities Act*

See also Unpacking the ADA, pg. 8; the ADA Regulates facilities run by state and local agencies, regardless of whether they receive federal funding. In 2008, Congress passed the ADA Amendments Act to make courts focus on whether entities subject to the ADA have met their obligations to disabled people, rather than extensively analyzing whether a particular impairment is a disability.



## Which Rights Can be Enforced?

- **Equal access to facilities, programs, and services** (ex: using showers and toilets; being protected from injury or risk of injury; language interpretation for deaf and hearing-impaired people during disciplinary hearings, classification decisions, HIV/AIDS counseling, and educational and vocational programs)
- **Adequate medical care** (ex: challenging prison officials' failure to provide medical supplies or devices, such as wheelchairs or canes); often, these may combine ADA claims and arguments that officials have violated the 8th Amendment by being deliberately indifferent to serious medical needs
- **Challenges to confinement in isolation and segregation units**, including when long-term isolated housing in an infirmary unit denies access to facilities and services such as recreation, visiting, church, work, and transitional programs

## Accessing Your Legal Rights:

To bring a lawsuit under the ADA and/or the Rehabilitation Act, you must show: (1) that you are disabled given the meaning of the statutes (2) that you are "qualified" to participate in the program, and (3) that you are excluded from, are not allowed to benefit from, or have been subjected to discrimination in the program because of their disability. Under the Rehabilitation Act, you must additionally prove that prison officials or the named governmental agency receive federal funding. Almost all state and local corrections departments and Sheriff's offices receive some form of federal funding.



You may bring a lawsuit seeking either injunctive relief (i.e., seeking a change in policies or practices) or money damages (i.e., money in compensation for being wronged). While state governments have “sovereign immunity” from lawsuits, their acceptance of federal funds waives this immunity. Under the Rehabilitation Act, states can’t use the sovereign immunity defense.

In addition to the ADA and Rehabilitation Act, you might be able to file claims for relief based on the constitution (ex: the 8th Amendment prohibits any form of cruel or unusual punishment; the 5th and 14th Amendment prohibit government officials from depriving persons of life, liberty, or property without due process; and the 14th amendment also requires all citizens receive “equal protection” of the law). While disabled prisoners may sue the state for monetary damages under the ADA based on violations of the 8th Amendment’s prohibition of cruel and unusual punishment, it’s unclear whether people can seek damages for conduct that violates the ADA but not the Constitution.

### **Limitations to Rights:**

Looking back at legislative histories, courts have determined that prison officials are not required to provide accommodations that impose “undue financial and administrative burdens” or require “fundamental alteration in the nature of the program”. Officials are also allowed to discriminate if prisoners’ participation poses “significant health and safety risks” or a “direct threat” to others. Or, officials can discriminate if the policies serve “legitimate penological interests.” To win equal protection claims, you have to prove there’s no legitimate government reason for discriminatory policies, which has been a very difficult standard to meet because courts generally give prison officials wide discretion in administering facilities.



# **STRATEGIES FOR CARE**

## **GETTING & KEEPING THE DRUGS YOU NEED**

**By Ronald Leutwyler, From PHN Issue 36, Spring 2018**

*Reprinted with permission from Prison Health News*

As a rule, prisons try to give you the cheapest medications they can. If they do give you medications, you have a constant battle to keep them. Rather than cut some time off of your sentence, they cut your medications and healthcare, food menu, yard time, etc. As an indigent inmate for 17 years, constantly in debt and with no one in free society to help, I know exactly how exhausting it can be to battle for the right medications. One of the two things the state (any state) is afraid of is the existence of a paper trail that you can build and use against them in a court of law.

As a person who does not know the law, I had to learn on my own what I am telling you now. Start writing letters (making at least one copy of every one) to the highest of the upper echelon within the prison system. In my state, that is the secretary of state, prisons division, the medical director, mental health director (this is optional), and the director of nursing. Explain the situation and what you are seeking.

On few occasions, they will respond. Other times, they will order that something be done, though you will not know it. And sometimes they ignore your request.

If you have a loved one or lawyer on the outside, make sure you send the copies to them to file away as soon as possible. The state might run into your cell on a "random search" and steal evidence. Always make sure you send the copy away one day before you send the actual letter off.

If you get no response, write to them again and state what you did before, only this time state that the law says that if a supervisor has direct knowledge of your medical needs and ignores them, you can bring litigation against them personally. The majority of those in power do not want to risk that. They try hard to get you to sue the lower echelon so it does not reflect on them.



But if those in charge of prisons and the health care within them are aware of the risks to your health and don't take reasonable measures to prevent those risks from becoming reality, this is deliberate indifference to a serious medical need, which violates the Eighth Amendment of the Constitution.

I am a very good example of this technique. They took Wellbutrin (an antidepressant and aid for those quitting smoking) off the formulary and tried to take everybody off of it. I got wind of it six months in advance and immediately started the process of creating this paper trail. I was the only one in the entire state who did not get cut off this medication, and I still remain on it. They even had to put some people back on it.

They tried to constantly check my blood pressure so they could say the medication was causing me to have high blood pressure, in order to have a legitimate reason to cut me off. They even tried to cut down my dose. I overcame all of it by — each and every time — writing and building on my paper trail and letting them know I had that paper trail. Even my psychiatrist was amazed that I overcame the whole upper hierarchy of the Department of Public Safety prison division.

They are taking people off of it again, so I just wrote the third Mental Health director and kindly reminded him of my paper trail in a mental health lawyer's office going back four years. I was assured I would not be taken off the medication.

Unfortunately, I don't have much advice as for how to contact a lawyer. I guess persistence played a role in it. The lawyer saw how, with no knowledge of the law, I was determined to defeat the injustice of the Department of Public Safety.

One last thing. For those with a strong will, a hunger strike can also be used with the paper trail. The paper trail is your main power though. Make sure to copy all grievances too.

My lawyer (who helps me without cost) even said I needed to become a lawyer!



# **ABOLITION MUST INCLUDE PSYCHIATRY**

**By Stella Akua Mensah**

**Edited by Stefanie Lyn Kaufman-Mthimkhulu**

*Reprinted with permission, excerpted and edited for length*

There is a dangerous tale in the United States, one based on a myth of the deinstitutionalization of psychiatric asylums<sup>1</sup>. Through this story, we are told that the asylum died and is a thing of the past. We are told that, now, “patients” have rights, are treated with human dignity, and are not criminalized for their neurodivergence. We’re told that restraints and forcible medication only happen in “extreme” cases. We’re told that the mental health care system is here to help us, support us, and “treat” us. And now, when abolition has entered mainstream discourse, we’re told that this very system should be considered an alternative to incarceration in jails and prisons. But those of us who have survived psychiatric incarceration know that not only did the asylum never die — it is, and always was, another prison.

We can see striking similarities between prisons and psychiatric institutions. As Leah Ida Harris described, both prisons and psychiatric institutions: have an overrepresentation of BIPOC (Black, Indigenous, and people of color), disregard the rights and safety of TGNC (trans and gender non-conforming) folks, use law enforcement transport/response, use solitary confinement and seclusion in cells/“rooms”, forcibly medicate folks (also known as chemical restraints), use physical restraints, offer extremely limited access to sunlight, fresh air, cell phones, news/media, and the outside world. In addition, sexual violence is routine, there is limited power to appeal legal/medical decisions, and the overwhelming majority of inmates are survivors of previous traumatic experiences.

The mental ‘health’ system is fundamentally carceral, meaning that it is one of the many kindred systems that function to contain and surveil people, take away their locus of control, isolate them from their communities, and





limit their freedom. As it functions in America and in all places touched by colonialism, psychiatry is rooted in torture, white supremacy, and a culture of shame and punishment. The asylum lives on — and the police love the asylum.

**Abolition means that all the cages come down, including those that function under the guise of psychiatric ‘care.’**

The abolition of psychiatry does not mean that no one is allowed to identify with psychiatric diagnoses that they feel serve them, or that no one is allowed to continue taking psychiatric medications they find effective. It does mean, however, that the notion of ‘mental illness’ was invented to pathologize logical responses to the stress and trauma that are omnipresent in a world brutalized by colonialism and capitalism. Psychiatry has been described as a “medicalized colonizing of lands, peoples, bodies, and minds.”

Psych abolition means that the intended and realized outcome of the advent of ‘mental illness’ as a signifier is to make folks feel like they will never get better and that their distress is inherent to their brain chemistry rather than a reaction to external stimuli. This logic is essentially victim-blaming and shifts responsibility away from cycles of violence that create the conditions for psychological suffering — not to mention that the “chemical imbalance” theory has been numerously debunked. It means, too, that psychiatry was built with a core desire to dehumanize, drug, and discard those whose behavior and ways of being diverged from the status quo. This status quo was and is white, patriarchal, and absolutely enamored with respectability and compliance with the state’s self-serving notions of “normalcy.”

Many Psychiatric Survivors have made incredible strides in pursuit of justice, reform, and sometimes abolition. But the current nature of psych wards, which, for the most part, have remained violent, degrading prisons at which a majority of ex-inmates assert that they were not helped and were further traumatized, arguably indicates that the asylum never died. Why? Because it was never supposed to. Psychiatry IS the ethic of the asylum, and it will not fall until Psychiatry falls.



# BOOK RECS

Here is a brief compilation of books about disability or with disabled characters. Write us a review if you've read any! What other books should we include on our next rec list?



## FICTION

- *The Degenerates* by J. Albert Mann
- *Parable of the Sower* by Octavia E. Butler
- *The Six of Crows* by Leigh Bardugo

## DISABILITY JUSTICE & THEORY

- *Care Work: Dreaming Disability Justice* by Leah Lakshmi Piepzna-Samarasinha
- *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma* by Bessel van der Kolk
- *A Disability History of the United States* by Kim E. Nielsen

## MEMOIR & ESSAY

- *Disability Visibility* by Alice Wong
- *El Deafo* by Cece Bell
- *Spectrums: Autistic Transgender People in Their Own Words* by Maxfield Sparrow
- *The Collected Schizophrenias*, Esme Weijin Wang

## POETRY

- *When the Chant Comes* by Kay Ulanday Barrett
- *More Than Organs* by Kay Ulanday Barrett
- *Wound from the Mouth of a Wound* by torrin greathouse

# **WE WANT TO HEAR FROM YOU!**

Write to us with your poems, art, submissions, essays, and answers. We will put them in the next zine, which we are hoping to continue distributing as widely as possible.

- In your experience or observation, how does incarceration facilitate disability or produce it? Do you think prisons are a producer of disability?
- What strategies have you found for taking care of yourself and others while being disabled and incarcerated?
- What kinds of responses to crisis, emergencies, and harms do you think we need to learn to collectively end mass incarceration? What does the concept "harm reduction" mean to you?
- Are you currently trying to get accommodations from your facility? Have you ever done so in the past? What strategies helped?
- Anything else!

**To subscribe to this zine, submit works, or request a pen pal, please send the following to the address below:**

## **SEND:**

Legal First Name, Legal Last Name

#Number (eg. Jamie Smith #F05B56)

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

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

PO Box #

City, State Zip

## **TO:**

Matilda Sabal c/o Sick of It!

PO Box 180177

Brooklyn NY 11218





# Request a Pen Pal:

**Sick of It is also a penpal project to connect disabled folks inside to outside disabled penpals! We believe that support from other disabled people is vital to surviving and thriving as a disabled person. See page 19 for more info.**