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After Crip, Crip Afters

Note to readers: In an attempt to mark crip time through form, this essay proceeds across two sets of numbers: the list that comprises the body of the text and the list of endnotes that accompany it. Readers may choose to read the two parts concurrently, following each endnote as it appears, or read them consecutively, so that the endnotes function as a kind of afterword. Charting the polyrhythmic movement of crip time, the essay alternates between text and empty space.¹

1.

I remain deeply attached to *crip*—as a word, an orientation, an affiliation, a feeling. I like the way it dragged me into a group I didn't know existed, and wasn't sure I wanted to join, but needed, desperately.

About twenty years ago, an older disabled dyke—her words—rolled up next to me, from across a crowded room, and said, “I can always spot another queer crip.” And suddenly I was exactly that, another queer crip.²

2.

And yet, the fact that I love the feel of the word across my skin, the sound of it on your tongue, doesn't change the fact that the word has edges and edges bind.

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3.

A few weeks ago, I was giving a talk only to be interrupted almost immediately by an audience member wanting to know why I was using the word. That word. I suddenly found myself without a good answer.

Or, uncertain that it was my question to answer.

4.

In questioning what comes after *crip*, or what might constitute *crip* after, I am wondering what it means that I am still after *crip*, still wanting it, still full of desire.³ But wondering, too, if it's time to get over *crip*, to think and feel and imagine beyond its bounds.

Or does that very phrasing render *crip* static, immobile, more noun than verb? Am I denying *crip* (its) expansiveness, narrowing the scope of *crip* (in) time?⁴

5.

What does *crip* require? What does it ask of me, of you, of us? In these times, in these *crip* times, what does it mean to be attached to *crip*? And what might such attachments make possible?⁵

Attachment as affiliation, as relationality, as solidarity. Disability not through identity but relation.⁶

6.

As much as I may say that *crip* is an umbrella term that speaks to more than mobility impairments or physical disabilities, I continue to find myself thinking only about these kinds of conditions but not those, to imagine futures for certain body-minds but not others, to allow norms of capacity, achievement, productivity, and independence to shape the limits of my politics.

What comes after this awareness?

7.

How long does it take to foreclose on possibilities, to refuse connection, to deny relation? How do my failures to imagine others as *crip* restrict the coalitions to come?

8.

I am starting to worry that, too often, what comes after crip is a claim to innocence. In refusing the ableist stance that people are to blame for their illnesses and impairments—eating too much, eating too little; failing to exercise, failing to stretch; holding on too tightly, letting go too easily; creating stress, imagining pain; in the wrong places at the wrong times, not trying to improve—are we too easily making claims to innocence?⁷

Are we dismantling the structure of blame, or simply leaving it intact for others?⁸

9.

And what if we *are* to blame for our illnesses or disabilities or pains or incapacities? Does that make us less worthy of care?

Or what if blame resides not in us, but in those we love? Does that relation exceed the boundaries of crip, or crip politics, or crip community?

10.

I read old writing where I remember running. Is that memory only about marking loss, or am I somehow believing that that loss matters more because I used to run? Am I marking loss, or undeservedness?

I am reminded of all the disability memoirs, the illness narratives, in which the protagonist informs the reader of their former vitality and able-bodiedness and capacity, as if the tragedy of their condition is made evident only in contrast to what came before (as if tragedies, by definition, befall only those who don't deserve them). Disability studies has long challenged these narratives for their focus on overcoming, on the good work that good patients do to rehabilitate into good citizens after their tragic injuries or illnesses or catastrophes. But perhaps we need to pay as much attention to the way the *before* is narrated in these stories as to the *after*. Aren't these stories all ways of insisting that one's disability be read a certain way, a more positive way, because of what came before, because of who one was before?

Or because of how one was injured?

11.

How do these kinds of stories rely on the straightness of linear time, the belief that becoming disabled is a single moment, tangible, identifiable, turning life into a

solid, singular, static before-and-after? Can we tell crip tales, crip time tales, with multiple before and afters, proliferating before and afters, all making more crip presents possible?⁹

12.

Last year I fell seriously ill, a mystery infection raging in my stump. Doctors, nurses, physician assistants all reminded me that I need to take better care of my diabetes, that if I'm not careful they'll have to reamputate. But I don't have diabetes, I would respond, my amputations aren't from diabetes, my voice rising with each repetition of the statement. How much of my response was about wanting to make sure the doctors were seeing me, and how much was about making sure they were seeing my innocence?

So many foreclosures in those denials.

13.

I want to remember sitting in the waiting room, waiting in the examination room, examining those around me, and finding relation.¹⁰ Instead, I recover a scared desperation, frantic to be seen.

Every one of us should be getting all the care we need, regardless of how we came to be here. The language of desert is rife with disavowals. I know this. That doesn't stop the voice in my head from wanting Dr.— to see me first, longest, most. From thinking I deserve it.

14.

Not rupture. Flow.

Crip simultaneity, crip concurrence.

15.

Many disabled people refer to those without disabilities as TABs, or "temporarily able-bodied." The term is pedagogical: learn from its use. Intended to shake folks loose from their assumptions that bodies don't change, the use of *temporarily* reminds us all that the abilities we take for granted today may disappear tomorrow, perhaps temporarily, perhaps not.

Although occasionally spoken with an edge, even a snarl, the term is often perversely, queerly, welcoming: "We crips are here for you when you're ready."

16.

Several years ago I wrote an essay in which I argued that disability studies must pay more attention to the “causes of disablement or debilitation,” in large part because “these causes are often traumatic sites of violence, both individual and structural, both singular and chronic” (Kafer 2016: 6). Some of the most exciting work in the field is pursuing exactly these questions, questions that require more complicated examinations of disability pride and crip culture and desire. How are people becoming disabled, debilitated, run down, worn out by violence both fast and slow: capitalist exploitation, environmental racism, war, state violence, policing, infrastructural neglect, gender violence, denial of health care? And under such conditions, conditions that do not fall equally, what can it possibly mean to desire disability?¹¹

17.

One way the field has responded to such queries, to the call to reckon with the fact that many become disabled through violence, is to suggest that some ways of becoming disabled are wrong: “There’s nothing wrong with being disabled but there might be something wrong with how people become disabled.” Or, as I read recently, by naming some disabilities—namely, those caused by “unethical practices” such as environmental racism and infrastructural neglect—as “unjust disabilities.”

18.

But do such moves then position other disabilities as “just”? And are we then moving those conditions, whatever they are, beyond the realm of politics? To what extent do all these questions and positionings and namings continue the ableist move of presuming that disability matters only as it happens, and whatever comes next—living in the aftermath—is irrelevant?¹²

Too often *those* sites—the aftermath—are also sites of “unethical practices,” of violence both fast and slow.

19.

Or maybe there *are* wrong ways to become disabled, but we can’t presume to know which are (or aren’t) those ways, which disabilities are (or aren’t) caused by injustice. Trauma, violence, oppression, dispossession all leave long trails, and what might appear on the surface to be “mere” heart attacks or depression or premature labor may all have their links to histories and generations of unethical practices.¹³

20.

How do we witness and resist the injustices that cause disability without falling back on notions of innocence, notions that then allow us to blame others for their disabilities or to cast those others as beyond the reach of politics? Can we name injustice without disavowing those in its wake, using them only to tell stories, stories that too often leave them behind?¹⁴

21.

How have we learned to feel differently about different disabilities, about different people with disabilities, based on such notions of innocence or blame?

I remember an older white woman in an airport, kind, open, and friendly, chatting warmly with me for quite some time. After she said something about my being injured in action, after I corrected her assumption that I was a vet, she literally turned her body away from me, angry that she had cultivated such good feelings for an undeserving cripple.

22.

I attended a disability studies talk on campus yesterday, given by a disabled person, in which the first question was the following: “Can you talk about the psychological effects of realizing that you were going to have to live the rest of your life like this?”

Which is worse, the “this” or the “rest of your life”?

23.

I am trying to understand *crip time*—like *crip kin*, like *crip affiliation*, like all the other terms moving through my brain—as potential tools for thinking otherwise, as tools for mobilizing against ableism, white supremacy, patriarchy.¹⁵

But such moves will require us to insist on *crip time*’s multiple temporalities, *slowness* already being rapidly devoured by capitalism, whiteness, and the neo-liberal university’s attention to “self-care.”

24.

I want to think more about tempo, about speed, about moving quickly.¹⁶ I see you in my mind’s eye, whipping through city streets in your wheelchair, speeding past so that you’re gone before people’s ableist, racist comments land in your ear.

25.

But I'm thinking, too, of slowness. Of how easily *crip time* has been reduced to, narrowed to, *more time*—more time as a way of mobilizing disabled people into productivity rather than transforming systems; more time as a way of increasing productivity rather than refusing such values altogether; offering extra time on tests rather than doing away with timed tests; allowing us to work on our own time as long as the same amount of work gets done.¹⁷

Maybe we should think less of what crip time is and more of what crip time does, thinking beyond specific speeds, toward as yet unimagined imaginaries. What are the temporalities that unfold beyond, away from, askance of productivity, capacity, self-sufficiency, independence, achievement?¹⁸

26.

More time. More time does nothing for those students sitting in underresourced and oversurveilled schools, nothing for those warehoused in institutions. Who wants more time in toxic environments?

Slow time. School days slowed by surveillance, punishment, administrative violence; school days slowed in all kinds of ways, none of them about supporting students or their families.¹⁹

27.

More time, slowing time, as punishment. Think, here, of the time of waiting: for treatment, for diagnosis, for recognition; for the ambulance to arrive, for the doctor to see you; for asylum, for documentation, for release. Only some folks—white folks, well-resourced folks, folks living outside of institutions—wait with a real expectation that the treatment they want is coming and coming soon.²⁰

28.

For many the waiting is not for treatment but for (additional) injury, for (more) trauma, for (quicker or slower) death—waiting for the disability that is coming, unfolding, already under way. Isn't this, too, a kind of crip time? The time of waiting to become crippled, the time of slowly wearing down as one waits for even more violence to come?

“Temporarily able-bodied” not as defiant refusal of the myth of ability but as threat, as looming reminder, as the weight of everyday life.²¹

29.

For whom is “living with” seen as more tragic than “dying of”? For whom do we make “living with” punishment?²²

How long does it take to disavow?

30.

Count, account for, all the ways disability is mobilized to justify the death and disablement of others: victims of distant crimes joining parole board hearings to insist that release never comes, politicians referencing wartime casualties as rationale for continued attack on civilians no longer innocent but mere collateral damage.

These calls for justice on behalf of the disabled have nothing to do with disability justice. There is no anti-ableist politics at work here. Quite the contrary: mobilize ableist fears of living like “this” for “the rest of your life” to justify doing harm to others. Then turn around, away, from the disability left in your wake. There is no after here.

31.

I am writing these lines, thinking these thoughts, feeling these pulls in a country in which innocence is posed against punishment. If injury befalls the innocent, then someone must be punished; if someone is being punished, they must not be innocent. What does it mean, then, to insist on the innocence of the disabled? To require blamelessness as a condition of care?

I am wondering, in other words, that if claims to innocence are what come after crip, then how closely does punishment follow?

And for whom?²³

32.

Is it possible to treat the coexistence of *crips* as in cripples with *Crips* as in gang members with something other than distancing and disavowal? How does my thinking about crip community shift if I stop thinking of these histories as fully separate (disability activists reclaimed the word over here, while gang members used the term over there, two discrete groups working simultaneously in isolation) and instead recognize those histories as mutually informative? Might both terms gesture to the result of debilitation? To the identities, communities, cohorts, relations made possible (made impossible) during, after, and through debilitation?²⁴

Or, how has insisting on separations between these terms been about preserving innocence for some by pushing violence on others, seeing Crips only as cripplers, never as crippled? Or, more, seeing crips only as crippled, never as cripplers?²⁵

33.

How long does it take to disavow?

34.

I was initially pulled into thinking about crip afters because I was trying to think my way out of aftermath, to think beyond the *post* in post-traumatic stress disorder. Which traumas are erased in assuming that everyone has lived *pretrauma* life, that distress comes to find you only after? Or in the assumption that one can move up and away from trauma, leaving it behind in time and space, safely nestled in the *post*?

Where is the present in post-traumatic stress disorder?

35.

What is the crip time of remembering? Or the temporality of preparing to remember? How does one take steps now to get ready for the future moment when one will delve into the past? Recovery time is ongoing, the work is never done.²⁶

36.

Aftermath as what happens once the crisis ends, after the epidemic passes. But each of these—crisis, epidemic, aftermath, temporalities all—mobilize (only) particular kinds of responses.

37.

What comes after trauma? Can crip? Or does crip as radicalized stance, as community affiliation, feel less available, less useful, less hopeful to those disabled through violence?

Closer: My own disabilities are the result of violence—how am I to balance crip with an awareness that I became disabled alongside others who didn't survive, or others for whom a disability identity has felt neither resistant nor empowering?

38.

Is my telling you this a claim to innocence?

39.

I am yearning for ways to theorize, name, witness disability as extraordinary, as anomaly, as catastrophe, while recognizing and remembering disability as endemic, as daily, as part and parcel of living under capitalist white supremacy. For ways to notice that all of these, some of these, none of these are true for different communities and peoples and populations.

I am searching for ways to name disability caused by trauma, trauma caused by disability, disability caused by disability and trauma by trauma, without flattening out different scales of violence or dispossession or alienation.

And I want all of these to coexist—not smoothly, not easily, not without friction or contention—with the possibility, the hope, of and for crip futures.

40.

I've been asked to speak about crip ritual, about the theoretical and political possibilities of imagining crip practice, crip markers, crip ceremony. Not too long after I became disabled I met another young crip; she, too, had become disabled in her early twenties. She marked the day each year with a party, a ritual marking her transition into a different world, a celebration of survival and shape-shifting.

I have yet to figure out a ritual that makes sense for all three of us, the me here now, the me from back then, the you who died.

41.

There are more than three in this scenario.

42.

What is the temporality of survivor guilt? Where does it fit in crip time? Is survivor guilt the only relation imaginable?²⁷

What are the bounds around *survivor* in these questions?

43.

Remember: what came before violence is often other violence. And what comes before disability is often other disabilities. Release the assumption—one borne of ableism, white innocence, a denial of violence across generations—that the time before crip is one without disability.

Notes

I am grateful to Beth Freeman and Ellen Samuels for creating this space and supporting me in it; I could not have written this piece if not for them. Conversations with Jina Kim, Nirmala Erevelles, Lisa Armstrong, and all the participants in the Feminist and Queer Disability Studies seminar at Smith College informed this essay, and I am grateful for their insights. Thanks to my brilliant FDP colleagues in the Center for Women's and Gender Studies at the University of Texas for engaging with this work, especially Grayson Hunt, Lisa Moore, Christen Smith, Ashley Coleman Taylor, Pavithra Vasudevan, and Michelle Velasquez-Potts. For reading drafts and talking through ideas, deep gratitude to Susan Burch, Mel Chen, Elaine Craddock, Eun-jung Kim, Travis Chi Wing Lau, Julie Avril Minich, Dana Newlove, Alexis Riley, and Hershini Young. This piece is dedicated to Stacey Milbern (1987–2020).

- 1 Although I have since come to recognize the various kinds of work this kind of writing can do (allowing multiple entryways into a text, subverting linear argumentation in favor of a more recursive reflection, positioning no one idea as more important or more central than another, and making space for reading in different time scales and rhythms), I began writing in this way because I found myself unable to write otherwise. Although this piece is not intended as a response to Ellen Samuels's (2017) moving essay "Six Ways of Looking at Crip Time"—I am not offering, in other words, "Forty-Three Ways of Looking at Crip Time"—my thinking time through numbers was undoubtedly influenced by her approach. I have also been informed by the "care scores" created by Park McArthur and Constantina Zavitsanos (2013) and Carolyn Lazard (2016). I am grateful to Travis Chi Wing Lau and Hershini Young for encouraging me to consider the possibilities of crip form; on mad form and method, consult Eales 2016 and Pickens 2019. Thanks to Georgina Kleege for advice on formatting for screen readers.
- 2 Stacey Milbern describes this kind of invitation as an act of "crip doulaing," or "naming disability as a space we can be born into . . . supported and welcomed by other disabled people" so that we are not "left alone to figure out how to be . . . in this ableist world" (Piepzna-Samarasinha 2018: 241, 240). As I hope this recollection suggests, *crip*, as a world-making term, as a word marking the potential for collective action and radical reimagining, precedes its use in the academy and in scholarly texts. For additional uses of the term rooted in disability activism and culture, consult the ongoing work of organizations such as Sins Invalid (founded by Patty Berne and Leroy Moore) and the Disability Visibility Project (founded by Alice Wong); books such as Eli Clare's *Exile and Pride: Disability, Queerness, and Liberation* (1999) and Corbett O'Toole's *Fading Scars: My Queer Disability History* (2019); blogs such as *Crip Commentary* by Laura Hershey and *Leaving Evidence* by Mia Mingus; and artistic productions such as Chun-Shan (Sandie) Yi's "Crip Couture" and Sky Cubacub's Rebirth Garments. I note these origins not to bifurcate theory and activism but, rather, to note their imbrications; these, too, are sites of crip theory.
- 3 Elizabeth Freeman (2011: 27) makes a similar move regarding queer theory: "I'm still after queer theory. This might mean: . . . evidencing my usual incapacity to let go once I attach, I'm still after it; I haven't stopped desiring queer theory." In noting this echo, I am both sharing Freeman's queer yearning (I, too, continue to desire queer theory, a desire entangled with my want for crip) and feeling behind.

In continuing to use the language of desire, I am also actively writing against curative imaginaries that presume there can and should be no futures for sick and disabled people; by pairing *after crip* with *crip afters*, I am invoking possibilities for *after crip* other than disappearance or disavowal.

- 4 The grammar of *crip* has long been central to its theorizing. As evidenced by the sub-heading “Verbs: Queering and Crippling” in her essay on queer crip performance, Carrie Sandahl (2003: 37) accentuates the verb form as central to both terms’ work: *to queer* and *to crip* are to put into action a “wry critique of hegemonic norms.” Robert McRuer (2018: 21) has recently focused more intently on crip grammar, breaking down the different connotations of *crip* as noun, adjective, and verb: “In the same ways that ‘crip’ as noun does not simplistically mark a form of existence that can be known in advance, ‘crip’ as adjective cannot be reduced to a mere descriptor” but rather “remakes the substance in question.” Given this special issue’s focus on crip time, it seems worth remembering, as Mel Chen (2012: 71, 58) does, that each of these parts of speech “posses[s] radically different temporalities,” and attending to their different valences can help us understand how terms such as *queer* and *crip* often “[follow] quite predictable paths of exclusion.”
- 5 McRuer (2018: 30) notes that the term *crip times* “carries both harshness and potentiality,” tracing how “crip radicalization . . . is the direct result of an age of austerity.” Not all crip times are to be desired.
- 6 I am thinking here of the way Eunjung Kim (2017) carefully describes her affiliation with disability movements through the language of relationality, proximity, and affect. After “repeatedly finding [her]self on the edges of acceptable norms of physical and mental health,” she joined a group of women organizing through “‘the receptivity of feelings’ (*kamsusöng*), a disability-centered sensibility about . . . oppressive social and material conditions” that “reflects the efforts to challenge identity-centered epistemology” (22, 23). Sami Schalk (2013: n.p.) traces her identification with crip in similar terms, explaining that “the ways in which [her] fat, black, queer, woman’s body/mind/desire/behavior is constantly read and reacted to as non-normative” render her “similarly situated in regard to many vectors of power as people with disabilities.” Sins Invalid (n.d.) also highlights attention to power in their mission statement, naming their “deeply felt connections to all communities impacted by the medicalization of their bodies, including trans, gender variant and intersex people, and others whose bodies do not conform to our culture(s)’ notions of ‘normal’ or ‘functional.’” Each of these approaches challenges patterns of marginalization that take place through medicalized categories of incapacity, deformity, and deviance, regardless of whether “disability” is present. Reading Kim, Schalk, and Sins Invalid together (and informed by Cohen 1997), we can understand disability in terms of proximity (or lack thereof) to power.
- 7 I focus here on the personal, individualized rubrics of blame all too familiar to many sick and disabled people, but it is worth remembering in this context that the racialization of illness and disease also occurs through logics of blame. These rhetorics are at work now, with COVID-19 being described by some as the “Chinese virus” and Asian and Asian American people being targeted for racist and xenophobic violence. As the work of scholars such as Nayan Shah (2001) reminds us, however, these patterns of blame have long histories.
- 8 What I am suggesting, in other words, is that logics of innocence, blame, and punishment are foundational to understandings of disability and illness, often even within dis-

ability studies. What I am hoping is that theories of crip time can be one site for undoing these assumptions, as each of these logics presumes and perpetuates linear time.

Emerging work in disability studies offers careful examinations of these dynamics. Julie Avril Minich (2020) reveals how logics of blame and responsibility are used to justify the denial of health care to Latinx communities, while Lezlie Frye (2016) details how the development of disability rights in the United States drew on rhetorics of deservedness and responsibility that perpetuated anti-Black racism and the disenfranchisement of poor people. These types of projects are essential to the kind of reimagining I am hoping for here.

- 9 Much of the writing on crip time and the temporalities of illness and disability makes this point, challenging the assumption that disability is an event with a distinct before and after, as well as the presumption that the time of the before elicits only nostalgia and the time of the after only loss and regret. In their work on trans temporalities, Hil Malatino (2019: 644) urges attention to the “interregnum,” or “the crucial and transformative moments between past and future, between the regime of what was and the promise of what might be, . . . a kind of nowness that shuttles transversally between different imaginaries of pasts and futures” as “a space of looseness and possibility.”
- 10 Some disability activists, artists, and theorists have recognized the waiting room as a potential site for crip solidarity, community, and humor. In *Notes for the Waiting Room*, Lazard (2016: 10) offers a “Score for Patient Interaction,” a seven-step meditation encouraging us to attend to those waiting with us: “Imagine yourself breathing in each person’s pain and anxiety with every inhale. Then, with every exhale, imagine yourself breathing healing energy out in their direction . . . for as long as it takes to breed equal compassion for your suffering and the suffering of others, or until you are called in for your appointment.”
- 11 Nirmala Erevelles’s (2011: 29) version of this question continues to inspire: “Within what social conditions might we welcome the disability to come, to desire it?” Chen (2014: 175–76) urges us “to weigh questions of value carefully, well beyond a sheer reversal of negativity that can accompany some neoliberalized, otherwise highly capacitated identities of disability.” “Perhaps welcoming ‘the disability to come,’” as Hershini Young (2012: 401) explains, “entails working toward a long-deferred liberation based on human variation, landscapes that are adaptive, and the recognition of the pleasure and pain of living.”
- 12 My understanding of the need to address afters is deeply indebted to and informed by conversations with Eunjung Kim. One thread running throughout her work is a concern with what comes after the critique of debilitating violence. Too often “disability is frozen in the moment of its creation,” Kim (2017: 19) explains, with little regard for what happens to disabled people as they live with disabilities or, even more radically, to “the possibility of life with disability without violence” (234). Erevelles (2019) tracks a related pattern, noting the hypervisibility of disease, disability, and sick and disabled people in accounts of racist and imperialist violence but the invisibility of them in accounts of resistance to that violence. Liat Ben-Moshe (2020), Jina Kim (2020), and Akemi Nishida (2020) are among those charting the possibility that these critiques can coexist; it is possible, as Clare (2017: 60) puts it, to “witness, name, and resist the injustices that reshape and damage all kinds of body-minds . . . while not equating disability with injustice.”

- 13 Analyses of environmental racism and settler colonialism offer potent examples of how violence upon bodies and land reverberates across generations, moving at multiple temporalities to debilitate and disable. Consult, among others, Cook 2005; Vasudevan 2019, 2020; and Voyles 2015.

Christen A. Smith (2016: 31) uses the concept of *sequelae* to describe “the gendered, reverberating, deadly effects of state terror that infect the affective communities of the dead.” State violence “also kills slowly over time” (38), she explains, as evidenced by the heart attacks, chronic illnesses, and premature deaths experienced by Black women after losing relatives to police killings. Ruth Wilson Gilmore (2007: 247) makes plain this conjunction between death and racism, defining the latter in relation to the former: “Racism, specifically, is the state-sanctioned or extralegal production and exploitation of group-differentiated vulnerability to premature death.”

COVID-19 offers a stark manifestation of these multiple temporalities, as those with “preexisting” or “underlying” health conditions—conditions often produced and exacerbated by the entanglements of racism, sexism, classism, xenophobia, homophobia, and transphobia—are falling ill with more frequency and more morbidity than those without those conditions.

- 14 Eve Tuck (2009) and Nirmala Erevelles (2019) have, in different ways, reflected critically on both the effect and affect of what Tuck calls “damage-centered research” (409).
- 15 Briefly, theories of *crip time* address how illness, disease, and disability are conceptualized in terms of time, affect one’s experiences of time, and render adherence to normative expectations of time impossible, for example, timeliness, productivity, longevity, and development, or what Elizabeth Freeman (2010) calls “*chrononormativity*.” But theories of *crip time* also highlight how people are refusing and resisting those very expectations, thereby creating new affective relations and orientations to time, temporality, and *pasts/presents/futures*.
- 16 I am echoing the work of other theorists who question the assumption that delay and slowness are the defining characteristics of nonnormative time, noting that failure is not only about being behind. Kate Thomas (2011: 73) identifies “a tacit consent in queer theory and culture that queer time is predominantly about being late, or seeking lateness,” wondering instead “about being early, or *proleptic*.” Margaret Price (2015: 273) raises a similar concern about *crip theory*, suggesting that fully attending to body-minds and compulsory abledness (rather than only bodies and compulsory able-bodiedness) will require a reckoning with rapidity: “If you’ve ever had a ‘psychotic break’ or been around someone having one, you know that action in such moments tends to unfold *fast*. *Crip time* is not necessarily time slowed down. Sometimes it is accelerated to a terrifying cadence.” Thus, following Malatino (2019: 645), we need “an approach to temporality that understands it as multiply enfolded, rather than merely delayed.”
- 17 As Kemi Adeyemi (2019: 553) notes, drawing on the work of Sarah Sharma, “If slowness provides a moment of breath from the pressures neoliberalism brings to bear on the physical and psychic landscapes through which we circulate, it is often only to gather the reserves to reenter the ‘real world’ as newly centered and thus more efficient worker-subjects.” Lazard (2013: n.p.) offers a similar critique in terms of illness and disability, recovery and rehabilitation: “Biomedical treatment operates on a capitalist understanding of time . . . the idea is to get back to work as quickly as possible. We do not have time to get you better. We have time to make you functional.” Each of these theorists gestures

toward what Chen (2014: 174) describes as “the revenge of the clock,” wherein not only is any shift in temporal expectation merely temporary, revoked as soon as one “improves,” but also *we* place these limits on crip time ourselves, assuming that its purpose is to allow us to “catch up” on our work, rather than to refuse the expectations of work altogether. For an example of crip refusal of productivity, consult Taylor 2004.

18 Samuels (2017) notes, however, that actually inhabiting such temporalities may not feel good; theorizing the transgressive possibilities of crip time and living in crip time may bring different affective responses.

19 Michelle Fine, Andrew Cory Green, and Sonia Sanchez (2018: 55, 51) asked high school students in “racially segregated schools of high poverty, institutional instability, high teacher turnover, substantial use of long-term subs, and heavy investment in police and school safety officers” to map “how time feels in [their] bod[ies] in school.” Students describe school days interrupted by lockdowns, immigration raids, and police interventions; more time in such a setting seldom results in more time for learning. As they put it bluntly, “More time in a systematically disinterested and dehumanizing building is no one’s idea of justice” (63–64). Subini Ancy Annamma (2017: 67) notes similar patterns in her work with incarcerated disabled girls of color, tracking the accumulation of minutes, hours, days, weeks of instructional time lost to “socializing practices” such as counting off, “where [the girls] said their number out loud to make sure all students were present. Though this seemed like it would be a brief process, it was surprising how long it often took—if girls were not keeping their hands at their sides, not properly deferential, or did anything else that varied from expectations, adults often made them recount.”

20 Johanna Hedva (2016: n.p.) highlights “the presumptions upon which” this expectation “relies: that our vulnerability should be seen and honored, and that we should all receive care, quickly and in a way that ‘respects the autonomy of the patient.’ . . . These presumptions are what we all should have. But we must ask the question of who is allowed to have them. . . . And in whom does society enforce the opposite?” As numerous studies have detailed, Black people in the United States experience vastly inferior medical care compared to white people; they are less likely to receive timely or adequate pain medication, for example, and more likely to be diagnosed at later stages of a disease, often necessitating more drastic interventions. Ambulance response times are slower in poor neighborhoods, meaning longer waits for treatment, and many poor people live in rural areas without nearby (and therefore also temporally close) facilities. For more on ongoing histories of anti-Black racism within medical practice, consult, e.g., Bailey and Mobley 2019; Burch and Joyner 2007; Nelson 2011; Roberts 1999, 2011; and Washington 2006. Minich 2020 and Cook 2005 offer examples of the health inequities faced by Latina/o/x and indigenous populations, respectively.

In these situations, slowness and delay operate as modes of debilitation and death rather than opportunities for crip subversion. Anne Mulhall (2014: n.p.) therefore urges caution about defining the “fragmentation of time” or the “suspended time of the pause” as inherently a mode of radical resistance: for what purpose is time being fragmented or paused, and at whose request? She highlights the asylum process as an example of such violent uses, “where time is explicitly co-opted as an instrument of domination” and “deployments and experiences of waiting and the pause . . . assure the corrosion over time of the subjected person.”

- 21 As Jasbir K. Puar (2017: 12) explains, the assumption that “‘we will all be disabled one day, if we live long enough’—the disability to come—is already built on an entitled hope and expectation for a certain longevity.” Many people simply do not live long enough to become disabled, let alone to have their debilitation recognized as disability. Aimi Hamraie (2015) argues that this difference is one reason disability studies needs to develop a critical analysis of age and aging.
- 22 In other words, as Jina Kim (2020: 266) puts it, we need to recognize the ways in which “disability, debility, and illness have emerged as primary arenas for racialized punishment.” Emerging work from Michelle Velasquez-Potts (2020) on force-feeding in carceral locations offers a powerful example of “living with” as punishment. Describing the deployment of feeding tubes as instruments of torture, she argues that the US military “invests in the animacy of its target with the goal of endless captivity” (1). Her work resonates with Puar’s (2017) work on maiming rather than killing and with Jennifer Terry’s (2017) examination of how the disabling violence of war is justified by the attendant developments in medical technologies.
- 23 Informed by those working in abolitionist movements (e.g., Ben-Moshe 2020; Davis 2003; Gilmore 2007), I am trying to think through the “less visible and yet potentially more dangerous” (Meiners 2016: 12) ways that claims to innocence circulate within much of disability studies and disability activism, as claims to innocence “naturalize jails and unfreedom . . . for too many” (12). Queer theory is similarly concerned with tracing the cultural workings of innocence; as Kathryn Bond Stockton (2009: 5) puts it in her work on the queerness of childhood, “How does innocence . . . cause its own violence?” I am pushing here on the continued linkage of disability with incompetence, maldevelopment, delay, and vulnerability, linkages that often manifest in the infantilization of disabled people. I’m pushing, too, on the racialization of each of these categories, concerned with how innocence is measured through proximity to whiteness. How, then, has the category of disabled, because of its links with these particular dimensions of infantilization, been defined in the United States through ideas about innocence, ideas that then render invisible the disabilities of racialized others? Or, to view through one specific lens, how have Black people been figured as invulnerable to injury through white supremacist logics that bind blackness to criminality rather than innocence? Bailey and Mobley 2019; Erevelles 2011, 2014, 2019; Frye 2016; Mollow 2017; Pickens 2019; Schalk 2018; and Vasudevan 2020 offer historical and contemporary examples of, in Young’s (2005: 388) words, the “invalidat[ion of] black injury.”
- 24 In response to questions about *crip* that presumed disability studies had appropriated the term from the Crips gang (a common misperception by those unfamiliar with the field), I have often narrated its origins precisely this way: as a tale of parallel histories. Doing so allows me to underscore the ableism at work in *crippled*, to challenge the antagonism of theory and activism, and to highlight the work of disability activists, artists, and theorists in imagining the word differently. But that narration of mere coincidence elides the imbrications of these histories; as McRuer (2006) notes, experiences and representations of disability feature prominently in explanations for how the gang acquired its name. Erevelles (2014) adds the school-to-prison pipeline and larger patterns of racialized surveillance, removal, and confinement as reasons for a deeper engagement with the relationship between *crip* and *Crips*.

- Leroy Moore (Hix 2011: n.p.) offers another thoughtful path here, one that centers the dual experiences of Black disabled people as creative reworkers of language and as targets of policing. For Moore, who calls himself a “Black Kripple,” it is important to acknowledge the history of disabled people reclaiming the words *crip* and *crippled* as sites of resistance. Notably, he offers as examples not 1970s white disability rights activists but Black blues musicians who named themselves “Crippled,” as well as contemporary hip-hop artists riffing on those same words. He also recognizes the dangers, especially for Black men, of being perceived as gang members, explaining that he spells *crip* with a *K*—*Krip*—because he doesn’t “want any mix up with the gang the Crips” (Hix 2011: n.p.). But Moore simultaneously argues for a disability politics attuned to police violence, carceral logics, and economic dispossession; his distancing from the Crips gang is based not in a disavowal of urban geographies but in a commitment to them.
- 25 I am grateful to a comment from Hershini Young for the framing of *crip* in relation to *crippler*.
- 26 In her 2018 memoir *Heart Berries*, Terese Marie Mailhot explains that she needed to gather herself before attempting to remember buried trauma. This kind of anticipatory stance—preparing for the violence to come, preparing for the aftermath of historical and ongoing violence—is reminiscent of the work marginalized people must do to navigate the whiteness, patriarchy, heteronormativity, and ableism of normative spaces. It also calls to mind the work people with environmental illnesses are forced to do by the prevalence of chemicals in our environments. These, too, are experiences of crip time.
- 27 S. Lochlann Jain (2007: 90) raises questions about the discourse of “survivors,” noting that it “offers a politics steeped in an identity formation” that encourages a kind of distancing of oneself from unknown others; hoping that one falls within the percentage of those who survive requires other people to occupy the percentage who do not (Jain 2013).

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