

Editors' Introduction

Archives of Survival, Networks of Care

We all thought we were going to a party.

So begins *Takeover* (dir. Emma Francis-Snyder, 2021), the recent documentary about the 1970 takeover of Lincoln Hospital in the Bronx by the Young Lords and Health Revolutionary Unity Movement. Although no music greeted them, the Young Lords had indeed gathered for a party of sorts: they would occupy Lincoln Hospital until their demands to improve its health care services were met. Known as “the Butcher Shop” among the Black and Brown residents of its Bronx neighborhood, the hospital had high maternal death rates, high infant death rates, constant surgical errors, and rooms covered in filth. A visit to it more often meant endangering one’s life rather than receiving medical *care*. And yet, as these activists knew well, other New York hospitals (white and middle class) had the funding, infrastructure, technologies, space, and staff required to provide real health care. Faced with a hospital that harmed more than it healed, and experienced in challenging the “social violence” wreaked by the state’s necropolitical disinvestment in urban communities of color, the Young Lords seized control of the hospital.¹ As Cleo Silvers, a Young Lords member and worker at Lincoln Hospital’s community mental health services clinic, puts it, “The conditions were so bad, how could we not do it?”²

Composed of archival footage, reenactments of the event, and interviews with participants, *Takeover* narrates how the occupation—combined with the tragic death of Carmen Rodriguez, who received contraindicated abortion care—forced the city to meet some of the Young Lords’ demands. Lincoln Hospital was torn down. In 1976, a new hospital, although still

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inadequate, was built in its place. Nationally, the American Hospital Association, and thus the US health care system, adopted in 1973 a “Patient’s Bill of Rights” directly inspired by the Young Lords’ vision. Although the medical profession diluted the group’s radical understanding of what was necessary for a people’s health care, this often-overlooked history of health activism is the reason that hospital walls today include placards informing patients of their rights.

The Young Lords were also highly attuned to the mental health needs of the community in East Harlem and beyond; they participated in both state-sponsored and community forms of mental health care. After passage of the Community Mental Health Center Act of 1963, Lincoln Hospital had integrated mental health into its care services, and residents of the community were employed at the center’s lowest occupational levels. In those positions, they saw firsthand how paltry, and often damaging, such mental health services were—patients were often treated with sedating psychoactive drugs, for instance, rather than long-term and expensive psychotherapy. This firsthand knowledge contributed to workers’ participation in the eventual Lincoln Hospital takeover. And by 1971, teen members of the Young Lords began staffing nascent forms of mental health care, including crisis and drug hotlines, thus making use of networked forms of care freed of state imperatives.³ The Young Lords seized and reinvented the means of healthcare—from the clinic to the hotline—to turn it to their stated purpose: care for the people.

Takeover’s dramatization of this past movement for a new audience in the twenty-first century is vital and urgent.⁴ In comparison to other mediations of the event—especially the 1970 documentary *Lincoln Hospital*, produced by the radical documentary group Newsreel—*Takeover* foregrounds the centrality of Black and Brown women to histories of health activism. It frames the historical omission of these women’s health activist leadership as a wrong that this documentary rights. Appearing during our current moment of nurses’ strikes, health care worker burnout, and the continuation of inequitable distribution of health care resources—what Anthony Ryan Hatch aptly calls COVID-19’s “necropolitics” of Black and Brown death and disablement—the documentary reminds viewers of the vital potential of the radical tactics historically used to interrupt gendered and racialized crises in care.⁵

We begin with Lincoln Hospital, the takeover, and its recent remediation in *Takeover* to illustrate the capaciousness of “care”—as noun, verb, and adjective—to describe a set of relations. So-called care was deployed when

the hospital was a butcher shop; care was reformulated as part of an emancipatory horizon during the takeover; and care was performed in this revisiting of a moment of radical health activism. Sometimes the term's very looseness is turned against those subjected to it. Its definitional capacity points the way to understanding care not as a neutral or moral good but as an intervention that can license, carry, instruct, or harm in excess of its ostensible remit. Care can be another name for carelessness or harm itself. Care proceeds by constellation: it is an object, a subject, a location. It is a means, a practice, a result. It is always relational, occurring between and within these coordinates.⁶ Care is always labor. Care is not just an interpersonal phenomenon; it is constructed by histories of systemic violence and shaped in their current topographies and enactments. Care can be found where other forms of care, often state-sanctioned, have been rescinded, and where care itself is absent.⁷

We currently live in a moment in which the capacity of care is yet again being instrumentalized against caregivers. In the United States, the rhetoric of the “essential worker” that arose in the first months of the COVID-19 lockdown encapsulated the paradoxes of care: those who provided the immediate labor that ensured social reproduction (health care in particular) would continue to labor at risk of their lives, while others would be granted remote work possibilities to maintain capitalist economies' status quo. The starkness of this racialized, gendered, and class-based exploitation forced even liberal circles to take an apparently radical turn (albeit momentarily) around child-care, the family, and labor. Nancy Folbre was consulted for a *New York Times* article about legislation that included wages for home care work; Sylvia Federici was featured in that paper's magazine section as some kind of oracle; journalists turned to Dorothy Roberts for commentary on racial inequities in death rates.⁸ Suddenly relevant were decades of work and activism in transnational feminisms, comparative ethnic studies, feminist political science, feminist history, feminist disability studies, Black feminism, and other fields that have theorized, historicized, and illuminated care as the labor essential to social reproduction—labor that is uncompensated, unvalued, debilitating, feminized, racialized.

While the pandemic made feminist work on care ever more relevant, care had already been winding through an increasing number of academic disciplines in the early twenty-first century. It appeared as conference themes and special issue topics in fields ranging from science and technology studies, through labor studies, to media studies and more. In literary studies and critical theory, “reparative reading,” originally proposed by Eve Sedgwick, has

been taken up as a mode of hermeneutics that cares for its objects of analysis. This academic (re)turn to care has produced dissenting voices as well as those who call for a return to the radical politics of care. Carlo Caduff, for instance, presses against the contemporary need for care to function capaciously, and medical anthropologists argue that to undo the pastoralism inherent in human-centered concepts of care, we must look beyond—or below—the human and attend to infrastructures.⁹ Elsewhere, feminist and crip-of-color theorists focus on the ways in which neoliberal culture’s framing of care through the rhetoric of individual responsibility waters down and white-washes the radical Black feminist histories of self-care and mutual aid.¹⁰

As these and other recent works have argued, it seems as though “care” is of such concern to academic thinking today because our social worlds are bereft of caring action, even as the co-opted discourses of care and self-care proliferate. Most scholars seem to agree with a point that harkens back to feminist political scientist Joan Tronto’s germinal work on care: that under capitalism, aspects of care—such as reciprocity, awareness, and relational richness—are polluted, if not impossible. As many have noted, care needs to be troubled because the state of care is, and has been, so troubling.¹¹

This special issue of *Feminist Media Histories* aims to trouble care, its mediations, and their intertwined histories. We hope to clear a space for thinking anew about histories of technologies and media in relation to care. In some nations, COVID-19 forced a swift transformation to remote modalities of state-backed and corporate-based health and mental health care—a transformation that technology corporations had long been itching to accomplish. Yet such networked forms of care had long been practiced by those the corporate state’s forms of care had marginalized and already left behind. As Jeremy Greene notes, telemedicine in the pandemic demonstrates a “bitter irony”: these same patients were excluded from mediated care when it became the only form of care on offer.¹² Popular discourse that claimed care would make a ubiquitous and permanent turn to media and technology devices, in addition to the proliferation of narratives about care’s exigencies and difficulties, marks a moment to take up histories of suffering, illness, disability, and pleasure and their remediation through feminist approaches to media and technology.

As *Takeover* exemplifies, the (unpaid) labor of excavating an occluded history, of producing and distributing it as a documentary, can also be care work, work that has been willingly, and lovingly, undertaken as a mode of caring for minoritized and oppressed communities and histories. Its

producers worked with an incomplete, insufficient, and disparately located archive to remind its audiences of the past and present of care's inequities, and its reenactments were concerned to dramatize moments of conflict between activists and hospital administrators as a tutorial for future occupations. By archiving, documenting, theorizing, and remediating histories that would otherwise be lost, those who rescue and revivify minoritarian archives reject tout court the violence of knowledge subjugation practiced by official archives and archival methods. They practice a mode of care that insists histories of radical care must be remembered, saved from burial, recovered from co-optation, and returned to for the knowledges they've crafted of how to move forward.

We see the work of this special issue as expanding discussions of care and/ in feminist media histories. In their special issue of *Social Text* on radical care, editors Hi Hobart and Tamara Kneese define radical care as “a set of vital but underappreciated strategies for precarious worlds.”¹³ For Hobart and Kneese, even though care is subject to coercion and co-optation, strategies of radical care instantiate “reciprocity and attentiveness to the inequitable dynamics that characterize our current social landscape” and in so doing “offer a way forward.”¹⁴ In this special issue, of a journal that foregrounds historical work, we work backward in order to work forward. We work through previous attempts to remedy inequitable dynamics with the goal of envisioning possible futures.

Indeed, as disability justice organizers have argued (for example, Leah Lakshmi Piepzna-Samarasinha in *Care Work: Dreaming Disability Justice*), the mutual aid and survival strategies long practiced within disability communities embody radical care: histories of dispossession by the state through the denial of care made disability communities eminently well-prepared for living through COVID-19 times.¹⁵ Histories of disability, for example, Aimi Hamraie's discussion of the Rolling Quads in *Building Access* and Sami Schalk's discussion of Black disability politics in her so-named book, demonstrate how collective care has been a fundamental tactic for survival and flourishing by those the state's withered and debilitating regime of attenuated care marks as disposable.¹⁶ Work on the Black Panthers, Young Lords, indigenous, and queer, trans, and women's health collectives and activisms similarly construct histories of mutual aid support and health and disability knowledge construction that have flourished outside the US state's racial capitalist, settler colonialist, and heteropatriarchal structures of care.¹⁷ American studies scholars also have articulated models of radical collective

care, developed and practiced by those the US imperial regime debilitates and that are unimaginable within the US model of individualized responsibility, and of minoritarian practices of self-care that evade self-care's co-optation.¹⁸ For the scholars, theorists, and activists working in these areas, radical care has offered and continues to offer a way forward in precarious times.

Other recent feminist work has pressured the turn to care. Michelle Murphy's work on the history of North American feminist health activism, for example, illuminates its incorporation into colonialism, racism, and US imperialism.¹⁹ Jina Kim and Sami Schalk have argued that discourses of self-care—both in popular culture and as they have been taken up in feminist studies—have been shorn of their radical Black feminist, and crip-of-color, politics.²⁰ In feminist media studies, Pooja Ranjan analyzes humanitarian interventionist documentaries that, produced under the guise of caring, reproduce ethnographic logics of the Other.²¹

This conceptual troubling of care has opened up avenues for work in feminist media histories to reconsider not just our contemporary moment of mediated care but also earlier accounts of care by communities through media. Such reconsiderations include care's imbrications within structures of violence and oppression, its co-optations, and its exploitation by technology innovators as well as accounting for its infrastructures, expressions in aesthetic experimentations, and transnational discursive flows.

The articles in this issue address a range of media, geographies, technologies, and historical periods. Three focus on print media, two on histories of cinema, and one on an art installation. While most focus on US histories, the two on histories of cinema demonstrate the transnational circulation of discourses of the radical politics of women's pleasure (Warren) and global intersections of Anglo-American feminist ethics of care thinking within non-US artistic cultures—in this case (Nguyen), in Vietnamese filmmaking about US imperialist destruction. Two return to early stages of the AIDS crisis, from quite different perspectives (McKinney and Mulvin and Cifor and McDonald). Importantly, these two also are coauthored, reflecting in their own process of academic thinking and writing a kind of collaboration and relationality, what we might call a mode of mutual care for one another. Another (Sung) takes up a recent art installation that remediates predigital modes of Black networked care; placed in relation to Warren's work on the history of the aesthetics and cinema of feminist politics of pleasure, these two essays emphasize the long historical genealogies to today's minoritarian cultures and aesthetics of care. Resonating with recent feminist work on

infrastructures as central to matters of care, the two articles on HIV/AIDS both emphasize the significance of attending to infrastructures of care.²²

Taken together, these articles highlight that mediated forms of care—whether in sleaze magazines, internet BBS, or a repurposed chatbot—circulate through low technologies, denigrated cultural forms, and domains of cultural production freed from mass media’s market imperatives. The authors gathered in these pages also share, in differing degrees, what we might summarize as a hermeneutics of care, an analytic approach that, to draw from Eve Sedgwick, Heather Love, and others, respects, rather than suspects. As such, they showcase how media histories enact a curiosity about, an affective attachment to, and care for buried histories. All of them have something to say about how we got to where we are today and how we might get to tomorrow.

Shilyh Warren’s “Sexuality and Discourses of Care in Feminist Documentary” examines mediations of the politics of women’s sexual pleasure and of orgasm, a key issue in 1960s and 1970s feminist thought as well as in contemporary culture. That history was surprisingly—or perhaps tellingly—referenced when Betty Dodson, a leading second-wave sex educator who advocated masturbation for women’s health, was drafted into an episode of *The Goop Lab* (Netflix, 2020) that showcased women’s orgasms. As Warren demonstrates, this was an exemplary moment of the co-optation of the radical roots of pleasure politics. Drawing on Black feminist thought that inaugurated a radical politics of self-care in the 1970s, and more recent crip-of-color work that recovers those radical origins, Warren explores a variety of fiction films and documentaries, experimental and otherwise, that construct a rich alternative history to self-care’s co-optation and that demonstrate a transnationally circulating discourse of the radical politics of women’s sexual pleasure.

Qui Ha Nguyen’s “Cinema of Care: The Child Figure, the Collective, and War in *The Little Girl of Hà Nội*” (1974), investigates a Vietnamese “revolutionary film” that refigures the child away from its traditional troping within national visual discourses as hero or as victim. For Nguyen, the child in director Hải Ninh’s film functions not to map the biological family onto the state through receiving care; rather, the child acts, within communal networks of care, as an active giver and receiver of care. Nguyen considers the film in relation to work on feminist ethics of care and “maternal thinking.” These theories and their decoupling of essentialized gender from care work ground Nguyen’s understanding of the film’s aesthetics of care,

which diverges from traditional war cinema's masculinist frames and emerges from a repositioning of the child as active witness and narrator of care. While Nguyen's article suggestively resonates with recent queer studies on kinship that refigures the child past Lee Edelman's point of queer nonfuturity, it also reminds us that kinship can be violent and violated—in this case, it is US imperialism that forces the dissolution of familial formations and enforces kinship as survival strategy.²³

Cassius Adair show how, in a trans community that was facing health crises on multiple fronts, "writing away to a pornography publisher in order to receive mystery hormones via mail may not have seemed like such a bad idea." In "Solidarity in the Centerfold," Adair argues that whereas trans readers are assumed to be secondary or incidental to pornographic periodicals and their circulation, their mail-away advertisements for various forms of hormonal supplements and therapy tell a different story. The persistence of these forms of advertising challenges that narrative. In his article, Adair analyzes these pornographic magazines and, in conjunction with new oral histories from Sandy Mesics, a trans woman who worked at/for a trans porn magazine publisher during the 1970s, argues that within these pages of "trans sleaze" lies a much larger "shadow system for the circulation and distribution of transition-related care." This form of long-distance care comprises, in Adair's words, a proto-"social safety network," or a form of sociality only possible via "distributed media forms that are created in the face of state abandonment."

What follows is a pair of essays that take as their focus HIV/AIDS care work and its remediations, dismediations, digitizations, and new forms of circulation and dissemination. These authors take up the media of care in the early years of the HIV/AIDS epidemic and engage lesser-known and in some cases chaotic archives to demonstrate a form of what Marty Fink, building on disability activist Mia Mingus's original concept, names the "access intimacies" that arise out of building knowledge from kinship and care. For Mingus, these intimacies are formed by recognizing disability's potential rather than accepting the state's violently ableist models; for Fink, intimacies form in sharing tactics of care and kinship for survival.²⁴ As our authors reach to earlier moments in HIV/AIDS mediated communication, they turn to a wide range of mediated communication and care, network and kinwork merging.

Claire McDonald and Marika Cifor turn to the early avowed years of the AIDS crisis, directly after the state's declaration of the epidemic, noting that

people living with HIV/AIDS (PWAs) “struggled with, against, and alongside” information and misinformation. They tell the story of Ben Gardiner, a white gay man in his sixties living in San Francisco at the “start” of the epidemic. As part of his care practice, Gardiner made analogue resources about the new virus available not just to PWAs themselves but also to their caregivers. Recognizing the limitations of his earlier analogue approach, starting in 1985, Gardiner founded and ran AIDS Information Bulletin Board Service (AIDS Info BBS). As the authors tell us, Gardiner felt that via this nascent network he “could at least provide information.” The result: Gardiner was able to generate a productive space for caregivers to develop and maintain a queer care network.

Cait McKinney and Dylan Mulvin take us to the late 1980s in the San Francisco Bay Area—a productive “pollinating” temporal conjunction between AIDS activists and disability justice advocates as they turned to “information activism.”²⁵ In “High-Touch Media: Caring Practices at the Deaf AIDS Information Center,” McKinney and Mulvin write that it was “within this context [that] disabled activists brought unique expertise and experience with social stigma and health as social justice issues, approaching information as a complex access problem. Deaf communities in particular were disproportionately affected by HIV/AIDS, and mounted a response to the crisis that carefully blended high-touch, face-to-face caring practices with information by and for d/Deaf people grappling with HIV.” Drawing on Jonathan Sterne and Mara Mills’s concept of dismediation, or how disabilities shape the very conditions of communication, McKinney and Mulvin argue that the work conducted by the Deaf AIDS Information Center (DAIC) positioned information as “one facet of a larger caring practice.”²⁶ The authors argue that the intersection between d/Deaf and AIDS activists has been made out to be minor; they offer a broader history of how HIV left an “imprint on emerging communication technologies and how sexuality and disability factor in technological cultures.” Their work extends recent scholarship that puts disability and queer studies into conversation.

In her article “More Than Just a Memory: American Artist’s “Sandy Speaks,” Black Digitalities of Care, and the Politics of Technological Refusal,” Wendy Sung theorizes black digital practice through American Artist’s 2016–17 “Sandy Speaks.” This installation uses a low-tech version of the increasingly ubiquitous therapeutic chatbot to institute care through what Sung names a “politics of technological refusal.” Where American Artist remediates Sandra Bland’s life—remixing footage from Bland’s YouTube

channel—Sung draws out American Artist’s own work as in historical continuity with predigital Black networking technologies of care, in this case *The Negro Motorist Green Book*. For Sung, American Artist’s work eschews the visual regime’s dominance, itself productive of the spectacularization of anti-Black violence, by emphasizing the oral: Bland’s voice and position as a speaking subject. In doing so, American Artist attends to the historical and contemporary regulation of Black women’s speech. By remediating both the chatbot and practices of memory and memorialization, the black digital practice Sung identifies in American Artist’s work constitutes a mode “of care and repair” that values low-tech modes of survival and reservoir knowledge.

This special issue approaches care in the sense that Sarah Knott uses the term: to be mutually generative. Across these essays, we are as interested in failures as we are in patches, fixes, and outright successes, however momentary. The essays that follow contribute to media historiography at a moment when the past has been revived in care’s current crises, crystallized in intertwining epidemics: racist police brutality, COVID-19, the legacy of stigmatizing disease via anti-LGBT discourse (HIV/AIDS) in “monkeypox,” the loss of safe abortion in much of the United States, and on and on. These long-standing violences have also been met with persistent forms of redress, remediation, and care. Returning to past mediations of care for and by minoritized subjects helps reshape historical knowledge of media and our understanding of mediation as a tactic within networks of care. The analyses in this special issue craft new vocabularies and approaches that we hope will inspire continued explorations into survival, pleasure, and collective futures of care. ■

HANNAH ZEAVIN is a scholar, writer, and editor and works as an Assistant Professor of Informatics at Indiana University and a Visiting Fellow at the Columbia University Center for the Study of Social Difference. Zeavin is the author of *The Distance Cure: A History of Teletherapy* (MIT Press, 2021) and is at work on her second book, *Mother’s Little Helpers: Technology in the American Family* (MIT Press, 2024). In 2021, Zeavin cofounded the Psychosocial Foundation and is the founding editor of *Parapraxis*, a new popular magazine for psychoanalysis on the left.

OLIVIA BANNER is Associate Professor of Critical Media Studies at the University of Texas at Dallas. Her research sits at the intersections of media studies and critical feminist, race, and disability studies. The author of *Communicative Biocapitalism: The Voice of the Patient in Digital Health and the Health Humanities* (University of Michigan Press, 2017), Banner is currently working on *Screening Madness, 1933–2020*, a history of media technologies within the psy-ences’ projects of racial pathologization and psychiatric misogyny, and mediated activist and aesthetic visions of counterpsychiatric care. She serves on the editorial board of *Journal of Cinema and Media Studies*.

NOTES

1. See Johanna Fernández, *The Young Lords: A Radical History* (Durham, NC: University of North Carolina Press, 2019).

2. For more on Cleo Silvers's pivotal role in Black and Brown health activism, see Alondra Nelson, "Genuine Struggle and Care': An Interview with Cleo Silvers," *American Journal of Public Health* 106, no. 10 (October 2016): 1744–48.

3. For more on the hotline history, see Hannah Zeavin, *The Distance Cure: A History of Teletherapy* (Cambridge, MA: MIT Press, 2021).

4. Within activist circles and in scholarship in critical health studies and social movement histories, the triumphs and limits of the Lincoln Hospital takeover are well known. See, e.g., Barbara Ehrenreich and John Ehrenreich, *The American Health Empire: Power, Profits, and Politics* (New York: Vintage, 1970); Fitzhugh Mullan, *White Coat, Clenched Fist: The Political Education of an American Physician* (Ann Arbor: University of Michigan Press, 2006); Johanna Fernández, *The Young Lords: A Radical History* (Chapel Hill: University of North Carolina Press, 2019).

5. Anthony Ryan Hatch, "The Data Will Not Save Us: Afropessimism and Racial Antimatter in the COVID-19 Pandemic," *Big Data and Society* 9, no. 1 (2022).

6. For more on care as relational and affective, see Michelle Murphy, "Unsettling Care: Troubling Transnational Itineraries of Care in Feminist Health Practices," *Social Studies of Science* 45, no. 5 (2015): 717–37.

7. For neglect and its relationship to care, see Maria Puig de la Bellacasa, "Matters of Care in Technoscience: Assembling Neglected Things," *Social Studies of Science* 41, no. 1 (2011): 85–106; see also Maria Puig de La Bellacasa, *Matters of Care: Speculative Ethics in More Than Human Worlds* (Minneapolis: University of Minnesota Press, 2017).

8. Emily Peck, "Policymakers Used to Ignore Child Care, Then Came the Pandemic," *New York Times*, May 9, 2021; Jordan Kisner, "The Lockdown Showed How the Economy Exploits Women; She Already Knew," *New York Times Magazine*, February 17, 2021; Gus Wezerek, "Racism's Hidden Toll," *New York Times*, August 11, 2020.

9. Carlo Caduff, "Hot Chocolate," *Critical Inquiry* 45, no. 3 (2019): 787–803; Vincent Duclos and Tomás Sánchez Criado, "Care in Trouble: Ecologies of Support from Below and Beyond," *Medical Anthropology Quarterly* 34, no. 2 (2020): 153–73.

10. See, e.g., Jina B. Kim and Sami Schalk, "Reclaiming the Radical Politics of Self-Care: A Crip-of-Color Critique," *South Atlantic Quarterly* 120, no. 2 (2021): 325–42.

11. See, e.g., Murphy, "Unsettling Care."

12. Jeremy Greene, *The Doctor Who Wasn't There: Technology, Medicine, History* (Chicago: University of Chicago Press, 2022).

13. Hí'ilei Julia Kawehipuaakahaopulani Hobart and Tamara Kneese, "Radical Care: Survival Strategies for Uncertain Times," *Social Text* 38, no. 1 (2020): 1–16. This work has been extended via feminist and disability approaches in multiple other special issues, including the *Feminist Studies* special issue on Feminist Analysis of COVID-19, vol. 46, no. 3 (2020); Pamela Block, Everton Luis Pereira, Anahi Guedes de Mello, and Dikaos

Sakellariou, eds., *Disability Studies Quarterly* special issue on Disability and COVID-19, vol. 41, no. 3 (2021).

14. Hobart and Kneese, "Radical Care," 2.

15. Leah Lakshmi Piepzna-Samarasinha, *Care Work: Dreaming Disability Justice* (Vancouver, BC: Arsenal Pulp Press, 2018).

16. Aimi Hamraie, *Building Access: Universal Design and the Politics of Disability* (Minneapolis: University of Minnesota Press, 2017); Sami Schalk, *Black Disability Politics* (Durham, NC: Duke University Press, 2022).

17. Alondra Nelson, *Body and Soul: The Black Panther Party and the Fight against Medical Discrimination* (Minneapolis: University of Minnesota Press, 2011); Johanna Fernández, *The Young Lords: A Radical History* (Chapel Hill: University of North Carolina Press, 2019); Maria John, "Sovereign Bodies: Urban Indigenous Health and the Politics of Self-Determination in Seattle and Sydney, 1950–1980," PhD diss., Columbia University, 2017; Sandra Morgen, *Into Our Own Hands: The Women's Health Movement in the United States, 1969–1990* (Newark, NJ: Rutgers University Press, 2002); but see also Michelle Murphy, *Seizing the Means of Reproduction: Entanglements of Feminism, Health, and Technoscience* (Durham, NC: Duke University Press, 2012); Jules Gil-Peterson, *Histories of the Transgender Child* (Minneapolis: University of Minnesota Press, 2018); Dean Spade, *Normal Life: Administrative Violence, Critical Trans Politics, and the Limits of Law* (Durham, NC: Duke University Press, 2015); Dean Spade, *Mutual Aid: Building Solidarity During This Crisis (and the Next)* (New York: Verso, 2020).

18. Danielle Haque, "Collective Care and Human Rights Cinema: Musa Syeed's *A Stray* and Somali Minneapolis," *American Quarterly* 73, no. 4 (2021): 817–34; José Esteban Muñoz, *Disidentifications: Queers of Color and the Performance of Politics* (Minneapolis: University of Minnesota Press, 1999); James McMaster, "Revolt Self-Care: Mark Aguhar's Virtual Separatism," *American Quarterly* 72, no. 1 (2020): 181–205.

19. Murphy, *Seizing the Means*.

20. Kim and Schalk, "Reclaiming."

21. Pooja Rangan, *Immediations: The Humanitarian Impulse in Documentary* (Durham, NC: Duke University Press, 2017).

22. See, e.g., Bellacasa, *Matters of Care*; Cait McKinney, *Information Activism: A Queer History of Lesbian Media Technologies* (Durham, NC: Duke University Press, 2020).

23. See, e.g., Tyler Bradway and Elizabeth Freeman, eds., *Queer Kinship: Race, Sex, Belonging, Form* (Durham, NC: Duke University Press, 2022).

24. Mia Mingus, "Access Intimacy, Interdependence, and Disability Justice," remarks delivered at the 2017 Paul K. Longmore Lecture at San Francisco State University, available online at <https://leavingevidence.wordpress.com/2017/04/12/access-intimacy-interdependence-and-disability-justice/>; Marty Fink, *Forget Burial: HIV Kinship, Disability, and Queer/Trans Narratives of Care* (Newark, NJ: Rutgers University Press, 2020).

25. Cait McKinney, *Information Activism* (Durham, NC: Duke University Press, 2020).
26. Mara Mills and Jonathan Sterne, “Dismediation: Three Propositions and Six Tactics (Afterword),” in *Disability Media Studies: Media, Popular Culture, and the Meanings of Disability*, ed. Elizabeth Ellcessor and Bill Kirkpatrick (New York: New York University Press, 2017), 365–78.