

### **How do we address disability and chronic illness?**

We use an intersectional feminist understanding of disability as a socially, culturally, and politically constructed category. Women across the globe are both more likely to be disabled and to care for others who are disabled. Disabilities may be physical, psychosocial, cognitive, or some combination. They may be visible or invisible, temporary or permanent, and any of us may become disabled at any time. Significant impairments, injuries, and illnesses create physiological, cosmetic, and/or functional differences in both bodies and minds. People tend to think of disabilities as being something interior to our bodies, but disabilities are also defined and given meanings by societies that stigmatize some bodies and minds and valorize others.

There are important differences and overlaps between disability and chronic illness. People with disabilities can be healthy and strong—witness runners with prosthetic legs. Chronic illnesses may be well-managed and not disabling. For a variety of reasons, these two groups may not want to be grouped in with each other. Yet chronic illness is very often disabling, and there is much overlap between these two groups. Since women's, especially BIPOC women's, suffering is so often trivialized and privatized, it's important to acknowledge our own and each other's disabilities whether they're visible or invisible, physical, psychosocial, or cognitive.

Disability and chronic illness are created and made worse by disabling social conditions, as well as by society's lack of accommodations for people living with bodily and mental differences. When we have adequate accommodations, disabled people are better able to live full, satisfying, and autonomous lives. Unfortunately, discrimination in critical areas such as education, the workplace, and health care persist. Even with the gains brought by the disability rights movement, we still too often have to fight for the resources we need to fully participate in life. We are still frequently blamed and stigmatized, rather than given the accommodations we need.

At the same time, remarkable advances in accommodations and medicine—including everything from wheelchair-accessible homes and public spaces to psychopharmaceutical advances—have led to remarkable increases in people's ability to function. If we can tackle social and economic inequalities, then disabled people will be able to access such advances equally.

Patriarchy finds women unacceptable when disability or chronic illness prevents us from performing expected feminine roles. Society's glorification of a narrow range of appearances as beautiful, especially for women, is not only used to sell endless products, but also casts those of us with visible disabilities as "ugly." Capitalism, prioritizing profits over all other values, demands relentless "productivity," and stigmatizes disabled and chronically ill people as "useless" or worse. In fact, exclusion, abuse, violence, and abandonment are common experiences for disabled and chronically ill people. Relatedly, those who care for disabled or dependent people are underpaid and undervalued (when we are paid at all).

In fact, all systems of oppression (for example racism, xenophobia, homophobia) both create more disabled people and intensify the disabilities that already exist. Oppressive systems also deny disabled and chronically ill people the vital healthcare and support we need. Justice and equity for disabled people requires a change in values as well as changes in policies. We need to demand societal changes so that fewer disabling conditions exist, and so that those of us who are disabled or chronically ill can live as well as possible.