Caring Work: Reflections on Care and Librarianship

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Content Warning

This chapter briefly mentions police violence against and murder of people of color, and suicide.

I. Academic Depression

On 05/13/16, ssrosen wrote, "I am out sick today and unfortunately will have to miss our meeting."

On 9/13/16, ssrosen wrote, "I'm leaving early, not feeling well…"

On 10/10/16, 11/14/16, 1/16/17, 1/30/17, 2/1/17, 3/6/17, 4/7/17, 4/18/17, 7/9/17, 8/1/17, and 9/6/17, ssrosen wrote "I will be out sick" or "I need to take a sick day."

On 10/17/17, ssrosen wrote, "I have to leave early to help my partner who is having health problems."

In response, msitar wrote, "feel better" or, "feel better soon" or, "if there's anything I can do to help, just let me know."

These snippets of text are small exchanges from the archive of my second year as a librarian. And they are traces of a culture that made it possible for me to work. Before these, I had never written an email to take a sick day. When I was an academic — that is, when I was simultaneously a scholar conducting research, an instructor teaching college, and a graduate student completing a doctoral degree — there was not a "day" to take off. Work filled every corner of my day, and evening, and weekend. And while I was an academic, I almost always felt bad — regularly depressed, periodically immobilized — but that didn't stop me from working.

In fact, I had become a passable academic because I was constantly terrified that I could not prove, on demand, my self-worth with the enumeration of a bibliography, the archeology of a keyword, or a thought I had had that no one else had written. In retrospect, I notice that I didn't have a sense of self worth but had found a system in which I could

generate it, just by reading enough and thinking enough. Of course, under that system, nothing was ever enough, and the anxiety fueled both my work and my depression in a self-perpetuating cycle, interrupted occasionally by the rush and numbness of drinking or getting high.

As it turned out, my graduate advisor wrote a book about this, which came out in print while I was working with her.

> Academia breeds particular forms of panic and anxiety leading to what gets called depression—the fear that you have nothing to say, or that you can't say what you want to say, or that you have something to say but it's not important enough or smart enough. In this particular enclave of the professional managerial class, there is an epidemic of anxiety-induced depression that is widely acknowledged informally but not always shared publicly or seen as worthy of investigation.[1]

Ann Cvetkovich's *Depression: A Public Feeling*, published in 2012, looks at academic depression and more broadly at "how, for many of us … everyday life produces feelings of despair and anxiety, sometimes extreme, sometimes throbbing along at a low level, and hence barely discernible from just the way things are, feelings that get internalized and named, for better or worse, as depression."[2] Departing from popular and professional discourses that explain depression as the result of biochemical disorders or traumatic pasts, or both — she provides an "analysis of why and how its feelings are produced by social forces."[3] An example of the Public Feelings approach to affect theory,[4] the book sets out to describe how depression feels, how it is culturally produced, and how it can be a resource for alternative political action.

Since then, the conversation linking academia to depression — and to anxiety, abuse, and addiction — has only grown. "Quit Lit," a popular genre of personal essay linking the labor conditions of higher education to the lived, affective experience of surviving inside exploitative and manipulative contexts, has flourished in the years since I finished my PhD. These essays, which vary in tone and focus, all testify that the ways we feel bad as academics — which are real and biochemical and take up residence in the body and mind — are not just "in here." They are also "out there" in institutions that deny sustainable conditions for many of us, and actually deny life for some of us.[5]

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[1] Ann Cvetkovich, *Depression: A Public Feeling* (Durham, NC: Duke University Press, 2012). 18.

[2] Cvetkovich, *Depression*. 14

[3] Cvetkovich, *Depression*. 14

[4] See Cvetkovich, *Depression*. 1-10. For a readable introduction to the field, see also Hua Hsu, "Affect Theory and the New Age of Anxiety," The New Yorker, March 18, 2019, https://www.newyorker.com/magazine/2019/03/25/affect-theory-and-the-new-age-of-anxiety.

[5] Rebecca Schuman embraces the anger of realizing that graduate school, for most, structurally cannot lead to tenure track employment, in the often cited example, "Thesis Hatement," *Slate*, April 5, 2013, http://www.slate.com/articles/life/culturebox/2013/04/there_are_no_academic_jobs_and_getting_a_ph_d_will_make_you_into_a_horrible.html. Erin Bartram explores the grief of being "left behind" in the limbo of adjunct

As depression and anxiety have become keywords for academia and the professoriate, care is becoming a keyword for librarianship and library workers. Recent library and information science scholarship is concerned with both care and maintenance, to borrow a phrase from Shannon Mattern's influential 2018 article.[6] Maintenance—the stewardship of resources, preservation of materials, cleaning of data—has taken on new interest as a kind of care, following developments in science and technology studies.[7] And care—the affective and educative dimension of our interpersonal work—has come into clearer historical focus following important critical studies by scholars like Gina Schlesselman-Tarango and Fobazi Ettarh.[8] They show that our professional performance of caring is overdetermined by a history of white saviorism that not only prefigures the demographics of our profession but also prevents adequate attention to our own working conditions. The professional history of the librarian is such that we are always the caretaker, never the cared for.

This essay is a personal and professional reckoning with being in that position, and especially with being on the giving end of care that isn't helping, and actually has the potential to cause harm. The kind of care that those of us socialized to be nice white ladies are most likely to have learned, and most need to unlearn; the kind of care that has been historically enrolled in the project of librarianship, and which our profession must broadly examine and dismantle. If we are to create cultures in which we all can work, that care for our own needs — through illness, mental illness, changing caregiving obligations, shifting interdependencies, and differential access to life-sustaining conditions — we might begin by examining the ways we embody care.

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employment and ultimately leaving academia behind in "The Sublimated Grief of the Left Behind," Erin Bartram (blog), February 11, 2018, http://erinbartram.com/uncategorized/the-sublimated-grief-of-the-left-behind/. Herb Childress describes the abusive dynamic of contingent academic employment in "This Is How You Kill a Profession," The Chronicle Review, March 27, 2019, https://www.chronicle.com/interactives/2019-03-27-childress . And, in an essay that predates what is often categorized as "quit lit," Alexis Pauline Gumbs contextualizes her decision to turn down tenure-track job offers and provides archival evidence of the ways in which academic institutions denied life-saving leaves or accommodations to Black feminist scholars (including Audre Lorde and June Jordan) before their deaths. Alexis Pauline Gumbs, "The Shape of My Impact," *Feminist Wire*, October 29, 2012, https://thefeministwire.com/2012/10/the-shape-of-my-impact/.

[6] Shannon Mattern, "Maintenance and Care," *Places Journal*, no. 2018 (November 20, 2018), https://doi.org/10.22269/181120.

[7] See for example María Puig de la Bellacasa, *Matters of Care: Speculative Ethics in More than Human Worlds*, Posthumanities 41 (Minneapolis: University of Minnesota Press, 2017); Aryn Martin, Natasha Myers, and Ana Viseu, "The Politics of Care in Technoscience," *Social Studies of Science* 45, no. 5 (October 2015): 625–41, https://doi.org/10.1177/0306312715602073; Steven J. Jackson, "Rethinking Repair," in *Media Technologies*, ed. Tarleton Gillespie, Pablo J. Boczkowski, and Kirsten A. Foot (Cambridge: MIT Press, 2014), 221–40; and Andy Russell, Jessica Meyerson, and Lee Vinsel, The Maintainers, n.d., http://themaintainers.org/.

[8] Gina Schlesselman-Tarango, "The Legacy of Lady Bountiful: White Women in the Library," *Library Trends* 64, no. 4 (Spring 2016): 667–86. Fobazi Ettarh, "Vocational Awe and Librarianship: The Lies We Tell Ourselves," *In the Library with the Lead Pipe*, January 10, 2018, http://www.inthelibrarywiththeleadpipe.org/2018/vocational-awe/#identifier_19_8690.

II. Caregiving

For me, becoming a librarian coincided with becoming a caregiver. Both were unplanned. My path to librarianship was through a PhD in English, specializing in disability studies, and years of experience applying accessibility standards to digital humanities scholarship and teaching. In my final doctoral year, as I dutifully applied to professorships and cycled through the grief and panic of the academic job market, a librarian position for which I was qualified appeared. The hope this position offered — as a way out of, but not wholly away from, the parts of academic life that fueled my anxiety and depression — was so absolute and so counter to my previous reality that I could only hold to the superstition that it was not real, until the acts of moving to a new state and going to work every day eventually wore that belief down.

At the same time that this new reality — with its financial stability, job security, and supportive community of coworkers — afforded my mental health a needed resting ground, an unexpected series of traumas began to punctuate the world that my partner and I had begun to build in our new home. Historically, 2016 was a time of rough awakening for many relatively comfortable white people like me, and a time of heightened alarm for Black and Brown people like my partner. Young Black men were murdered, again and again, in gruesome scenes that were broadcast, again and again, over social media in a stream that, by summer of that year, felt constant — from the car, on the street, in a backyard. Then, there was the campaign and election, with its waves of mob confidence and grim undercurrents.

Privately, in the social world that my partner and I inhabited, everyone was dying too. Early in 2016, an elder who was my partner's childhood protector died of natural causes. She would have been enough to mourn, but she was the first in a series of deaths that were much more troubling. There were two suicides, two women of color: one brilliant trans scholar, one teenage daughter of our closest local friends. There were two haunting, suspicious deaths, two queer-of-color academics: one gay Black man, one queer Latinx man. A frozen river and a police holding cell. And there was one young femme, keeping so many other people alive, who died of cancer. All of these people were connected to my partner, fellow travelers and kindreds, and all of them were removed, by location or by a generation. And although my partner knew them all, there was no one else (not even me), and certainly no community in our new home in a new, predominantly white city, who shared all these losses.

In this mix of loss and danger, experienced within the relative stability of our situation, my partner began to experience debilitating floods of body memories from past trauma that became increasingly disruptive to everyday life. The survival responses they had developed to cope with abuse — repeated acts of gendered and racialized violence — began suddenly surfacing in response to what seemed, to me, like minor challenges,

invisible threats, or my best attempts to help. And as they adjusted their life to accommodate the new limitations imposed by these intrusions, and the physical pain and fatigue that accompanied them (medical leave from their doctoral program, giving up a new job), I struggled with how to care for them.

In the realm of depression, anxiety, PTSD, and addiction, caring can be problematic. Trauma becomes vicarious not just by way of empathy but because PTSD symptoms are unpredictable and uncontrollable. To the witness, they originate in another dimension and land squarely in the present, random and dangerous. To witness them, to dodge them as they come without warning, is traumatic. As my partner's symptoms intensified, I was witnessing and dodging, afraid and flailing, a nervous system in response to a system in distress. And yet, I had no words to say this and could not talk to anyone. My competing realities kept me confused and ashamed.

Through moments of painful clarity I recognized that, while I was trying to sustain our collective life and care for the person I loved, I was making things worse. In attempting to maintain a set of expectations that had somewhere and somehow deeply shifted, I was constantly imposing control, reacting on impulse, and ignoring my own experience. I was enacting a kind of care that I recognized from disability thinking as a problem. Disability scholars and activists have exposed the public rhetorics and private dynamics in which care (and cure) can function as a harmful narrative, a form of coercion, or a screen for real violence.[9] Indeed, a dangerous potential in caring behavior is present almost everywhere care is theorized, from feminist ethics to STS and affect theory to self-help literature.[10] I found a version of it that spoke to me in the self-help literature I discovered when I sought strategies for survival during this time.

I spent months reacting to my partner reacting to the effects of post-traumatic stress: panicking when they were choked by despair, defending when they lashed out in anger, paralyzed when they were overcome with fear. I was either on edge or depleted, needing

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[9] Disability critiques of care and cure are present from the early independent living movement to today's disability justice activism. Many recent scholars have explored the complexities of compulsory cure narratives and the violence sometimes enacted in the name of cure and care. See Anne McGuire, *War on Autism: On the Cultural Logic of Normative Violence* (Ann Arbor: University of Michigan Press, 2016); Eunjung Kim, *Curative Violence: Rehabilitating Disability, Gender, and Sexuality in Modern Korea* (Durham, NC: Duke University Press, 2017); Eli Clare, *Brilliant Imperfection: Grappling with Cure* (Durham: Duke University Press, 2017); Leah Lakshmi Piepzna-Samarasinha, *Care Work: Dreaming Disability Justice* (Vancouver: Arsenal Pulp Press, 2018).

[10] In feminist ethics, see Barbara Hillyer Davis, "Women, Disability, and Feminism: Notes toward a New Theory," *Frontiers: A Journal of Women Studies* 8, no. 1 (1984): 1–5; Susan Wendell, "Toward a Feminist Theory of Disability," *Hypatia* 4, no. 2 (Summer 1989): 104–24; Eva Feder Kittay, *Love's Labor: Essays on Women, Equality, and Dependency* (New York: Routledge, 1999). In STS, see the special issue on "The Politics of Care in Technoscience," ed. Aryn Martin, Natasha Myers, and Ana Viseu, special issue, *Social Studies of Science* 45, no. 5 (October 2015): 627, passim, https://doi.org/10.1177/0306312715602073. In affect theory, see Lauren Berlant, ed., *Compassion: The Culture and Politics of an Emotion* (New York: Routledge, 2004), 9-10, passim.

hours or days to recover from crises. I missed work, lost memory, and felt a general sinking hopelessness unlike any prior depression. And, although I found numb relief by indulging in addictions that allowed me to check out and quiet my pain, I eventually suspected that sobriety might provide a better baseline from which to assess my reality. I began that path, found a recovery community, and, nervous at one of my first meetings, stumbled across the concept of codependence.

Unlike the disability studies literature on *interdependence* (which sometimes uses the term codependence to mean the same thing), self-help literature on codependence addresses problematic caring behavior as a kind of addiction. Caretaking, it teaches, can be escapist, avoidant, compulsive, a coping mechanism to get outside what is unbearable within the self. While there are limits to the usefulness of pathologizing this social script as an addiction, what resonated with me was the understanding of "the codependent" — or anyone with a dependency, chemical or behavioral — as unable to bear their own felt experience, and often unable even to access it. Through recovery, I learned practices to ground in the present, experience my feelings, and process them in a community of support. That work continues, but it got me to a place from which I could care for myself and witness my partner, allowing us, together, to develop strategies of interdependence based in love,[11] mutual aid, and self-determination.

III. Caring Profession

When I first encountered the idea of codependence — caring for another as an attempt at self-regulation, disguised in selflessness — I recognized patterns from my own life, and I also recognized the contours of "helping," "saving," and "-splaining" behavior that have been sketched out in the writing of anti-racist and feminist writers.[12] For all of us, the histories that inform how we perform care are personal and cultural, raced and gendered, intergenerational and embodied. In Leah Lakshmi Piepzna-Samarasinha's accounts of disability justice collectives working to create mutual care webs outside of the state and the family, a good part of the work involved is in getting beyond what care has always meant, to the disabled people of color involved.

Many of us had been raised as immigrants and/or women or femmes of color to always jump up and feed people first, do all the dishes, and help without being

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[11] Although my example is a romantic relationship, Mia Mingus encourages us to think about creating access and disability justice, in any context, as a form of love. Mia Mingus, "'Disability Justice' Is Simply Another Term for Love," *Leaving Evidence* (blog), November 3, 2018, https://leavingevidence.wordpress.com/2018/11/03/disability-justice-is-simply-another-term-for-love/.

[12] On saving and helping, see for example Teju Cole, "The White-Savior Industrial Complex," *The Atlantic*, March 21, 2012, https://www.theatlantic.com/international/archive/2012/03/the-white-savior-industrial-complex/254843/. On explaining and mansplaining, see Rebecca Solnit, "Men Still Explain Things to Me," *The Nation*, August 20, 2012, https://www.thenation.com/article/men-still-explain-things-me/.

asked, while serving ourselves last. For many of us, care had been something that was forced on us — something abusive family members or teachers or health care workers did, whether we liked it or not. Or care had been something it wasn't safe to say that we needed — because there was no care out there for us, no health care, no therapist, no parent with time, no safe parent who actually cared. Maybe as disabled people, if we wanted to have any kind of independence, we had to deny that we needed any help at all...[13]

For many members of this care collective, care is complicated by the "exploitative histories of care labor experienced by Black and brown communities" and the weaponization of care against "disabled people with few resources."[14] For some, care may feel like *what we have always done*, rather than *what we deserve*. But for me, socialized to be a nice white lady, care is complicated in other ways. I have learned that someone occupying my specific intersectional identity is deserving of care and, as such, holds power to choose which others to care for. Indeed, in cultures of white womanhood we are often taught that our compassion is, in itself, a meaningful political act, and a sufficient one.[15] And we are often taught that our compassion, knowledge, or help is needed and indeed desired by certain others.

In librarianship writ large, we have a historical legacy of this particular complication. Recent scholarship has shown how our profession is built on histories of gendered and racialized dynamics that center white women in positions of relative power and protection. Schlesselman-Tarango's article on "The Legacy of Lady Bountiful: White Women in the Library," recounts how librarianship has historically been a civilizing mission, and reminds us that "it was the white female subject who was considered germane for the moralizing missionary projects meant to 'civilize' early library users."[16] Tracking the figure of "Lady Bountiful," she examines the ways in which white femininity functions to exert power in librarianship, a field which "was not only birthed in but also remains engaged in both racism and sexism."[17] Lady Bountiful shows up in the British nineteenth-century popular imagination as a figure of specifically embodied charitable benevolence. White women, the story goes, were naturally suited to roles of imperial teacher, landed benefactor, and library worker, possessing "sensitivity, kindness, sympathy" and "the ability to elevate, influence, and morally and culturally uplift."[18]

[13] Piepzna-Samarasinha, *Care Work*. 56.

[14] Jina B Kim, "Disability in an Age of Fascism," *American Quarterly*, forthcoming.

[15] See Lauren Berlant, "Compassion (and Withholding)," in *Compassion: The Culture and Politics of an Emotion*, ed. Lauren Berlant (New York: Routledge, 2004), 1–13; and Lauren Berlant, *The Female Complaint: The Unfinished Business of Sentimentality in American Culture* (Durham: Duke University Press, 2008).

[16] Schlesselman-Tarango, "The Legacy of Lady Bountiful: White Women in the Library." 668.

[17] Schlesselman-Tarango, "The Legacy of Lady Bountiful: White Women in the Library." 668.

[18] Schlesselman-Tarango, "The Legacy of Lady Bountiful: White Women in the Library." 673-4.

This historical figure persists. Even today, "the ideal library worker … is not simply white, female, cisgender, heterosexual, able-bodied, and middle or upper class, but also subscribes to a specific type of benevolence."[19] The lasting influence of this specifically embodied benevolence manifests in the demographics of actual library workers; it shapes a harmful preconception of "those who benefit from our services" as Other or even "deficient, inherently needy, or in need of saving;"[20] and it prefigures the library-patron relationship as one of unequal power wrapped in gestures of service.

Building on this scholarship, Ettarh's influential work on "vocational awe" gathers together lines of thought that question the ways in which care work in librarianship can occlude racialized power dynamics that place librarians (figured as nice white ladies) above the "community" that they serve and ultimately save. She reviews the historical discourses linking the library to the sanctuary, and shows that these deeply rooted archetypes not only overdetermine the ways in which we engage with patrons—limiting the possibility of a "more reciprocal, respectful, and responsible relationship"[21]—but also affect the ways we largely do not hold our institutions accountable for conditions that might better sustain our work and minds and bodies.

The result is that care work in librarianship is, in most cases, narrowly aligned with something "we" do for "our patrons," and which ultimately accrues power back to us — not with any number of other possible configurations: our institutions caring for and sustaining a diverse staff of library workers; library patrons determining what they need from their institutions; library staff engaging in mutual aid. And the suppression of these alternate practices, in service of a single narrative of the benevolent, resilient librarian, has particular consequences for library workers who are already marginalized by ableism, white supremacy, capitalism, and heteropatriarchy.[22]

Discourses of resilience, as Christine Moeller shows in her study of precarity and professionalism, reinforce a myth of individualism and independence that compounds discrimination against "those who are already oppressed, marginalized, and/or struggling in some way."[23] The resilience narrative "'disregards the system that is making people unwell' and instead focuses on an individual-deficit model," preventing mobilization for systemic change and, in particular, putting librarians with disabilities in a tight bind.[24] Disclosing disability (in order to attain needed accommodations) carries a risk when all library staff are

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[19] Schlesselman-Tarango, "The Legacy of Lady Bountiful: White Women in the Library." 680.

[20] Schlesselman-Tarango, "The Legacy of Lady Bountiful: White Women in the Library." 681.

[21] Schlesselman-Tarango, "The Legacy of Lady Bountiful: White Women in the Library." 681.

[22] Patty Berne, "Disability Justice – a Working Draft," (blog), Sins Invalid, June 10, 2015, http://sinsinvalid.org/blog/disability-justice-a-working-draft-by-patty-berne.

[23] Christine M. Moeller, "Disability, Identity, and Professionalism: Precarity in Librarianship," *Library Trends* 67, no. 3 (2019): 455–70, https://doi.org/10.1353/lib.2019.0006. 460.

[24] Kristina Diprose, "Resilience Is Futile," *Soundings* 58 (Winter 2014): 44–56, https://doi.org/10.3898/136266215814379736, cited in Moeller, "Disability, Identity, and Professionalism." 460.

supposed to meet a "white, heteronormative, ableist" conception of the ideal professional.[25] Meanwhile, employees who do disclose must occupy an impossible position "between 'being disabled "enough"' to make the request in the first place, but not so disabled as to be unable to perform the 'essential functions' of the position or require accommodations that might be determined to be burdensome."[26] The result is that many library workers with disabilities do not request accommodations at all, and those who have successfully arranged accommodations are less likely to pursue professional opportunities that would place them with another supervisor or unit, where they'd have to start all over again.[27]

In a profession that is literally built on caring, we still have much to learn about creating conditions that support the wellbeing, and care about the survival, of many of us. We have much to learn from the practices of creating access and offering care that are happening in movements of disability justice.

IV. Care Work

In my own story, I was able to care for my partner, learn to care for myself, and learn to care for my partner again, without losing my job or disclosing much personal information or officially requesting accommodations — even though, in this story, my partner's mental illness affected mine and both affected my ability to work. The emails I shared in the opening of this essay reflect one small way this happened. My supervisor taught me how to take a sick day. She established the norm, in our work team, of writing the words "I'm out sick today" to notify folks that she would be out. This is against the usual practice of writing words like "think I'm coming down with something" or "fighting a cold, going to stay home" — scripts that leave no room and no privacy for the vagaries of disability and caregiving. This small intervention could be considered a "micropractice" of accessibility, a concept from Margaret Price that Moeller points to when considering alternatives to resilience. Another such practice, named by Price and expanded by Moeller, is asking, What do you need? Moeller writes:

> When asked of all employees, such a question no longer requires employees with disabilities to single themselves out and accept the myriad of risks associated with disclosure, but instead assumes (correctly) that all employees have a variety of needs. For example, workplace options typically offered as accommodations, such as ergonomic office furniture, flexible schedules, regular breaks throughout the workday,

[25] Moeller, "Disability, Identity, and Professionalism." 461.

[26] Margaret Price, *Mad at School: Rhetorics of Mental Disability and Academic Life* (Ann Arbor: University of Michigan Press, 2011), cited in Moeller, "Disability, Identity, and Professionalism." 464.

[27] Joanne Oud, "Systemic Workplace Barriers for Academic Librarians with Disabilities," *College & Research Libraries* 80, no. 2 (March 2019): 169–94, https://doi.org/10.5860/crl.80.2.169; Alan Roulstone and Jannine Williams, "Being Disabled, Being a Manager: 'Glass Partitions' and Conditional Identities in the Contemporary Workplace," *Disability & Society* 29, no. 1 (January 2, 2014): 16–29, https://doi.org/10.1080/09687599.2013.764280.

minimal fluorescent lighting, the ability to occasionally work from home, an office with a door, and advance notice of meetings and agendas, may help those with disabilities, but these workplace adaptations could also benefit many other employees, such as primary caregivers.[28]

Yes. This micropractice is a powerful example of the shifts that can be enacted by centering rather than marginalizing disabled experience. And, more than any particular practice or micropractice, the way towards more equitable practices of care in librarianship is through the ongoing work of caring critically — attending to the "often tacit moral economies that contour our … practices"[29] — and the commitment to learning alongside those already doing the work of care and repair.

In a world where "breakdown is our epistemic and experiential reality," Mattern writes, "we really need to study … how the world gets put back together."[30] And yet, the commonly used activist refrain, "the system isn't broken, it's working exactly as it's supposed to," only underscores the fact that what "works" is designed to break some of us, and that we come to this knowledge at different times. An ethic of care can be a starting ground for learning from those for whom the world is more broken, and repairing *that* world, with those who already are. For me, this means disability justice, a practice and politics based in cross-movement solidarity and leadership by the most impacted.[31] It means, as Piepzna-Samarasinha writes, "movements that know how to bring each other food and medicine and see that care work as not a sideline to 'the real work' of activism, but the real work of activism, all while building cultures where we don't shame each other for being sick or having needs."[32]

Piepzna-Samarasinha's words, imported from the sphere of activism to that of the workplace, sound even more radical. And yet, they describe a world we can work towards. For all of its historical connections to the sanctuary, the library will not save us. No institution will.[33] And yet, we as library workers can continue to transform the institution, to infuse it with an "intersectional feminism that can grapple with the constellations of power manifest in concatenations of capitalism, colonialism, race, class, ability, and gender."[34] And we can do this as we also create work cultures, which exceed the institution, where we care for each

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[28] Moeller, "Disability, Identity, and Professionalism." 467.

[29] Martin, Myers, and Viseu, "The Politics of Care in Technoscience."

[30] Mattern, "Maintenance and Care."

[31] Berne, "Disability Justice – a Working Draft."

[32] Leah Lakshmi Piepzna-Samarasinha, "To Survive the Trumpocalypse, We Need Wild Disability Justice Dreams," *Truthout*, May 20, 2018, https://truthout.org/articles/to-survive-the-trumpocalypse-we-need-wild-disability-justice-dreams/.

[33] This phrase is inspired by Gumbs, "The Shape of My Impact": "The university was not created to save my life. The university is not about the preservation of a bright brown body. The university will use me alive and use me dead. The university does not intend to love me. The university does not know how to love me. The university in fact, does not love me. But the universe does."

[34] Martin, Myers, and Viseu, "The Politics of Care in Technoscience."

other. In my own work to unlearn harmful care practices and embody more liberatory ones, I've found that this path is intentional, improvisational, radical, and lifelong. It is informed by the ethic and commitment, practiced by disability justice activists, of not leaving each other behind.[35]

Acknowledgements

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[35] Berne, "Disability Justice – a Working Draft."

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