

Disabled Honi

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8: PERSPECTIVE

On Deafness

Being deaf, gay, and Asian—as if some heady intersectional cocktail—I don't hesitate long in saying that whereas being gay and being Asian occurs to me only in bursts, being deaf has been a daily, extremely annoying constant. If you were to draw up a pie chart of how much these three identities have variously impacted my life (for good or ill), it would have the

biggest slice. Not to say, however, that homophobia and racism, often appearing hand-in-hand, haven't also popped up in my life. Or rather, popped out in the sense of ghosting since such prejudices have almost become passé, though they've certainly not passed.

[Full story on page 8 >>](#)

12-13: FEATURE

Am I Disabled?

I've been thinking about the borders of disability. At what point does one become disabled? What does the label of disabled even mean? Who decides when we're disabled or not? Can I claim disability for myself? I'm autistic and trans, and I have ADHD. These all impact me, the quantity of shit that makes its way in my direction, and my ability to not inhale too deeply when wading through

said shit. They make it difficult to function in the world, not built for people like me, through which I find myself having to navigate. It's exhausting. I'm constantly checking my energy levels, on daily and hourly and weekly scales.

[Read more on page 12 >>](#)



Acknowledgement of Country



We would like to acknowledge the Cadigal People of the Eora Nation upon whose Ancestral lands the University of Sydney is built and where we write, edit and distribute Disabled Honi. We would also like to pay respect to the Elders past, present and emerging, who shall forever be a part of the skies, lands, and waterways of this place.

We recognise that sovereignty was never ceded and we wholeheartedly support the movement for Aboriginal and Torres Strait Islander self-determination, recognition, and sovereignty.

We recognise that Aboriginal and Torres Strait Islander people are much more likely to experience disability due to lack of access to healthcare, minority stress, socioeconomic conditions, and intergenerational trauma.

According to the SDAC, almost 1 in 4 Aboriginal and Torres Strait Islander people in households reported living with a disability. In 2006, the Australian Institute of Health and Welfare estimated depending on criteria used that 44-55% of Indigenous people in non-remote areas were affected by disability.

We aim to platform the voices of Aboriginal and Torres Strait Islander people with disabilities.

This always was and always will be Aboriginal land.

Hayden Moon

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Disability Resources on Campus

The Disabilities Collective & Caregivers Network

The Disabilities Collective is an autonomous collective for undergraduate students who have a disability, defined by the UN Convention on the Rights of People with Disabilities as "long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others." This includes people with mental, chronic, or terminal illnesses; people who are neurodivergent; and people who are D/deaf or hard of hearing, even if they do not personally identify as disabled or as having a disability.

The Caregivers Network is an initiative for students who provide substantial informal caregiving support to friends or family members who are disabled.

If you'd like to get involved in activism, social events, Disability Inclusion Week, and more, get in touch! You can find our public Facebook page at facebook.com/USYDdis/ and our Twitter at @USYDdis. Contact the 2019 OBs Wilson Huang and Hayden Moon at disabilities.officers@src.usyd.edu.au to be added to either of our Facebook groups. You do not have to disclose any details about your disability or caregiving responsibilities to get involved.

Editorial

Have a look at the cover: 'first printed 2018'. But Honi Soit was first published in 1929. It took 89 years for disabled students to finally get an edition of Honi Soit to share their experiences and advocate against injustice.

As both of the Disabilities Officers are Queer, we are committed to intersectional activism. As a cisgender gay man, Wilson is always careful to ensure that a diversity of queer people are represented. As a trans-masculine person, Hayden is also dedicated to advocating for the inclusion of transgender and gender diverse people with disabilities across all areas. Queerness is diverse and involves many different voices, which all need to be heard. There is also a diversity of disabilities.

We recognise that Aboriginal and Torres Strait Islander people are much more likely to experience disability in this country as a result of colonisation. We acknowledge the work of disabled Aboriginal and Torres Strait Islander people, which has been overlooked and devalued since colonial ideals have taken over this country. As a Wiradjuri Brother-boy, Hayden is particularly dedicated to raising the voices of Aboriginal and Torres Strait Islander people with disabilities.

We have both struggled with accepting our disabled identity. This is a common experience for people with disabilities due to societal

expectations. Wilson doesn't feel like he's exactly an epitome of disability, he can have trouble with his university work and lose focus. However, his disability has a strong social aspect.

Hayden also feels excluded from the stereotypical image of disability, he doesn't 'look blind' to most people in society. People don't believe him a lot of the time. He also lives with other disabilities that are less visible, even though they affect his daily life.

Many have suffered from injustice and ableism in our society. We only recently got a Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability and still have much more to go.

Taking on the role of Disabilities Officers was difficult for both of us. We didn't feel 'disabled enough', we thought that others were more worthy. We didn't feel right for the job. However, no one can represent everyone who is disabled. We are each our own voice, and we cannot speak for people who are not like us.

Yet, this is what Disabled Honi is, it is a collection of works about each individual experience of disability fighting against the injustices of ableism. We are diverse and unique, and regardless of our differences, we must all be allies to each other.

Nihil de Nobis, sine Nobis!
Nothing about us, without us!

Wilson Huang and
Hayden Moon

USyd Disability Services

Disability Services is the main point of contact for accessing disability accommodations during your study. Some of the accommodations they can arrange include:

- assessment and exam adjustments, including extra time, smaller exam rooms, use of a computer
- timetable adjustments, including making sure that your lectures are close together, close to bus stops, or held in buildings that are wheelchair accessible or have hearing loop equipment
- alternative formatting
- access to assistive technology
- lecture support
- library services

Contact Disability Services:

Phone: +61 2 8627 5067

Email: disability.services@sydney.edu.au

Fax: +61 2 8627 8482

Address: Level 5 Jane Foss Russell Building G02 (lift access)

Opening hours: 9am to 4.30pm Mon-Fri

uni 2 beyond

Have you ever thought about what it means for you to be able to come to university? Or what you enjoy most about university? I wonder how many of you say your studies, or rather, the social life university has to offer?

People with intellectual disability are one of the most disadvantaged groups of young people in Australia – they are less likely to complete Year 12, participate in the labour force, or experience an institution like the University of Sydney. Now is the time to change expectations, shift mindsets, and create futures that until now have been unimagined!

At the Centre for Disability Studies (CDS), we know that young people with intellectual disability are entitled to inclusion, education and career pathways. They have the right to realise their potential, their life's ambitions, and make their contribution to society. That is why our social inclusion initiative *uni 2 beyond* has been supporting adults with intellectual disabilities to come to the University of Sydney as non-degree (i.e. audit) students since 2012. We've already empowered over 40 students to participate in this unique experience.

uni 2 beyond actually works because the students receive committed and engaging support that is tailored to their

specific needs. They can choose subjects that they are interested in from any faculty and receive one-on-one tutoring. They are also matched with university student mentors who help them engage socially with university life. This can be joining *uni 2 beyond* students in lectures and tutorials, grabbing lunch together, joining clubs and societies, and so much more! Whilst this enhances the students' sense of belonging at university, it is also an opportunity for mentors to develop advocacy skills and support social inclusion.

uni 2 beyond is part of a worldwide trend towards inclusive education at the tertiary level. Students with intellectual disabilities are increasing their participation at a number of universities including the University of Alberta, Canada; Trinity College, Dublin; and Flinders University, Adelaide. Inclusive education is not only something of inherent moral value, but also practically increases participants' readiness for further study, employment, and opportunity to experience 'ordinary' life.

- Amanda Duell-Ferguson
Education and Development Officer
at the Centre for Disability Studies

Your rights as a disabled student

The Disability Discrimination Act (1992) and the Disability Standards for Education (2005) enshrine in law the right of disabled students to access education and training "on the same basis" as non-disabled students. You have the right to:

- use an assistive device or mobility aid
- be accompanied by a carer, interpreter, reader, or assistant
- be accompanied by a guide or hearing dog or other trained assistant animal
- access reasonable adjustments for lectures, tutorials, and assessments so that you are not disadvantaged by your disability
- access lecture materials in a format that you can understand
- seek redress for abuse or harassment on the basis of disability

SRC Legal Service contact details

Appointments:

Call the SRC Legal Service to make a booking at 02 9660 5222.

If you have a hearing or speech impairment, you can call them via the National Relay Service: <https://relayservice.gov.au/>

Drop-in sessions:

Level 1, Wentworth Building (G01), Darlington/Camperdown campus. No appointment required. Tuesdays & Thursdays, 1pm–3pm

NOTE: The SRC is located down a flight of stairs and may be difficult for students with mobility issues to access. If you prefer a face to face appointment, you may be able to use a (narrow) back entrance via the loading dock, or they may be able to book a meeting space in another venue. Alternatively they can arrange contact via telephone or Skype.

“

uni 2 beyond is a great opportunity for people with intellectual disability to experience a fun social and working environment at uni, one that really supports us as individuals for each subject that we do. We get to learn so much, and on top of that, we also gain great experiences through uni and with our mentors!

For me, I really enjoy uni, not just because of the vast variety of subjects we can do, but also in general the people around are a great bonus! There is always a lot to explore, that I only have the chance to explore because of uni 2 beyond.

For those who want to experience uni through uni 2 beyond, I highly recommend it because 1) you'll have a blast, and 2) you will have great experiences like no other!

- Ben, current *uni 2 beyond* student

What we talk about when we talk about disability pride

Robin Eames explains the importance of disability pride.

When I talk about disability pride people are confused and sometimes a little indignant. Isn't that disrespecting or glamorising a painful reality? Why would you be proud of that?

Well, why would I be proud of this wonky body? It hurts to live in. I am in pain every day. I am slow to do some things, and incapable of doing other things. There are a truly ridiculous number of buildings that I can't get into. I am steadily becoming more misanthropic than I would like to be, because apparently when abled people meet a disabled person all social niceties and conventions of basic decency fly out the window.

Most of what I hate about being disabled is the fault of living in an ableist world. It is not an accident that I can't get into most

buildings; they were built only for certain bodies. It's not my wonky body's fault that strangers refuse services because I am disabled, grab my wheelchair and push me around without my consent, ask me intrusive questions, or insist on talking to the nearest biped instead of me; it's the fault of a society that isolates and marginalises disabled people and teaches fear and pity to abled people. It is not my body's fault that accessing adequate pain treatment in this country is nightmarishly difficult. It is not my body's fault that disabled people are disproportionately unemployed, uneducated, and underrepresented; nor is it my body's fault that we are more likely to live near or below the poverty line, more likely to experience housing crisis, and more likely to experience sexual violence.

For me, disability pride isn't about pretending that there is no suffering involved in my life. It's about rejecting shame. I don't have to love everything about my body to feel that I shouldn't be required to hate it.

Being a wheelchair user in a society built by and for bipeds definitely sucks, but there is a great deal about the physical reality of being a wheelchair user that I genuinely love. Zooming down Science Road really fast is the absolute highlight of my day. The structural oppression is widespread and overwhelming, but disability pride gives me the strength to fight back and make good change. Dehumanising interactions with abled people are depressing, but there are abled people in my life who get it and who I can commiserate and laugh off the bullshit with. And I

have found so much happiness and love amongst other disabled people.

Pride means acknowledging that I am part of a huge and wonderful marginalised community, that is endlessly diverse and found in every corner of the planet. I am proud of my community and of disability culture. I am proud of disability literature and poetry. I am proud of disability activists and the hard work they put into fighting for the rights of people like me.

Pride means reclaiming the possibility of joy over my body, my life, and the way I move through the world. There is more to my life than pain. I am a whole and complete human living a full life, and it's a life that I'm proud and happy to be living.

Beyond productivity

Hayley Rudkin reflects on her experience of Chronic Fatigue Syndrome.

I developed Chronic Fatigue Syndrome almost six years ago. For the first time since I got ill, I'm in a serious relationship – and that means for the first time, I have a witness to parts of my illness that other people don't usually see. My boyfriend sees me lose sleep because of pain; he sees me forgetting, like, everything; he sees me crash, suddenly unable to lift my arms.

Through all this he's been fabulously kind, helpful, understanding (obviously, because I have taste). But when I first saw him seeing me like this, I was absolutely awful to myself.

At this point, I'm used to cancelling on parties and trips and work at the last minute. My illness fluctuates, there's no way around it – my calendar is more a cluster of vague hopes than anything else. It's disappointing and frustrating, but I've become amaaaazingly skilled at cosy nights in, and I really don't mind watching period dramas in my pyjamas while my friends get trashed in a warehouse, location undisclosed.

But I've never had my disability affect someone else the way it does now I'm in a relationship. If I can't go out and I'm stuck in bed all weekend, my boyfriend has to be stuck home with me if we're going to spend time together. And to my surprise, I found myself feeling INCREDIBLY guilty about this. A voice appeared in my head, telling me that he deserves someone better, someone stronger, more reliable, someone who can earn more money, someone more fun – essentially, what I imagine I'd be without ME/CFS.

Which is obviously ridiculous, because I'm deeply and profoundly lovely and amazing.

Where did this voice come from? It's not from my boyfriend, and it's not from my wonderful friends and family. It turns out there's some residual internalised ableism clinging to my subconscious, like gum on a shoe. That tiny part of me that whispers 'yes, society should leave me on a hillside to be eaten by wolves, because I can't be as productive and active and reliable

as other, able-bodied people.'

We're taught all our lives that our worth can be directly indexed to our productivity. For so many people I know, a good day means they've been 'feeling productive.' But I can't work or earn as much as other people, and I doubt I ever will. Yet as a partner and a friend, the people who love me find my worth beyond my ability to be reliable, productive, or help them move furniture.

Deciding that we are worthwhile, that we deserve life and love with our disabilities, can be work. I've found it's deeply political work – so I went over to Gleebooks to find books on disability rights activism to find out more. In the 'politics' section of the shop, I found books about class, gender, sexuality, race – but not disability.

Eventually, I found one book – Care Work by Lakshmi Piepzna-Samarasinha – which is a discussion of intersectionality and disabled activism, yet it had been placed in the 'health' section. It seemed sadly fitting

– disability rights are often assumed to be an apolitical health issue, thus denying the need for any disabled peoples' political agency. For example, while the University of Sydney provides services for students with disabilities, it does not have a space for our marginalised community to gather, discuss the issues affecting us, and advocate for ourselves.

Currently, political discourse and media frequently frame disabled lives as a financial, social, and even an interpersonal burden (I'm looking at you, Me Before You). An important task for disabled activism is to reclaim authority over our own narratives, and determine the value of all people beyond productivity. So that eventually, one glorious day, instead of feeling worthless because every now and then I can't lift my arms, I can feel insecure in my relationships because of my deep-seated fears of intimacy – just like everyone else.

The 'Access Inclusion Seekers' Furore according to USyd's Hayden Moon

Sylvie Woods interviews Hayden Moon.

At a meeting of the City of Sydney's Council Inclusion Advisory Panel last month, convened to advise on the City's new Inclusive and Accessible Public Domain Policy, Lord Mayor Clover Moore heard a suggestion from Mark Tonga, a member of the panel and a person with a disability. His proposal was that the term 'access inclusion seeker' would be more appropriate than 'disabled'. 'Perhaps sooner than you think, the 'd' word will become as offensive as the 'n' word', Tonga remarked. 'So how about... Access Inclusion Seekers?'

The Daily Telegraph made a headline of Tonga's submission: 'Clover Moore considers plan to call people who are disabled 'Access Inclusion Seekers'. The Mighty got confused along the way, and published that it was Clover Moore herself who came up with the term: 'Mayor Proposes Bizarre Phrase to Replace the Word Disability'.

Meanwhile, 10 Daily and Ben Fordham of 2GB relayed the controversy to social media, triggering further debate. Presumably, since the Lord Mayor was the one in major headlines, the many unresponsive Facebook commenters believed 'Access Inclusion Seekers' to be her submission. 'Clover Moore is an intellectual access inclusion seeker', one respondent pronounced. On Twitter, 'Team Clover' City of Sydney Councillor Jess Scully hit back at The Daily Telegraph;

*'I *very rarely* react to Daily Telegraph beat ups, but I'm just furious about the sensationalist, inaccurate way they covered the City of Sydney's draft Inclusive and Accessible Public Domain Policy and Guidelines today. This is important work and they're making a mockery of it.'*

While Councillor Scully admitted to her Twitter followers that The Daily Telegraph recorded Tonga's remarks correctly, she took issue with the way they had been 'distorted by the Tele into an official position of the Council'.

The draft puts forward various measures by which the City of Sydney could become a more inclusive and accessible public domain. It is notable that the City of Sydney's current Access Policy,

developed in 1992, has not been reviewed since 2002.

While current legislation pertains to providing dignified and equitable access to buildings within the City of Sydney, there is no such equivalent for public downmains. With reference to design, maintenance and management of public domain spaces and infrastructure, the draft seeks to fill a policy gap in order to improve accessibility in the City of Sydney.

Even within marginalised communities, inclusive language lies between the hammer and the anvil.

Outside of the ruckus sparked by Tonga's unpopular 'Access Inclusion Seekers' submission, coverage of the Council's draft, which intends to alter the living standards of people with a disability significantly, has been minimal. India Murphy of 'Infrastructure Magazine' was one of few to commend the draft: 'A new policy from the City of Sydney will help create more inclusive streets and open spaces for communities.'

Neither Mark Tonga's personal website (where he refers to himself specifically as a 'disability' advocate) nor the City of Sydney's new draft on more inclusive public domains mention the term 'Accessibility Inclusion Seeker' in their contents. So, Jess Scully may be right to put it to her Twitter followers that The Daily Telegraph blew the event 'out of proportion'. But the dilemma of inclusive language extends beyond what unscrupulous agenda the tabloid press may have. Even within marginalised communities, inclusive language lies between the hammer and the anvil.

As Hayden Moon, a 2019 Disabilities Officer for the USyd Disabilities Collective & Caregivers Network, puts it, 'It's hard to find an umbrella term for everyone...some prefer 'a person with a disability'.

Moon elaborates 'I prefer identity-first language: 'disabled person'.

The reclamation of terms historically used as pejoratives towards marginalised groups further complicates the scope of inclusive language: 'Others are reclaiming terms that were previously used as slurs as a way of showing pride: for example, 'cripple', says Moon. 'I personally refer to myself as 'blind' rather than 'vision impaired' or 'legally blind' because I find value in my disability. It has shaped how I see the world, and it has led to my love of music and dance.'

Beyond his duties as Disabilities Officer at USYD, Moon is an Honours student, a performer, and a prominent local activist for transgender and Indigenous rights. Moon takes the view that 'Access Inclusion Seekers' is an 'inappropriate' term. But while the community will inevitably disagree amongst

themselves, because 'there isn't one experience of disability', the Daily Telegraph has only fuelled further disagreement.

'I think there are issues in regards to ethics in the article. It seems that articles like this are just designed to cause a fuss...it has caused more stigma and alienation of the disabled community unfortunately... This shouldn't be how our community feels in response to an attempt at inclusion.'

'There is also a lot of focus on pride in the disabled community; we shouldn't be ashamed of our difference', Moon believes.

The draft should not be overshadowed by The Daily Telegraph's 'beat-up'. The City's Inclusive and Accessible Public Domain Policy and Guidelines is a 'serious', significant step for accessibility in Sydney, and that should be news-worthy in its own right.

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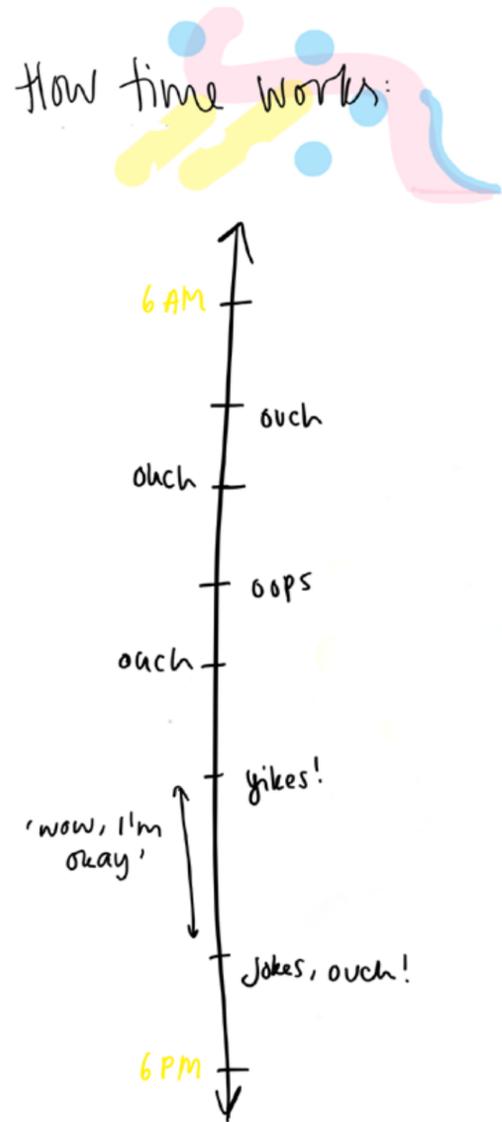
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A Day In The Life Of Someone Who Is Disabled- 'But-Not-Really-Disabled-Enough'

Victoria Cooper gives us a run-down of her day.

I have a generalised joint hypermobility spectrum disorder and I'm still not entirely comfortable identifying as disabled. I often joke that I have achieved the perfect amount of disabled in that, I'm disabled enough for a disabled parking sticker, but fortunate enough to not really have to use it seven times out of ten. What an agreeable equilibrium!*

Being disabled-'but-not-really-disabled-enough' in the gaze of an often-pitiful public has its disadvantages. The greatest disadvantage that I have come to accept is the relative invisibility. It's pretty easy to give someone with a moon boot a wide berth on the Redfern Station staircases, but when I'm sans walking stick, you'll probably grumble at me for taking my prickly-sweet time. So, this is my opportunity to painstakingly detail the things you missed when you saw a conventional looking 20-year-old girl and wondered what was taking her so damn long.



*Generalised Joint Hypermobility Spectrum Disorder is the fancy term for a syndrome that makes all ya joints as structurally supportive as a bowl of unrefrigerated Aeroplane Jelly. Side effects may include: pushing right past that Medicare threshold, having to explain yourself to strangers near weekly, and feeling a little bit like you live in dog years.

8.00am: I awake to the supportive hugs of my awkwardly laid orthopaedic pillows

8.01am: time to 'brace up', boys – five ring splints, two ankle guards, two useless elbow braces, my back brace and a partridge in a pear tree

8.10am: now, more structurally sound, I hover slowly towards the stairs and make lots of beautiful percussion going down them

8.15am: I make multiple trips to the fridge (two litres of milk is a two-handed job, my friends), get someone else to decapitate my super airtight Moccona jar and settle in

9.00am: after my wholesome coffee breakfast, it's time to get changed. 'What to wear?' I think to myself in the three-minute journey back up the stairs. 'What to wear?' I think again selecting shirts that best conceal my back brace. 'What to wear?' I think another time choosing shoes that are inevitably causing more damage to my legs but look better than my orthopaedic grade Asics sneakers.

9.30am: I rehearse my lines; 'I'm sorry, would you mind if I sit here? I have an invisible illness and if I stand up on the bus this morning, sir, I'm very sorry to inform you, I might cry or dislocate something in the aisle. It's your choice.' Nailed it.

9.40am: time to leave the wee safe haven of my home

10.00am: I let two full-ish busses drive by me because I can't be bothered to play out my 'lines' in real time and take the risk of actually having to stand

10.46am: I arrived in the city and, despite the braces, the rushing winds of people make me feel like a fleshy bit of crepe paper

10.47am: ... stairs

10.50am: ... stairs

11.00am: Redfern Station stairs...

11.25am: No stairs. I take the lift up to City Rd with the man collecting the bins though.

11.30am: cobblestones (ankle tendon subluxation count: 14)

12-2pm: General in-lecture things – stairs to get to a row that doesn't make me seem desperate to learn, distracting achy back pains, popping Panadols plural, one my ten fingers locks up, I lean forward to get something out of my bag and my hip locks, my muted yelp turns a few heads, boring lecture on the history of democracy etc etc.

2.00pm: I commit to a speedy trip home, braving the stairs and cobblestone for the sake of time and convenience, and hoping my physio can undo all this USYD damage

2.30pm: Not speedy. Fatigue weighs down hard on me like a big-boned child on Santa's lap

2.31pm: I crack out my collapsible walking stick (and use it to beat up members of the public – how unexpected...)

3.01pm: I explain to a stranger why I am using a stick. They ensure me that they know "exactly how I feel" and recount the time they got drunk rolled their ankle and dislocated their elbow on the same day.

4.00pm: trip to physio confirms damage from 11.30am cobblestone encounter is "not an easy fix". As a half hour session cannot possibly address the fifteen joints that need addressing, I select my favourite two and forsake the rest to ice packs. It's like Sophie's Choice.

4.30pm: my physio chooses fluoro green strapping tape for shoulder. I anticipate that tomorrow's episode of 'what to wear' will be a challenge.

5.00pm: quick check in from Grandmother reaffirms that her shoulders are, indeed, more dysfunctional than mine (she neglects to recognise that this is because she is 94)

5.10pm: I think to myself, 'should I do uni work?'

5.11pm: ...

5.12pm: ...

5.13pm: oops I fell asleep.

A New Diagnosis? Complex Post-Traumatic Stress Disorder (CPTSD)

Charlotte Lim reflects on how CPTSD was the cause of her depression and anxiety.

The aftermath of my first breakup felt like the apocalypse. At the time, I rationalised my inner turmoil by telling myself that my feelings were normal. The tears, the moping, the crushing sadness, looking at photos and reliving my happy memories, and believing I'd never find love or happiness again – all normal, right?

Was it normal to feel my heart-rate pumping like I'd run a race 24-hours a day? Was it normal to feel stabbing pains in my chest when I saw things, or places that reminded me of my ex? Was it normal to blank out hours or days on end, and not remember anything I'd done, or relive some of the most horrible traumas of the breakup?

Obviously, the answer was a resounding no. After some intense sessions of therapy and a trial of antidepressants, I thought I was fine, if not at least back on my feet. "The break up was a learning curve, I'm working on myself, I'm getting better every day," was what I told myself, over and over again – my special mantra.

But even after a year of working on myself, I began to notice a similar pattern.

A friend said she didn't feel like hanging out the day before going back to work because, well, work. Therefore she must not have liked me and doesn't consider me a friend. So I'd withdraw and never message her again even though I felt lonely.

I went about extending my

exchange abroad and had my application for a visa extension denied. According to my housemate, I acted "like you were being deported!"

I got feedback for an essay and spiralled into a depressive episode after I saw how illogical the structure of the essay was. I spent the day in bed simultaneously depressed but also berating myself for being such an idiot, to not work on it harder before sending it to my lecturer.

My emotional reactions to relatively minor things were way out of control. And it wasn't just post-break-up; I'd always been this way, from primary school when I was already worrying about the HSC, till now.

I started picking up on several behaviours whenever something didn't go 100% according to plan:

- Insomnia
- Fragmented thinking
- Difficulties regulating attention
- Repression of emotions/memories
- Explosive or extremely inhibited anger/self-loathing (can alternate)
- Repeated reliving specific moments of trauma
- Isolation and loneliness
- Repeated search for a rescuer
- Persistent distrust
- Feelings of complete difference from others (aloneness), shame, guilt, self-blame, and a sense of

defilement and stigma
• Anxiety and depressive episodes

This is by no means a definitive or exhaustive list of symptoms/behaviours. But it was enough for my sister to figure out (after many, many long phone calls) that perhaps the official diagnosis of "severe depression and anxious distress" might not have been entirely accurate to account for my dizzying array of abnormal behaviours.

It was, of course, the trusty internet source Reddit that led me to what I believe is the core of this mental health rhizome: Complex Post-Traumatic Stress Disorder (CPTSD). Thanks to Reddit, I found the podcast Other People's Problems narrated by psychologist Hillary McBride, wherein S1 Episode 8, she 'puts a name on this problem' – the problem of CPTSD. That things finally started to make sense for the client – and myself.

According to Judith Herman in Trauma and Recovery: The Aftermath of Violence - From Domestic Abuse to Political Terror, "Survivors of prolonged abuse develop characteristic personality changes, including deformations in relatedness and identity...they are vulnerable to repeated harm, both self-inflicted and at the hands of others". Perhaps most significantly, Herman argues how persistent symptoms such as anxiety, phobias, panic, depression as well as the diminishment of one's identity and relational life

remain starkly and distinctly different to ordinary anxiety and psychosomatic disorders. Hence, the need for the new diagnostic concept of CPTSD is crucial to the treatment, care and recovery of those who have experienced prolonged or chronic trauma.

I realised, like many others before me, that I'd simply been collecting a pharmacopeia if you will, or a smorgasbord of remedies for what I thought were the core of my problems: my anxiety and depression. But, even after trialling Cognitive Behavioural Therapy (CBT), medications and reading half a dozen self-help books, I found the effectiveness of each remedy waning – most likely because the underlying issues of prolonged, repeated trauma were not addressed.

Part of the problem is the gaping hole in public awareness of CPTSD. A lack of understanding from the community actively prevents the reconstruction of a meaningful world for survivors – one that beings with public acknowledgement of trauma, and continues with a form of solidarity in community action. According to Herman, the core experience of trauma lies in disempowerment and disconnection from others and only in the context of relationships can recovery take place. We begin with awareness and acknowledgement before we accept and then take responsibility to help break the cycle of trauma.

What does medicine have to do with disability?

Wilson Huang explores the complex relationship between medicine and disability.

Prevailing notions of medicine position it as the science of healing. Medicine is what people seek when they are unwell in the hopes that they will be 'fixed'. Medicine is meant to provide treatments that bring people back to health or 'normality'. However, medicine has its limits, and there are some things which cannot be 'cured' in a short time or at all. In this case, under a medical model, this is where disability arises.

While, for some disability may be synonymous with illness, typically under a medical model of disability, disability is a long-term condition which is a deviation from health. Something is abnormal with a person's physical body which needs to be cured or managed. The aim is to bring the person back to a perceived sense of 'normality'. Though this may make sense for certain conditions, especially

those that are life-threatening, it has its problems rooted in its preconceptions.

One of the most fundamental questions in the philosophy of medicine is about how we should define health (or normality) and disease (or illness). However, many attempts to define either concept have been left with problems. For example, if we define health as the appropriate functioning of human systems, how should we consider pregnancy or pathogens, which can be asymptomatic such as herpes? In this case, does a pathogen immediately constitute disease? Infection with HTLV-1 is chronic but can cause debilitating illness in some and non-existent or no illness in others.

In fact, there are many 'illnesses' which only have limited or specific effects and have no significant impact on life expectancy if

managed well. Conditions such as allergies, eczema, myopia and those affecting senses do not necessarily mean that the person has anything 'wrong' with them; they are fully capable of living fulfilling lives as long as there aren't any barriers in place. This, in turn, is the basis of the social model of disability. That disability involves social environments.

Someone who is blind or partially sighted can contribute as much as anyone else, but they may need appropriate signage with large text or braille to get around. A person who is a wheelchair user, in a similar sense, needs adequate infrastructure such as lifts and accessible public transport that allow them to fully participate in an equal basis. Furthermore, creating accessible environments for those with mental disorders, especially those who have substance use

disorders, require accessible and affordable treatment services.

In this sense, disability arises from social barriers to inclusion and accessibility rather than a view completely focused on medical diagnoses. Instead of merely 'curing' or managing the physical aspects of disability, it is also about creating social environments which allow disabled people to participate as equals.

While medicine is necessary for some disabled people, it is complex and at times, uncertain. It is not a 'be-all-and-end-all' solution. Regardless of whether a specific disability is more medical or social, it is essential that we not only improve medical care but reduce social barriers for all disabled people.

On Deafness

Supharik James Chiraphatnachai reflects on his experiences of deafness.

Being deaf, gay, and Asian—as if some heady intersectional cocktail—I don't hesitate long in saying that whereas being gay and being Asian occurs to me only in bursts, being deaf has been a daily, extremely annoying constant.

If you were to draw up a pie chart of how much these three identities have variously impacted my life (for good or ill), it would have the biggest slice. Not to say, however, that homophobia and racism, often appearing hand-in-hand, haven't also popped up in my life. Or rather, popped out in the sense of ghosting since such prejudices have almost

Whereas being gay and being Asian occurs to me only in bursts, being deaf has been a daily, extremely annoying constant.

become passé, though they've certainly not passed.

But it's the ableism—and audism more specifically, a handy term coined in the mid-seventies to describe the discrimination against people based on hearing ability (or lack thereof in my case)—that gets most of my attention. This is because of how widespread such audism still is, how almost inherent it remains in much of society from infrastructure to behaviour.

Around the corner, Deaf Awareness Week is the last week of September. It would be a mistake to take my viewpoint as representative of what being deaf is like, there being no such singular experience—there is being Deaf, for example, which means being involved in the Deaf community (hence the uppercase-D), and also usually knowing their (sign) language. Unfortunately, I am in that even more specific sub-minority category of being deaf, but not knowing Australian Sign Language (or Auslan, which SignSoc here is organising classes for!) except some expletives. So, my singular deaf experience is only one of many, but

hopefully nonetheless illuminating.

What's my deafness like? It's not liking these, as follows:

people who mumble, over-enunciation or under-enunciation. Whatever happened to moderation? Poor sound systems at airports and train stations, rain, fast banter, the

My singular deaf experience is only one of many, but hopefully nonetheless illuminating

top parts of overhead projectors. Or more so, computer monitors that lecturers and tutors sit behind, blocking their lips so that I can't read. Other likewise inconvenient things include objects at lip height, dimly-lit places, loud places, full beards or classroom tables arranged in grids. I also find certain accents, certain consonant clusters and face-masked people difficult (I almost prefer contracting the cold or flu to not understanding what you said).

Despite my bilateral cochlear implants—they're not the longed-for cure-all. Some hearing parents of deaf children, would like for them to be—but I still lip-read. Anything to reduce lip-readability, and we're both going to have a bad time.

What else is deafness like?

It's laughing heartily at what someone said, but it was a question. It's excitedly turning on captions for a YouTube video, only to be disappointed that they're auto-generated (accuracy's usually more misses than hits, and not much better than Revenge of the Sith's Chinese bootleg subtitles: "The geography that I stands compares you superior"). It's tilting your head at just the uncomfortably optimal angle in some lecture rooms, the better to catch the hearing-loop signal, and having neck problems afterwards.

Class discussions are usually their special kind of frustration. The smaller ones pose no real trouble for me. It's typically the larger ones of more than 10 or 12 that, despite tables generously (and painstakingly

because it's seldom the default) moved into a horseshoe layout, I nevertheless struggle in following that larger conversation, and still more in participating in them. Imagine a tennis match with that dozen of players, playing with that many balls—maybe an impossibility, but you pull it off effortlessly.

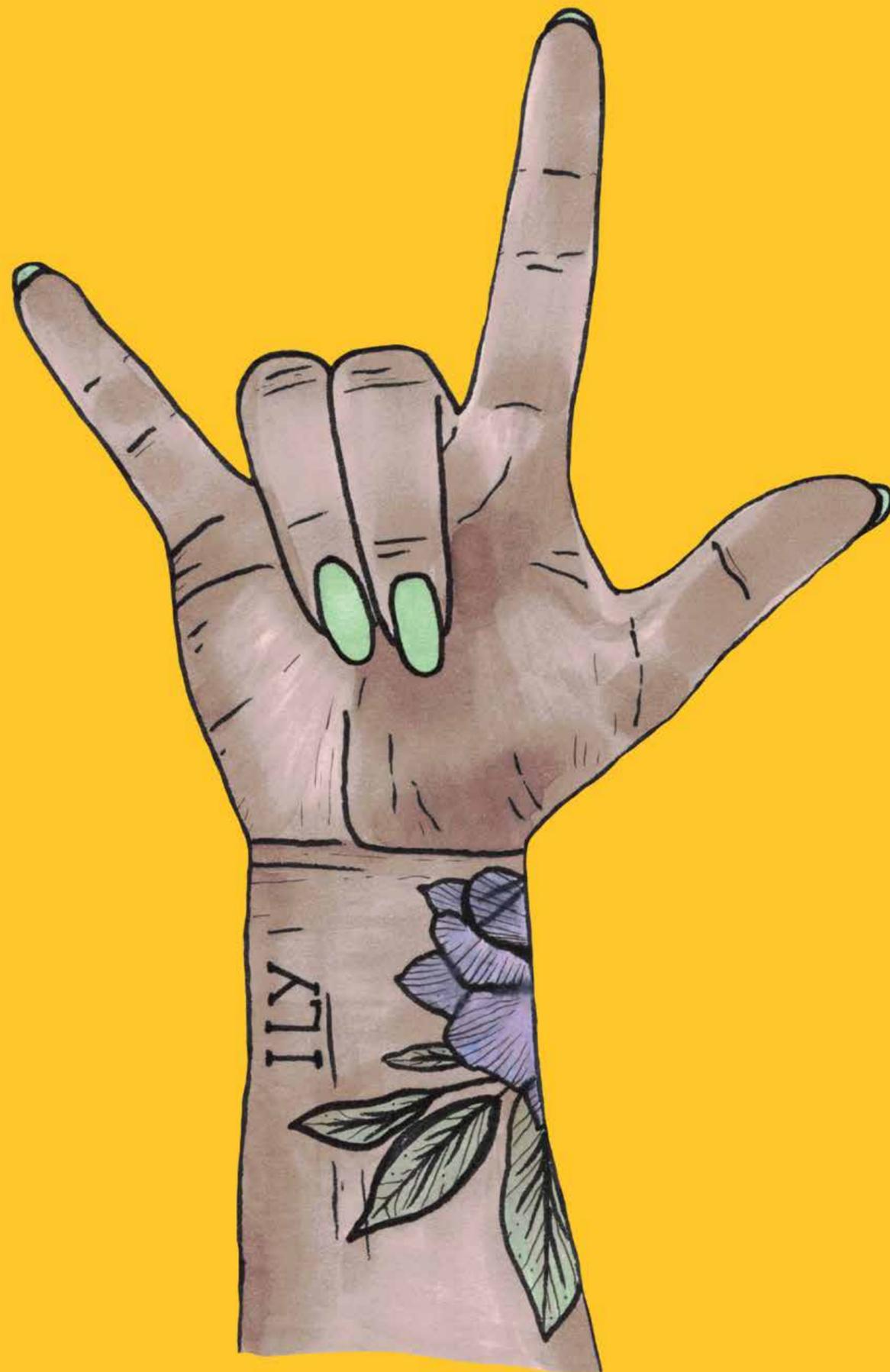
Deafness is usually missing the full picture of any such discussion or, after finally composing it, everyone's already moved onto talking about the next one (i.e., picture), and so on—a recursive state of belated understanding. This brings me to probably my biggest annoyance:

On occasions where I do ask for clarification, I regularly get the following responses: "Never mind," "Don't worry about it," "It doesn't matter," and "It's not important," all of which usually said in this pseudo-apologetic, faintly impatiently way that's hard to miss. Seeming self-deprecation (on their part) that ultimately comes off as self-negating (on mine).

Granted, it could really be trivial, and maybe knowing you made some low-effort, vaguely insulting pun ("hear here!") would've been doubly embarrassing or self-incriminating for all involved if clarified. But it's the act of knowing itself, and not knowing about anything in particular, that does matter, is important.

You don't need to have read Macbeth to have picked up on that line about the "sound and fury" of life, "signifying nothing." For me, though, it's somehow both loud and quiet, signifying nothing and everything. The best thing about being deaf, then, is getting that clarification, willingly if not unasked. It's being recognised that I mind. It's being included in that collective knowing—of both nothing and everything.

For me, though, it's somehow both loud and quiet, signifying nothing and everything.



A different kind of blind

Hayden Moon reflects on being blind but not 'blind enough'.



I am legally blind. Vision Australia defines legal blindness as being unable to see “at six metres what someone with normal vision can see at 60 metres” or if a person’s “field of vision is less than 20 degrees in diameter”. People with blindness and vision loss all have a unique experience of the condition. My experience of blindness is such that I have no peripheral vision, no night vision, no depth perception and I have limited forward facing vision even with my glasses. The glasses I wear are the strongest prescription they can make for me, though they can’t correct my eyesight to what a ‘normal’ person can see.

The thing about being blind is that people expect you to not have any vision at all. This is a common misconception. There is absolute vision loss, partially sighted, legally blind, visually impaired and sighted. Blindness is a spectrum; it doesn’t just refer to people who have no vision at all. In fact, 90% of blind people have some functional vision. My glasses can correct my field of vision enough that it allows me to type, walk, and dance. Beyond three meters they allow me to see minuscule portions of what I may be looking directly at, so I can work out what people or objects are by their shape, colour, movement or sound.

Another common misconception is that, where you don’t have vision, you see blackness. This is also not the case. I don’t have peripheral vision... I don’t see blackness... I just don’t see anything. The way I describe this is, if you stand facing forward and I ask you to tell me what’s behind you, you can’t. It’s not black... it’s just not there. You can’t see anything behind you, there’s nothing there. That’s what it’s

like to be blind, that’s what it’s like in those areas that my eyesight does not extend.

I have two white canes, one used for navigation and one used for identification. My identification cane is named Ethel and my navigation cane is named Bruce.

A common experience I have when using my cane in public is this: I use my cane to help me onto the bus, I sit in the accessible seating. I get my phone out to track the bus’s movements. Someone points at me and says, “If you’re blind why are you using a phone?” At this point I once again find myself explaining that blindness is a spectrum. I explain that I actually need my phone to see where I’m going and to know when to get off the bus, as I can’t see out of the windows. I show them the enlarged text and screen-reader on my phone – some of the assistive technology that helps me to navigate with limited vision. This is education I have to perform on a near daily basis. It is exhausting to have to continuously deal with the ignorance of strangers who feel entitled to an explanation of my disability.

I would rather not use my canes when I need them and end up injuring myself than to use them in public and risk public recrimination.

Ignorant questions are frustrating – but there are also some awful comments I receive from people when I tell them I’m blind or if I use my white cane in public. Actually a lot of blind/partially sighted people experience accusatory comments from people when they witness us using

I didn’t realise that me trying to be confident and strong with dealing with my vision loss would cause people to question my authenticity.

the remaining vision that we do have. It’s for this reason that I don’t use Ethel and Bruce (my white canes) very often. I would rather not use my canes when I need them and end up injuring myself than to use them in public and risk public recrimination.

Just because I can type doesn’t mean I’m not blind. Just because I dance competitively, doesn’t mean I’m not blind. Just because I’m at uni, doesn’t mean I’m not blind. Just because I walk without a guide dog doesn’t make me not blind. Just because I can hold eye contact in the daytime or go clubbing with my friends, doesn’t mean that I am not blind.

Should I take photos every time I break skin by walking into or tripping over something, or knock over a table, or run into a person, to prove that I can’t see? I didn’t realise that me trying to be confident and strong with dealing with my vision loss would cause people to question my authenticity.

I’m legally blind, but society is a different kind of blind – society is blind to the varied experience of blind people. Society needs to accept blindness as a varied experience and, rather than treat blind people with suspicion for having remaining vision, support us so that we can use our white canes in public without fear.

Art by Elle Vanderdeyl

Beyond Abortion: Why reproductive justice is about more than ending an unwanted pregnancy

Noa Zulman argues that reproductive justice must involve disabled people.

Earlier this month saw a historic victory for reproductive rights in New South Wales, as the Reproductive Health Care Reform Bill 2019 passed the Lower House – the first step toward decriminalising abortion in the state. Whilst this is justly cause for celebration, I think it is pertinent that we pause and consider those forgotten by the pro-choice movement: disabled people. For much of the movement’s lifespan, pro-choice activism has centred on the right to terminate an unwanted pregnancy as a cornerstone of bodily autonomy. This is a worthy and urgent task that I believe all feminists should be engaged in. But if we are to remain truly committed to the task of reproductive justice, I argue that we must also fight for the rights of those who are so often denied the choice to have, and care for, their children.

From Alabama to Sydney, people the world over struggle against patriarchal laws that prohibit access to safe and affordable reproductive healthcare. Disabled folk are no strangers to punitive state-control over our bodies; yet, the discrimination we face is often of a different sort. Whereas non-disabled people are denied abortions on the grounds that they are ‘taking a life,’ disabled people are denied the right to reproductive services and sexual healthcare on the grounds that they are ‘unfit’ to parent.

Research undertaken by South African psychologists Sumaya Mall and Leslie Swartz reveals the systemic nature of this discrimination. For example, clinicians routinely advocate abstinence for people with intellectual disabilities, deny disabled people access to reproductive services, and may authorise invasive surgeries to remove the sexual organs of their disabled patients.

Disabled folk are no strangers to punitive state-control over our bodies; yet, the discrimination we face is often of a different sort.

These clinical practices systemically deny disabled people – the right to bodily autonomy and agency in shaping their own sexual and familial lives. I argue that this constitutes a form of reproductive injustice.

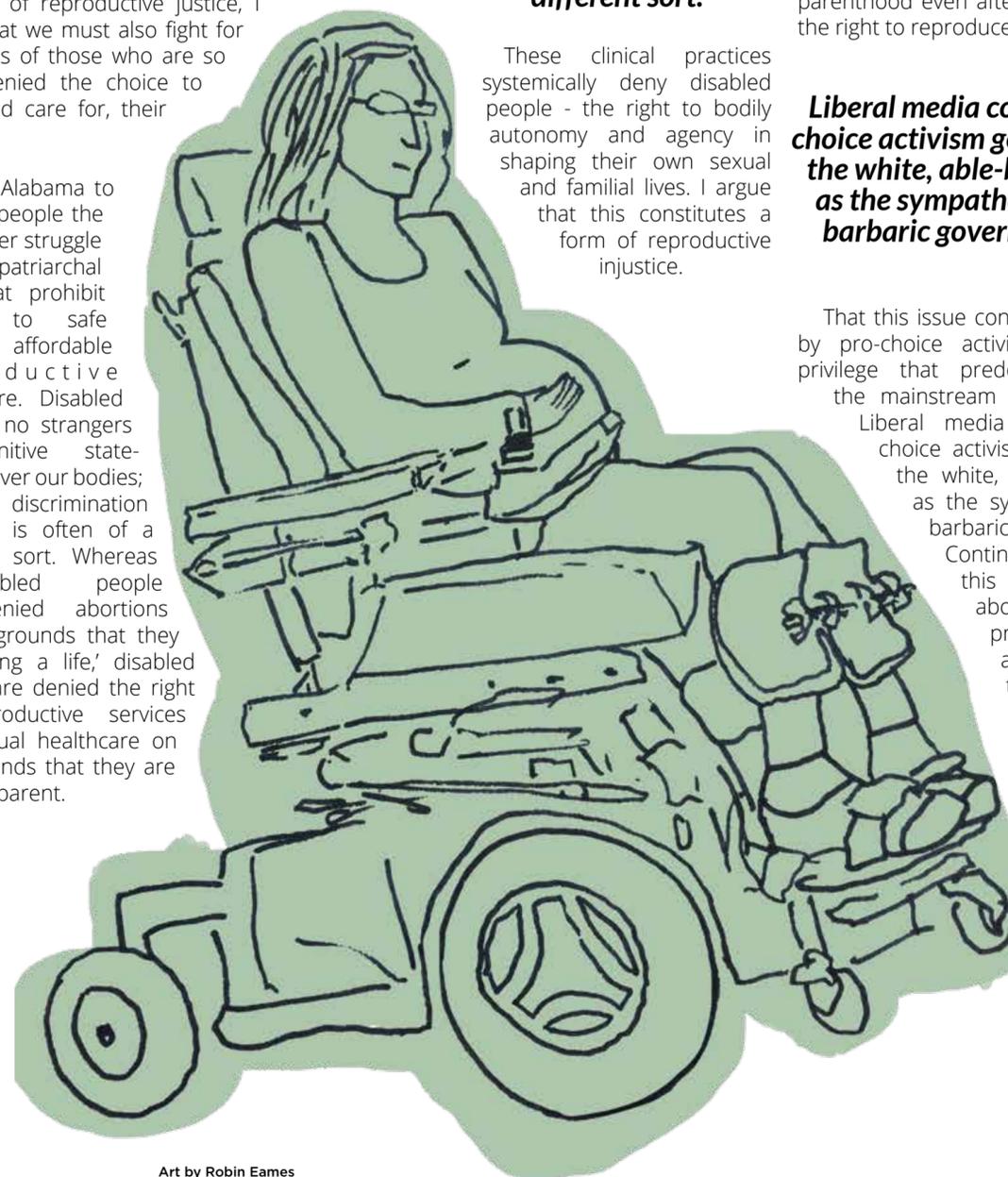
The right to have and care for one’s children with appropriate communal and structural support has always been in jeopardy for parents in minority groups. We need only look at the history of the Stolen Generations in Australia for evidence of the ways in which the state strips marginalised groups of this fundamental right. Colonialism and patriarchy coalesce to create massive structural barriers to reproduction for those the state deems ‘undesirable’ bio-political subjects. Moreover, the absence of a robust welfare state in this country means that the most vulnerable individuals – Indigenous, disabled, working class, and queer women – continue to struggle with the mantle of parenthood even after they have secured the right to reproduce.

Liberal media coverage of pro-choice activism generally centres the white, able-bodied woman as the sympathetic ‘victim’ of barbaric government policy.

That this issue continues to be ignored by pro-choice activists speaks to the privilege that predominates much of the mainstream feminist movement.

Liberal media coverage of pro-choice activism generally centres the white, able-bodied woman as the sympathetic ‘victim’ of barbaric government policy.

Continuing to perpetuate this singular narrative about the aims of pro-choice activism arguably obscures the loftier goals of our movement. The right to choose must also entail the right to keep and care for one’s own children. Reproductive justice can never truly be served until we have reckoned with, and rectified, this lacuna in the feminist conscience.



Art by Robin Eames

Am I Disabled?

Joss Jasmine Gross questions the boundaries of defining disability.

I've been thinking about the borders of disability. At what point does one become disabled? What does the label of disabled even mean? Who decides when we're disabled or not? Can I claim disability for myself? I'm autistic and trans, and I have ADHD. These all impact me, the quantity of shit that makes its way in my direction, and my ability to not inhale too deeply when wading through said shit. They make it difficult to function in the world, not built for people like me, through which I find myself having to navigate. It's exhausting. I'm constantly checking my energy levels, on daily and hourly and weekly scales. I make sure not to overbook or overextend myself too much or too often. I'm also constantly comparing myself to all those peers who get more done in a day or a week than I do, who don't need to take a half day off every time they go out. If I'm judging myself by standards of productivity, it's possible that I'm disabled. Not that I would ever get access to a disability pension. I'm bubbly and smile a lot and am physically affectionate and don't have problems with eye contact, you see, so people are often surprised when I tell them I'm autistic.

It's hard to acknowledge that the separation between "brain stuff" and "body stuff" isn't as hard a line as we like to think. It spills over.

If you've had to develop a coping mechanism to compensate for a limitation you've got, do you still have that limitation? Over the years, I've developed a sophisticated reminder system to keep all my obligations in order. It's

an uphill struggle to remember to use it, but my friends usually just see the colour-coding on my Google Calendar and compliment my amazing time-

At the end of the day, I'm keeping up. But at what cost?

management skills. I've had to develop these habits to pick up the slack where my brain lets me down. At the end of the day, I'm keeping up. But at what cost? Measured in hours worked, I don't do as much as those around me, and I take a lot of downtime and turn down a lot of invites to avoid the inevitable brain fog and social hangover from doing too much, too fast. Is that a disability? What doctor would recognise it as anything other than laziness?

I once helped to cater for an event hosted by the institute I work at. It wasn't much more than pouring wine and fending hungry guests away from the buffet table until it was time to eat. When the main event had finished, everyone spilled out into the hall where we and the table were and began bouncing their animated conversations off the stone walls. It was painfully loud. Normally I'd leave a space like that, but it was work, so I didn't and couldn't. I stayed, made my way home, got takeout

because I could not cook after that, and the next day, I was physically aching from the fallout of that experience. I was exhausted and fatigued. I had trouble getting out of bed. I nearly didn't go to class. This was normal for after a night out, when I'd been drinking and dancing and stumbled home in the wee hours and not gotten enough sleep. It wasn't normal for a day where the most physically strenuous thing I did was stand around for a couple hours and carry some bottles of wine across a building. The only thing those two situations had in common was that in both situations I'd been exposing myself to a dissonant cacophony (voices, music, echoes) for hours on end and had shorted myself out trying to filter that.



Art by Robin Eames



I know myself to be a person who gets overwhelmed by too much social interaction, but I figured it was something I could always power through if I had to. It's hard to acknowledge that the separation between "brain stuff" and "body stuff" isn't as hard a line as we like to think. It spills over. I like to think of myself as able-bodied, and I don't struggle too much with the "brain things." Enough to impact my quality of life, perhaps, but not enough to make me disabled. Right? But the brain is an organ, and my brain's difficulties filtering out disordered noises could definitely be said to be a physical disability. Especially when it actively stops me from inhabiting particular physical spaces. Especially when trying to power through this "mental" difficulty leads to "physical" pain. And is perception physical or mental? Is that a distinction that even makes sense?

I ended up making it out of bed and into class. Mostly because this week we were discussing Alison Kafer's book *Feminist, Queer, Crip*, and it was all too apropos for me to not want to be there for the discussion we'd have. I'd had a lot of thoughts about that book, or at least the part I was able to read. It dealt with exactly these questions about what makes one disabled, about models of disability like the medical and the social. Are we disabled when a doctor agrees that something's wrong with us, or are we disabled when the norm deviates from us so strongly that we find it hard to function? Am I disabled? Who decides?

Can I just claim it for myself? If I'm physically exhausted so easily by doing things that many other people might not see as strenuous, is that disability? Does the answer to that question depend on whether I decide to stay at home or not?

I know I'm asking a lot of questions, but here's what it comes down to: my brain, which is a part of my body, is different from the established norm

I know I'm asking a lot of questions, but here's what it comes down to: my brain, which is a part of my body, is different from the established norm around which our society is built. I need accommodations in order to function in a way that I and those around me find satisfying, to live a life I would call fulfilling.

around which our society is built. I need accommodations in order to function in a way that I and those around me find satisfying, to live a life I would call fulfilling. Most of the time, I need to make those accommodations happen myself, mostly by being hyper aware of and finding ways to compensate for, my limits. My quality of life is affected by this, but it doesn't take a form that society and doctors would recognise as disability. I definitely have an investment in not thinking of

myself as being disabled. I don't want to step on the toes of my disabled friends and loved ones. I don't want to cheapen the label because, at the end of the day, I am functioning. Aren't I? Does that mean you can only be disabled if you're not coping? What would it mean to admit to myself that this is a disability? Or at the very least, what would it mean to admit that the resonances are there between my struggles and those of people who are more readily recognised (accepted? seen?) as disabled? Am I avoiding the label out of solidarity when I could be claiming it out of solidarity? Who knows? Not me!

Class was cancelled, by the way, because the teacher had a flare-up of a chronic condition and couldn't make it. We chatted about it later. The irony wasn't lost on either of us.

Poetry

Flowering Tea

Mavis Tian

darkness blooms
unfurls slowly
around the edges
of my life
sinking in so slowly
I was the last to know

I kept running towards
the sun at the end
of a long cold tunnel
never knowing the wind
lashing out at me
was trying to warn
I was the last to know

my dreams filled
with reality
so indistinct
from everyday life
the only absence
tiredness

that seeps
deep into the soul
world weariness
accented by
never ending pain
trapped
in a body

running
on borrowed
time, never
meant to last
so long
falling apart

I tape over
every malfunction
as if
it could
delay
the inevitable
except

when I die
in my dreams
I wake up
how can
I tell if reality
is the same

if you
only ever
want to
keep living,
next time
will I wake up?
I will be the last to know

Grace

Charlotte Lim

Content warning: animal abuse

This poem is both dedicated to and inspired by the equine Grace who currently resides at Jacob's Ridge Animal Sanctuary in Murcia, Spain after being chronically physically abused by her previous human companion prior to her rescue. It is also a tribute to all those survivors of childhood abuse and those who live with Complex Post-Traumatic Stress Disorder (C-PTSD).

it wasn't until I met Grace
that I learned empathy:
I could finally pause, taking time to just be
and observe, revelling in the magnitude of her Grace.
from empathy, sprouted self-acceptance, which mushroomed into self-compassion

and that's when all the bells rang
and I realised that we were the
same
perhaps not in species, or experience
but in coming to realise that how we are,
how we behave, respond, react, fight, flight or freeze
is simply a product of our pasts
it was really just
survival
as best as either of us could
given our circumstances

and despite the thousand cuts from broken eggshells we sustained
that most importantly,
it **wasn't Her fault**
the same as it
wasn't My fault either
the way I turned out, the way we both trundled along, finally
resurrecting as what we are now

I realise
Grace and I
we are
Survivors.

recovery may be long and arduous.
we may never
let go of; or forget; or understand fully the terror
but it will become less powerful
less potent
less important
less definitive.

finding solidarity is bridge to
where we can be
safe
where we can
grieve and mourn
but also
reconnect

where recovery is possible
where recovery is achievable
where recovery is hope.

Circe's Potions

Robin M Eames

After the surgery
my father is different in inconsequential ways,
the same in all important respects.

His heartbeat is a little faster now
accommodating the unfamiliar valve,
transplanted from a pig. He still eats bacon,

is still forgetful, still stubborn, still
thoughtless in the way he always was
still lacking in tact

or meaningful filter, even more so
since the stroke, since he has become concentrated
inwards. For myself

we are considering a mechanical heart,
because I am younger, because it is expected to last
for longer, require more maintenance.

My diet, unlike his, will change
dramatically, excising alcohol, gaining
an additional regime of medication

to add to the handful of pills I toss back
every morning. Unlike my father, a hybrid of human and swine,
I will be a hybrid of human and machine,

more like Hephaestus than like Circe's
drunken visitors. Seething with honey-wine
the vengeful witch-queen turned men into pigs,

but their essential souls remained the same.

crip mythic

Robin M Eames

my body is not my body
but a metaphor in someone else's mouth
a curse, a broken destiny, a terrible doom
a disappointment

my body is a fate worse than death
for those who have never fought off death
to live in my body

in the half-light of morning my body hallucinates
warped figures in shadow, oracular warnings
my body answers enquiries
hidden behind ciphers
drugfucked & divine

my body is an aching heart
a spectre of someone it hurts to recall
i am all grandfathers
all elderly parents, the occasional aunt
or sibling struck down by disease
haunting the text

you forget that i live in the ghost
i am here, if you look closely
buried beneath the page
my body survives

**Reprinted from Cordite Poetry Review #91*



Art by Robin Eames

I've loved them too hard for too long

words and art by an anonymous gardener

The hospital was beautiful. As beautiful as hospitals get. It was called Mill View and was in Brighton. Right near the hospital was an old fashioned English windmill. I used to love going for walks to the park and watch the mill turn slowly, on it's own time plane, moved by the wind, but at the same time, seemingly sturdy and unfazed by the outside elements.

All together, I was in hospital for around a month. Because when I was admitted I was in such a state, I couldn't contact my parents or friends immediately. Housemates in Glasgow, family in Cambridge, friends in Italy and of course, my beautiful family in Australia were worried sick. They thought I was missing – although this of course for me was strange – despite being so out of it and not comprehending completely where I was, I was always there, always here – I was with myself the whole time.

Something very special happened to me when I was in hospital. I fell in love. Falling in love isn't unusual for me. It happens often and quickly. Unfortunately, in this case, as with most of my forays into love, this was unrequited (as far as I know) and highly problematic, as the object of my desires happened to work at the hospital. I still remember his name. And the first time we met, or well, the first time I really saw him. I was sitting sadly on the floor because I had forgotten how to open the door to my room. He sat with me on the floor for a while, and then convinced me to join him in the communal kitchen. He was planning to do a group cooking session.

The man in question, let's call him Jo, helped out with the patients by running painting sessions, cooking sessions and regularly took us out for walks to a nearby park. When my cousin and partner came down to visit me, Jo took us around the grounds of the hospital. They loved him almost as much as I did. Once Jo took me out to see a community play of "One Flew Over The Cuckoo's Nest." Initially, he had bought tickets to go with another person who was staying at the hospital, but they had changed their mind about attending. Having had already seen the film, I was a little weary when he proposed the excursion, given the subject matter of the play. I sat in the theatre with him, thrilled to be out on an adventure, wanting to hold his hand the whole time. At the end of the play, Jo seemed quite concerned. He confessed as soon as we walked out that he didn't quite realise that it might not have been the best play to take me to. I told him it was ok. I still wanted to hold his hand.

Mill View was beautiful in the summer. And summers are a beautiful time for being in love. I had managed to convince the nurses (perhaps with some help from Jo, I don't remember) to get a radio in my room. I used to listen to a local radio station which played early 2000s bangers like Spiller and Sophie Ellis-Bexter's Groovejet (If this ain't love) as well as a more commercial station which played the 2015 summer hits like "I got bills" which I to this day, have fond memories of, despite never listening to commercial radio in Australia. In the garden, which we were only allowed outside of during scheduled hours of the day, there were herbs growing in little pots, parsley I think. It reminded me of my parents in Blacktown, growing herbs in our monstrously large backyard. There was a telephone box which inside the hospital ward, which would often receive calls, and were, at least in the early days, very often for me. Friends from near and far called to check in on me and make sure I was ok. Some calls were long and teary. Others short and sweet. But I loved that feeling of getting a call in the hospital. I felt special, and probably acted a bit cocky, much to the dismay of the other patients. I decorated my wall with paintings I did in the ward and flowers I picked during our walks to the park.

One day, my dad came to pick me up. He had travelled all the way from Australia to collect me. It was a difficult reunion. I had been away for so long. I didn't want to see him.

I met him in a coffee shop one time. It was like we were best friends catching up. Gossiping and laughing about old times. I was too shy to talk to him, but he coaxed me out of my shell. On another day, we went for a walk to this strange temple and sat out in the sun for hours. I didn't want to talk. I felt I didn't need to. The park was full of people and I felt safe.

When the time was right. Dad took me home to an airbnb he was staying in. The house had three stories and a purple wall and looked friendly and warm. I was frightened but I knew it would be ok.

We ended up staying in Cambridge with my cousin and his partner. It was still summer. One night, we were watching a movie and I felt so overwhelmed. I thought the police would find me. I didn't know why. I thought they were coming to get me because my cousin had an illegal copy of the movie we were watching. I heard a siren in the distance. I knew they were coming for me. I went to bed early that night after talking it out. I felt better in the morning.

I was well loved. By my dad, my cousin and his partner. We were a team and so was everyone back home. Some days I really felt them looking after me. Other days were difficult and I felt alone and like I wouldn't make it. I wanted to sleep and never awaken. But I never did anything silly, I just kept thinking about the next day. And gave myself little things to look forward to. My favourite thing was when we went for a walk to the countryside. We passed cows. And everything was green. I was starting to recover some of my clothes. I loved op shops. I had a collection of things with me. It took me ages to heal. I was slow. I still am sometimes.

Once upon a time I found myself in my childhood room. The walls were blue. The sun warmed me up in the winter and I was surrounded by books and beautiful things.

I knew that day, that I would survive. I could hear my mother in the kitchen and my sister dancing. My dad was silent. It was a warm winter that year in Australia.

This story was written for my beautiful families and the others who I love. Keep up the good fight comrades. You know who you are.



WE ARE HERE

A photo series featuring disabled University of Sydney students, by Robin Eames



Georgia, Bachelor of Liberal Arts and Sciences graduate

Your voice and presence is needed and important, but your worth is not defined by your productivity or your ability to conform to what is arbitrarily valued by society. I don't feel needing or asking for help is a weakness, it's a strength and one that I cherish, to have to connect and communicate about my needs and state of being, and encourage others to do the same. It creates a generous intimacy that is lacking in the wider world.



Natasya, Bachelor of Arts student

I'm glad to have found another family in a marginalised community that is loving and kind. My disability has also taught me tolerance and patience

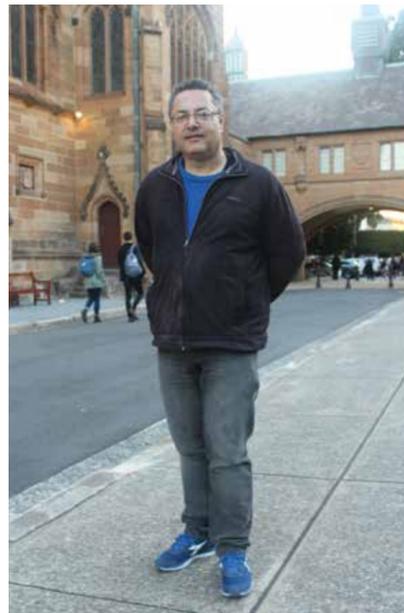


Hayley, Bachelor of Design Computing student

You can look perfectly healthy and still have a disability. Never assume you know another person's body. Believe people.

Joe, Bachelor of Engineering student

[My disability has] helped me realise the importance of people and not to just shut myself away doing my work.



Noa, Bachelor of Arts (Honours) student

I want disabled students to know that they have just as much right to be at university, to take up space, and to ask for help as anyone else. Never be ashamed of your presence here.



Hayden, Bachelor of Arts (Honours) student

I see and experience the world differently. My way of perceiving the world isn't inferior, it's just different. My bad eyesight led me to my love of music.



Kerry, Bachelor of Engineering (Electrical (Power))/Bachelor of Arts graduate

Seek out other people who have the same disability that you do. There is no substitute for having peers who understand your situation.



Robin, History PhD student

My favourite thing about being disabled is scattering undergrads while zooming really fast down hills. I want disabled people on this campus to know that you are not alone, we're here for you and each other.



President

Jacky He

Strengthen Our Campus Safety

Following the incident where a student was randomly attacked on campus which happened roughly one month ago, the SRC is actively working with the USU to devise plans and strategies to bring to the Safer Community Advisory Group. We would love to hear from our University community about any suggestions that

would assist us with trying to achieve this goal. Please send any recommendations or suggestions through to president@src.usyd.edu.au. All ideas are welcome, and ultimately this is going to help to more extensively protect the University community, including yourselves. If you encounter any danger or a physically intimidating situation on campus, please

contact 9351 3333 to request Campus Security to help.

Know and Protect YOUR Employment Rights

There have been several cases of University students being paid below the minimum wage that have been reported by both student media and public media. Students should be aware that as of 1st of July

2019, the minimum wage rate is \$19.49 per hour, or \$740.80 per week. Any full or part time retail industry worker would be entitled to a further 25% penalty rate loading on Saturdays, and 80% loading on Sundays. You can use the minimum wages Fact Sheet on Fair Work Ombudsman to help you understand the level of pays and work rights that you are entitled to. You may

find all relevant information here: fairwork.gov.au/how-we-will-help/templates-and-guides/fact-sheets/minimum-workplace-entitlements/minimum-wages. If you feel that you have been underpaid, you should immediately call 13 13 94 to speak with someone from Fair Work Ombudsman who will be able to assist you.



Note: These pages belong to the Office Bearers of the SRC. They are not altered, edited or changed in any way by the editors of Honi Soit

Vice Presidents

Dane Luo and Caitlyn Chu

Hello to Satellite Campuses!

In weeks 4 and 5, we will join our caseworkers to visit Mallet Street and Cumberland. We are promoting the SRC's Textbook Subsidy Program. If you're an undergraduate student in need, apply for the Textbook Subsidy Program at www.surveymonkey.com/r/srcbooksubsidy. Or for more information, go to www.srcusyd.net.au/textbooksubsidy.

SSAF

The University has changed the way that your student organisations get their SSAF allocation each year. Each

year, the newly elected SRC would make a submission for funding in January, with allocations sorted around July. Under the new system, the outgoing SRC will make a submission in October with allocations decided in February for the incoming SRC. This can benefit student representatives, allowing them to plan in semester 1 with a budget. However, it means that the 91st SRC will be submitting TWO applications!

Committees

We have been busy bringing student voices to the University's decision-making committees. We spoke at the Student Consultative Committee about contract cheating and raised the timeliness of appeals at the Student Appeals Body. We enquired at the WHS Committee about the WHS module completion rate of the University's employees. We asked about the University's student experience plan in the Education and Research Education Committees. And we will continue bringing a student voice to all decisions of the University.

Here's Why Student Housing Isn't Affordable

Let's assume a student is over 18, have no children and live in a share house. Their maximum Youth Allowance would be \$455.20 per fortnight and Rent Assistance would be \$91.47 per fortnight.

Now, a person experiences 'housing stress' if they are paying 30+% of income in housing. So at the maximum rate, students should not be paying more than $(30\% \times \$455.20) + (100\% \times \$91.47) = \$228.03$ per fortnight. That's \$114.02 per week on housing.

BUT the University's Regiment Building charges \$348 per week and the Queen Mary charges \$328 per week. Even with the very small amount of scholarships through UAC, half price rent comes at \$174 and \$164. So how can we expect students living on Centrelink payments to afford housing?

We thank Mel de Silva for sharing her insights into this issue. If you need help with student housing, please contact our professional caseworkers at help@src.usyd.edu.au.

Education Officers

James Newbold and Jingrui (Jesse) Xu did not submit their report this week. They are paid office bearers of the SRC.

Wom*n's Officers

Gabi Stricker-Phelps and Crystal Xu

Write for Us:

ENID is an online female-focused journalistic platform for university students that combines resources, creative material, entrepreneurial information and much more! If you have something you want to share (opinion pieces, poems, dances, speeches etc...) please get into contact with us by either emailing womens.officers@src.usyd.edu.au or direct Facebook messaging the USYD Women 2019 page. You can also visit <https://enidnetwork.com/> and check out the resources and pieces we already have to offer!

ENID Videos:

According to a recent ABC report, 78% of Australian women are dissatisfied with their appearances. Women of all ages, particularly young women, struggle with their body image, sense of self and identities. USYD Women collaborated with three gorgeous USYD girls, Cady, Taseenn, Serena, to film a short video about female confidence and body positivity to encourage more women to accept their bodies and love who they are. Go to our FB page to check it out (USYD Women).

Sanitary Item Project:

Free sanitary items are now accessible on main campus at the SRC front office (Wentworth Building), in the Manning House Wom*n's Room (which thanks to the USU has just been newly refurbished) and in the Courtyard bathrooms. Cumberland campus also had their free sanitary item box delivered.

Reproductive Health Care Reform Bill:

The 8th of August 2019 marked a historic moment for women's reproductive rights

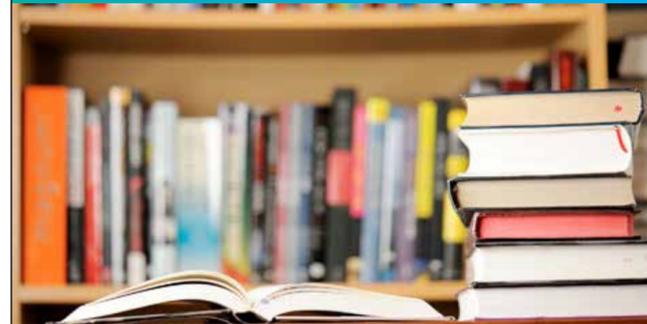
in NSW, with the passage of the Reproductive Health Care Reform Bill 2019 in the NSW lower house. Abortion has been criminalised in NSW for 119 years under sections 82 to 84 of the Crimes Act 1900. On the 21st of August the Bill also passed a vote in the NSW Upper House (26 votes to 15). In mid-September motions to amend the Bill will be heard and voted on. A poll released on Tuesday this week also shows that 71% of voters support removing abortion from the Criminal Code as this is consistent with polls conducted over

the past three decades. If you wish to learn more or get involved, more information can be accessed on the NSW Pro-Choice Alliance Webpage: nswprochoicealliance.org.au

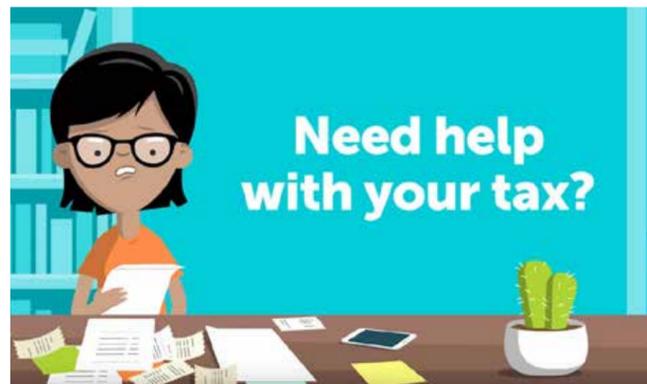
Textbook Help!

The SRC is helping students with the cost of buying textbooks.

Apply online: srcusyd.net.au/textbooksubsidy



Apply for Textbook Help online: <http://srcusyd.net.au/textbooksubsidy>
Level 1, Wentworth Building (G01), University of Sydney
(02) 9660 5222 | help@src.usyd.edu.au
[facebook.com/srchelp](https://www.facebook.com/srchelp) | Instagram: @SRC_USyd



Get FREE help with your tax return from a Tax Help volunteer on campus!

Available to USyd undergraduate students through the Students' Representative Council (SRC) until the end of semester 2

To book an appointment call: 9660 5222



Ask Abe

SRC caseworker help Q&A

Adjustments for Disabilities

Dear Abe,

My friend suggested I ask you about how to get adjustments for my disabilities. I am already registered with the Uni, but have had some difficulties in one class where the lecturer doesn't like wearing the microphone. I'm too embarrassed to say anything, but I'm scared I'm going to miss out on lots of information.

Thanks for your help,
Hearing help needed.

Dear Hearing help needed,

One of the benefits of being registered with Disability Services, is not having to do individual negotiations in situations like what you described. All lecturers are meant to wear their microphone, and use it properly, so that everyone can

hear. However as you have found, this is not always the case. If you feel able, talk to your lecturer and explain why it would be beneficial for you if they wore their microphone. Alternatively, explain the situation to Disability Services, or the Associate Dean Student Life, so that they can advocate for you.

The same applies for any disability, not just physical ones. If there is a disability adjustment that you need, but have not yet registered with Disability Services, ask your teachers for a temporary, informal adjustment. They are under no obligation to grant you any adjustments without registering, but it might be worth asking.

Good luck with your studies,
Abe



Ask Abe

SRC caseworker help Q&A

Do I need to apply for 'Special Consideration?'

Dear Abe,

I am confused about whether I need to complete a special application form, as I am registered with the Disability Services.

Thanks,
First year science student.

Dear First year science student,

Special Consideration is for unexpected short term (< four weeks) illness or misadventure that is outside of your control. This includes an exacerbation of a pre-existing medical condition. Anything longer than four weeks is considered a disability, and registering with Disability Services will allow you to seek an academic plan, that will give you any necessary adjustment. For

example, if you have anxiety and it is difficult for you to complete an exam, you will need to have registered with Disability Services, to gain adjustments like extra time for the exam, sit in a smaller exam room, or attempt the exam in the supplementary period. However, if something happens that causes you to experience an exacerbation to your pre-existing anxiety condition, that has stopped you from being able to attempt your exam, you could apply for special consideration. Your documentation (e.g., PPC, doctor's certificate) will need to demonstrate those dates and the severity of your condition. If you need a more detailed or specific explanation feel free to talk to an SRC Caseworker by email to help@src.usyd.edu.edu; or call 9660 5222 to make an appointment.

Abe



Switching diagnoses is not a solution for inadequate school recourses

Wilson Huang

On Sunday, *The Sun-Herald* reported that one in five parents of school students diagnosed with ADHD were pushed by their schools to pursue a different diagnosis. The reason for this was said to be because the schools wanted more funding for extra supports, such as teacher's aides for the children. But why would an ADHD diagnosis not be sufficient?

In 2019, children with ADHD can access a general pool of \$288 million in funding from the NSW Department of Education, which deals with 'low-level disability'. However, children with ADHD alone are not eligible for extra targeted funding, a \$200 million "integration support funding" for 10,000 individual children with disabilities.

Because of this, teachers were mainly pushing for an autism diagnosis, though other diagnoses such as extreme anxiety or oppositional defiance disorder (ODD) were also considered. 21% of 1184 parents with children diagnosed with ADHD were found to have been pressured for an "escalated diagnosis" in a national survey.

While the schools may have the best of intentions, misdiagnosing children can potentially be dangerous. Different disabilities need different treatments, and inappropriately treating children can negatively affect their self-perception. At best, the children may get some appropriate help, but a misdiagnosis runs the risk of mistreatment, potentially exacerbating the underlying condition.

Instead of chasing diagnoses, we should care about the level of funding public schools receive. Educational inequality, especially between comprehensive public schools and private schools, leads to inadequate resources for all students, but particularly for those with disabilities.

Extra funding could mean that schools can deliver appropriate supports and training for teachers without resorting to inaccurate diagnoses that could have unforeseen consequences for the child.

Annual Elections
Students' Representative Council,
University of Sydney



2019 Polling Booth Times and Places

POLLING LOCATION	WED 25TH SEPT 2019	THURS 26TH SEPT 2019
Fisher	8:45 – 5.15	8:45 – 5.15
Jane Foss Russell	8:45 – 5.15	8:45 – 5.15
Manning	10:45 – 3.15	10:45 – 3.15
PNR Building	11:45 – 2.15	No polling
Cumberland	9:45 – 2.15	9:45 – 2.15
Conservatorium	9:45 – 2.15	No polling
SCA	No polling	9:45 – 2.15

Pre-polling will also be held outside the Jane Foss Russell Building, on Tuesday 24th September from 10am–3pm.

Authorised by C.Lu, Electoral Officer 2019, Students' Representative Council, University of Sydney
p: 02 9660 5222 | w: srcusyd.net.au



THE INDEPENDENT

THE DEPENDENT BRINGS YOU NEWS EACH WEEK COURTESY OF OUR SPONSORS. THIS WEEK, THEY ARE:

All 12 people somehow on the Disability Support Pension

POLITICS: Government announces review to re-view the review on accessibility

RELIGION: Charismatic church claims disabilities don't exist because 'the Spirit' heals everything

Miracle painkiller found to be oxycodone

Wilsooooooon looks into the o's in oxycodone

Last Saturday, it was revealed that a new pill marketed as 'a miracle cure for pain doctors don't want you to know about' was actually just an opioid. The company, Everything Can Be Cured With Natural Remedies, claimed that their pills were a '100% natural all new plant extract' that would shake up the pharmaceutical industry.

The supposed miracle cure received many positive reviews with many claiming that their pain was reduced or simply just went away.

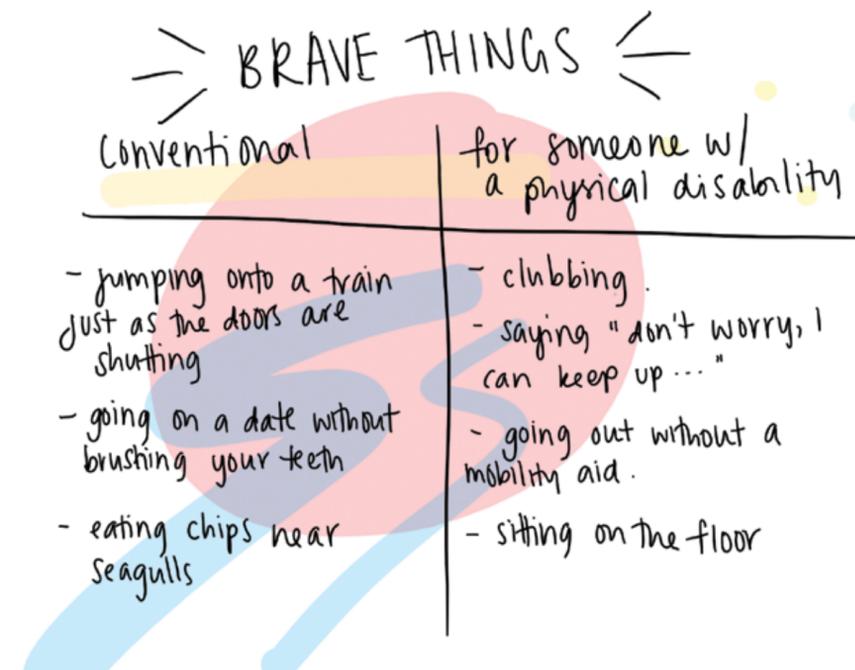
"Wow, this product feels just like the drugs my doctor gave me," wrote one avid reviewer.

Another said, "This reminds me of when I was on heroin."

However, testing by the TGA found that the supposed natural extract was essentially just re-packaged oxycodone. When asked by *The Dependent*, Everything Can Be Cured With Natural Remedies said that, "these claims that our pills are opioids are completely false, they are 100% NATURAL."

The TGA issued a notice to Everything Can Be Cured With Natural Remedies to stop selling the product. In a statement to *The Dependent* the TGA said, "oxycodone is a Schedule 8 drug and can only be prescribed by doctors under state and territory law."

More to come.



Art by Victoria Cooper

Students' Representative Council, University of Sydney

Want some work? Polling Booth Attendants Required

The SRC is looking for people to work on the polling booths for its elections this year.

If you can work on Wed 25th Sept and/or Thurs 26th September, and attend training at 4pm Monday 23rd September, we want to hear from you!

\$35.57 per hour

There may also be an opportunity to undertake additional work at the vote count.

Apply online at:

srcusyd.net.au/about-us/src-jobs

Applications close 5pm Wednesday 11th September 2019

For more info, call 9660 5222.



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