@DisabledSpice, a disabled queer activist and an artist who is part of the Determined Art Movement (DAM) collective, says that they "don't care" about diversity and inclusion as they "don't want to be included as a token representation. They continue: "I want to be heard, and I want my queer and disabled elders to be heard. I want the next generation of disabled and queer folks to be more visible, specifically trans people, street workers, Dalits, Bahujan, Pasmanda, and Advasi communities."

Emphasising the need to abolish institutions and structures of power, they submit that it would be better "if we have more agency in our economic, housing, and socio-political rights." For allies, they feel that there's a need to realise that they can't just 'assign' allyship to themselves, it requires "constant work in friendship, forgiveness and unlearning."

"When it comes to physical and mental disabilities, there is little space for everyone," says Kanav Narayan Sahgal, a development professional and an ally to queer people with disabilities.

Hinting at this bias that's in the very structure of how we imagine queer spaces, Kanav reminds how pride marches are inaccessible to people with disabilities, and that after the coronavirus outbreak, when "everything moved online," how deeply discriminatory even the online medium became.

Kanav wonders "how do people with hearing and visual disabilities attend online events? What accommodations are made for them? And are they even made at all? Given that the medium of instruction in most online spaces is English, so many people are left out. Moreover, we rarely think about whether the internet is available to all. Do we even consider the possibility of whether cellphones are discreetly available to use for those queer disabled attendees who need privacy? Clearly, there's only a particular class that can access these things."

Thinking about the inclusion of disabled and neurodivergent people at protest sites and discussion spaces, Kanav says that "protest spaces remind me immediately of police violence and unwarranted arrests." He goes on to say that "for someone who has attended protests, I have witnessed first-hand the kinds of transportation restrictions and frequent internet shutdowns that limit people from organising. However, while able-bodied people can get away with most of these difficulties, people with disabilities are at a greater risk." He also underlines that there's a tendency to view LGBTQIA+ people "as a monolithic group. So for example, if we try to talk about the issues faced by bisexual neurodivergent women or asexual men with disabilities think allies are even willing to learn because these issues seem too 'complicated !"

'Don't want tokenistic representation'

July 2021

Little did I know that this would cost me dearly. Once the mental health department discovered that my documents still had my deadhame, they forced me to run from pillar-to-post to change my chosen name back to my deadhame.

I did this while having an out-of-body experience of sorts. I kept deadhaming myself, with a smile on my face, as though \overline{I} wasn't talking about me. I was performing. It was a play. A theatre of the bizarre.

One thing is for sure, I definitely didn't feel like the hero of this story

I wasn't calling the shots. My psychologist withheld her reports of our session, saying she wouldn't give it to me till I got my name changed. So, of course, I was going to do what was 'required of me' to move on to the next step of my physical transition.

What an adarsh balak! The whole experience was traumatic, to say the least.

Lots of trans people go by names which are different from the ones on their legal documents. But many-a-time, hospitals will insist on officially referring to you using your deadhame. They treat their trans clients differently even though we pay the same money.

"If you prick us, do we not bleed? if you tickle us, do we not laugh? if you poison us, do we not die? And if you wrong us, shall we not [seek] revenge?"

Since we are supposedly seeking 'medico-legal' care, hospitals want to protect their interests by erring on the side of supposed caution, whatever that means. This is to be understood as them willing to err on the side of caution even if it means causing emotional distress to their trans clients.

I almost broke down in the hospital, but I didn't want to give them the satisfaction of seeing me cry. How am I supposed to feel safe in a space that fails to address me by my name? Doesn't that mean that they are refusing to see me for me?

By way of explanation, I was told that the reason the hospital has such a policy is not for people 'like me', but because they can't trust the "uneducated, trans-women" who come there... seeking help, might I add.

The audacity of cis-people to talk down to a trans person about other trans people! I was neither shocked nor saddened, given that I'm used to hearing ignoramuses spew such venom on the daily.

I need a healthcare system that centers my needs. Providing healthcare is not just limited to medical interventions such as testosterone injections and mandatory counselling sessions. It is about the all-important little things that go a long way in making us feel seen and heard.

If the hospitals are dismissive of our realities, how are we supposed to fight back? They cite formalities, but fail to see beyond the physical form of the person in front of them. The courage and conviction it takes to assert yourself as a trans person is inexplicable.

It is like swimming upstream when one doesn't know how to swim and while the tide is high.

Accessing Gender-Affirming Healthcare Services In India

Oct 2021