

# Disability Survival Guide

Managing High-Risk Disabilities for Trans People in Hostile Countries





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Being trans is dangerous in many places. Being disabled adds layers of vulnerability. When those identities intersect, especially under authoritarianism, colonial violence, or structural abandonment, they do not simply stack, they **detonate**.

Living as a trans disabled person means facing constant surveillance, systemic medical neglect, and legal erasure. In places like the United States, Russia, Poland, Brazil, Iran, or Uganda, your body becomes a site of open contestation, where the state, the family, and the clinic fight over your right to exist, breathe, and define your own reality.

- **Trans people** are disproportionately targeted for violence, healthcare discrimination, and policing ([source](#)).
- **Disabled people** are overrepresented in institutional systems, underrepresented in decision-making, and frequently killed by state forces ([source](#)).
- **Trans disabled people** are rarely even counted in official statistics, and that invisibility is no accident.

“If you don’t count us, you don’t have to care when we disappear.” — *Crip Statistician Collective* ([source](#))

You may be:

- Managing seizures in a locked psych ward where no one believes your gender identity is real.
- Navigating chronic fatigue and dysphoria at the same time, while a pharmacist questions whether your meds are "necessary."
- Hiding testosterone gel in a diabetic injection case because customs might flag your prescription.
- Struggling to survive a protest where your wheelchair is blocked by curbs and tear gas makes your asthma flare.

Whether you're building a safehouse in a shipping container on the border, smuggling epilepsy meds across provinces, organizing online under a fake name, or just trying to **not die in a hospital that sees your transness as a symptom**, this guide is for you.

This is your field manual. Your mirror. Your spark.

This is not about pity. We don’t need inspiration porn. This is about **tactics, retribution, survival, and rebuilding**. This is about living long enough to ensure no one gets left behind.



We reject the idea that we must wait for permission to survive. We reject frameworks that split us into either victims or heroes. We reject any system that can't make room for stimming hands, muscle spasms, hormone vials, and rage.

This guide is here because the world is burning, and we are still alive.

- We are building seizure-safe shelters in abandoned basements.
- We are running syringe exchanges out of community fridges.
- We are translating survival information into AAC.
- We are breaking into medical care, even if the state tries to lock the door.

**We are disabled and trans and not only surviving, but organizing, healing, fighting, and reimagining.**

“Nothing about us without us.” — *Disability Rights Movement* ([source](#)\*\*)

“No pride for some of us without liberation for all of us.” — *Marsha P. Johnson* ([source](#))

Let this be a weapon. Let this be a shield. Let this be a spark.

The **Disability Survival Guide** is a field manual for trans people navigating disabling conditions in fascist, ableist, and collapsing environments. It's not about pity. It's not about compliance. It's a handbook for living, escaping, healing, and fighting when both the state and your body are hostile terrain.

From seizure smuggling to psych ward escape planning, from AAC mutual aid to safehouse wheelchair retrofitting, this guide is built by survivors, not saviors. We name the threats. We map the terrain. We don't wait for permission.

Inside, you'll find:

- High-risk disability profiles with threat assessments and survival tactics
- Protection strategies for mobility, respiratory, sensory, and cognitive needs
- Guidance for escaping medicalized oppression and institutional abuse
- Tools for building accessible buddy systems, digital vaults, and mobile care ops
- Medical smuggling and safehouse retrofitting under surveillance
- A declaration: disabled trans people are not burdens. We are the resistance.

This is not just survival.

**This is a war manual for sacred bodies.**



## I: HIGH-RISK DISABILITIES

This section identifies disability types that increase risk for trans people living under authoritarian, carceral, or violently ableist conditions. For each, we explain the risks, threats, needs, and tactics. These aren't just bullet points, they're tactical intelligence.

Hyperlinks are included to deepen your knowledge and connect you to survivor-built resources.

### 1. Epilepsy

- **Risks:** Seizures are frequently misread as intoxication, psychosis, or criminal activity. In chaotic environments, police or bystanders often escalate instead of assisting.
- **Threats:** Death from mismanagement during seizures, denial of critical meds like Keppra or Lamictal, and strobe triggers in protests or detention.
- **Needs:** Access to medication, seizure-safe shelter, quiet rooms, seizure-trained allies.
- **Tactics:**
  - Map seizure-trigger zones in your city (clubs, intersections with flashing signage).
  - Carry laminated seizure response cards.
  - Practice post-ictal scripts with allies.
- **Further Reading:** [Epilepsy Foundation - Seizure First Aid](#)

### 2. Autism / Neurodivergence

- **Risks:** Eye contact avoidance, stimming, flat affect, or nonverbal periods are often seen as suspicious or defiant.
- **Threats:** Institutionalization, restraint, forced ABA-style therapies, denial of gender identity.
- **Needs:** Sensory-safe zones, trained co-regulators, visual schedules or AAC.
- **Tactics:**
  - Teach allies your communication needs.
  - Build go-bags with weighted items, noise-canceling tools.
- **Further Reading:** [Autistic Self Advocacy Network](#)



### 3. Mobility Disabilities

- **Risks:** Limited escape options. People in wheelchairs or with prosthetics face structural inaccessibility during crisis (stairs, blocked exits).
- **Threats:** Abandonment in riots, trampled during crowd surges, no shelter access.
- **Needs:** Ramps, mobile-friendly safehouses, human evacuation teams.
- **Tactics:**
  - Build decentralized transport alliances.
  - Create "mobility buddy chains" for emergencies.
- **Further Reading:** [ADAPT National - Disability Rights & Direct Action](#)

### 4. Mental Health Conditions

- **Risks:** Psychiatric labels are used to invalidate gender identity, deny HRT/surgery, or revoke autonomy.
- **Threats:** Institutionalization, forced medication, social discrediting.
- **Needs:** Legal aid, psychiatric survivors' networks, safe med adherence plans.
- **Tactics:**
  - Maintain dual logs: one private, one public.
  - Record conversations with clinicians (where legal).
- **Further Reading:** [Mad in America](#)

### 5. Blindness / Visual Impairments

- **Risks:** Vulnerable to deception, can't read visual cues in dangerous spaces.
- **Threats:** Abandonment during emergencies, lack of Braille resources, gaslighting.
- **Needs:** Tactile indicators, vocal companions, QR codes on gear.
- **Tactics:**
  - Add NFC tags with medical data to cane or glasses.
  - Use audio navigation apps like [Soundscape](#)
- **Further Reading:** [Perkins School for the Blind - Emergency Prep](#)



## 6. Deafness / Hearing Loss

- **Risks:** Inability to respond to shouted commands. Police often assume noncompliance.
- **Threats:** Beatings, wrongful arrests, denied interpreters.
- **Needs:** Visual alarms, interpreter access, ally fluency in signs.
- **Tactics:**
  - Teach your network 20 essential signs.
  - Wear "I am Deaf" badge in local language.
- **Further Reading:** [National Association of the Deaf - Legal Rights](#)

## 7. Chronic Illnesses

- **Risks:** Seen as liars or "malingers". Frequently denied care for invisible pain.
- **Threats:** Medication withdrawal, gaslighting, employment discrimination.
- **Needs:** Mutual aid med resupply, chronic fatigue accommodation, pain emergency plans.
- **Tactics:**
  - Develop personal "flare protocols" for allies.
  - Stash meds in multiple secure locations.
- **Further Reading:** [Spoonie Collective - Crip Survival](#)

## 8. Intellectual Disabilities

- **Risks:** Legal systems treat people with ID as permanently incompetent.
- **Threats:** Forced sterilization, denial of HRT, guardianship overreach.
- **Needs:** Supported decision-making teams, communication tools, legal mentors.
- **Tactics:**
  - Use pictograms to communicate danger/safety needs.
  - Pair with trauma-informed trans advocates.
- **Further Reading:** [Disability Rights California - Supported Decision Making](#)



## 9. Respiratory Illnesses

- **Risks:** Cannot tolerate gas, smoke, mold, or COVID-era air exposure.
- **Threats:** Suffocation during protests or in jails, oxygen denial.
- **Needs:** High-grade masks, indoor air purifiers, inhaler redundancy.
- **Tactics:**
  - Create mobile clean-air pods.
  - Maintain med ID on person at all times.
- **Further Reading:** [CDC Asthma and Emergency Response](#)

## 10. Undiagnosed / Rare Conditions

- **Risks:** Dismissed as hypochondria. Suffer from misdiagnosis.
- **Threats:** Experimental drug exposure, psychiatric institutionalization.
- **Needs:** Symptom journaling, peer validation networks, slow medicine providers.
- **Tactics:**
  - Document episodes with timestamped video/photos.
  - Use aliases to protect ID in research groups.
- **Further Reading:** [Rare Disease UK](#)

## 11. Multiple Disabilities / Complex Diagnoses

- **Risks:** Care systems triage you out. Labeled as "too difficult."
- **Threats:** Holistic neglect, polypharmacy errors, caregiver burnout.
- **Needs:** Integrated care, team-based planning, diagnostic transparency.
- **Tactics:**
  - Build overlapping care networks.
  - Train allies in specific interaction protocols.
- **Further Reading:** [Complex Care Journal](#)



## II: COMMON PATTERNS OF RISK

Understanding how structural oppression converges on disabled trans people is key to building meaningful protection strategies. Below is a deeper exploration of common patterns of risk that shape the lived experiences of disabled trans people in hostile states, institutions, and social movements.

Each risk factor is a systemic mechanism of control, often reinforced by law, medical authority, and public opinion. This section includes links to relevant sources, reports, and survivor testimonies to help root these insights in real-world data.

### 1. Reduced Flight Ability

**Why It Matters:** In the face of police raids, state violence, or street-level fascist threats, being able to flee quickly is often the difference between survival and death. For disabled trans people with mobility impairments, sensory overload, or respiratory conditions, fleeing is physically impossible or medically dangerous.

- **Example:** During protests in Portland and Belarus, wheelchair users were left behind and gassed or beaten while others fled.
- **Further Reading:** [Disability Rights Washington — Police Brutality and Disability](#)

### 2. Medical Dependency

**Why It Matters:** Many disabled trans people rely on daily medication (e.g., anti-seizure, insulin, HRT, psych meds). This reliance is easily exploited by abusive caregivers, authoritarian governments, or border agents who use denial of medication as a method of coercion, punishment, or extermination.

- **Tactic of Control:** Medication is withheld to extract confessions, force compliance, or erase trans identity.
- **Further Reading:** [Human Rights Watch — Prisons Denying Medication to Transgender People](#)

### 3. Legal Vulnerability

**Why It Matters:** Courts often treat disabled people as legally "incompetent," stripping them of decision-making power. For trans people, this leads to blocked access to gender-affirming care, forced psychiatric treatment, or placement in institutions against their will.

- **Real Threat:** Guardianships, psychiatric holds, and conservatorships can permanently remove autonomy.
- **Further Reading:** [Autistic Self Advocacy Network — Toolkit on Supported Decision-Making](#)





## 4. Isolation

**Why It Matters:** Most mutual aid, safehouses, and activist networks assume a level of physical ability, sensory tolerance, or cognitive processing. This renders many disabled trans people excluded even within supposedly inclusive circles.

- **Examples:** No ramps, high-noise spaces, inaccessible communication styles (e.g., only verbal briefings).
- **Further Reading:** [Disability Visibility Project — Alice Wong on Crip Mutual Aid](#)

## 5. Police Abuse

**Why It Matters:** Disabled people are disproportionately targeted by police. When you are also trans, the risk of deadly force increases exponentially. Seizures, stimming, or "noncompliance" due to sensory overwhelm are often read as aggression or resistance.

- **Stats:** Up to 50% of people killed by police in the U.S. are disabled. [Source: Ruderman Foundation](#)
- **Further Reading:** [ACLU — Policing and Disability](#)

## 6. Medical Gatekeeping

**Why It Matters:** Doctors often refuse to prescribe HRT or perform gender-affirming surgeries for disabled trans people, claiming they are too "mentally ill," "unstable," or "medically complex."

- **Institutional Violence:** Medical ethics boards sometimes treat transition as a threat to health, not a right.
- **Further Reading:** [TransActual UK — Disabled Trans People and Healthcare Discrimination](#)

## 7. Social Erasure

**Why It Matters:** Many trans liberation spaces marginalize disabled trans people, calling their needs "too complex," or viewing them as liabilities. This isolation kills: people are more likely to die from preventable causes when they are cut off from the community.

- **Example:** Disabled trans voices rarely appear in activist leadership, media, or funding models.
- **Further Reading:** [Rooted in Rights — Intersectionality and the Forgotten Trans Disabled](#)



## 8. Institutional Capture

**Why It Matters:** Once a trans disabled person is placed in an institution, whether medical, psychiatric, or carceral, it is extremely difficult to exit. These institutions often do not respect gender identity and enforce ableist, cisnormative regimens.

- **Examples:** Forced misgendering, no access to mobility aids or communication devices, overmedication.
- **Further Reading:** [National Council on Disability — Beyond Guardianship Report](#)

These patterns are not isolated incidents. They are systemic, structural, and intentional. They are enforced by law, practice, culture, and neglect. Any liberation plan that fails to center disabled trans people is not liberation, it is selective survival.

Build with us. Plan with us. Protect each other.

**Disability justice is trans justice. Trans justice is disability justice.**



### III: PROTECTION STRATEGIES

This section outlines **direct, tactical survival infrastructure** for disabled trans people living under threat. These strategies draw from frontline community care, prison abolition work, digital security, and disability justice frameworks. Every item here is designed to be actionable, adaptable, and scalable.

Hyperlinks are included to connect theory to tools and lived experience.

#### 1. Tactical Buddy Systems

Disabled trans people must never be left to face crisis alone.

- **Pairing:** Match individuals with trained allies based on accessibility needs (e.g. seizure response, sign language fluency, psychiatric support).
- **Rotation:** Burnout is real. Maintain multiple buddy backups for sustainability.
- **Communication:** Use coded phrases, visual signals, and nonverbal cues for emergencies.

**Resource:** [Mutual Aid Disaster Relief – Buddy System Manual](#)

#### 2. Portable Documentation

Documentation can save lives at borders, hospitals, checkpoints, or during arrests.

- **Essentials to Carry :**
  - Medication list with dosages.
  - Diagnosis letter (if safe to carry).
  - Emergency contacts.
- **Format:** Waterproof, laminated, and with translations.
- **Digital Backup:** Use encrypted apps like [Standard Notes](#) or [CryptPad](#) for secure storage.

**Pro Tip:** Include a fake “normal” version if you’re in a fascist country where being trans or disabled is criminalized.

#### 3. Decoy Social Media

Social media can get you killed, or protect you. Build decoys to fool police, employers, or border agents.

- **Setup:** Create a bland, compliant profile with family-friendly posts.
- **Do NOT include:** Activism, queer art, medical history, or real networks.
- **Behind the Curtain:** Use a burner phone and alias for real organizing.

**Guide:** [Security-in-a-Box – Social Media Safety](#)



## 4. Digital Safe Vault

Every trans disabled person should maintain a secure offline archive of critical survival documents.

- **Store on:** USB drive or encrypted phone with [VeraCrypt](#) or [Tails OS](#).
- **Contents:**
  - Power of attorney
  - Advance directives
  - Safehouse addresses
  - Copies of prescriptions and ID
- **Physical Hiding Spots:** False-bottom bags, within wall art, inside assistive devices.

**Resource:** [Equality Labs – Digital Security for Organizers](#)

## 5. Safehouse Adaptations

Most hideouts are not designed with disability in mind. Fix that.

- **Structural Changes:** Portable ramps, handrails, elevator workarounds.
- **Sensory Access:** Noise-canceling zones, dark rooms, filtered lighting.
- **Medical Storage:** Fridges for insulin/HRT, inhaler stations, EpiPen stash.
- **Personnel:** Each location must have an "Accessibility Officer" trained in disability response.

**Guide:** [ADAPT Housing Accessibility Checklist](#)

## 6. Medical Smuggling Networks

When states criminalize care, we smuggle it.

- **What to Prioritize:**
  - Hormones (estradiol/testosterone)
  - Anti-seizure meds (Keppra, Lamictal)
  - Psychiatric meds (SSRIs, antipsychotics)
- **How to Operate:**
  - Use encrypted communications (Signal, Session).
  - Establish vetting for couriers.
  - Maintain "black market" backups with community pharmacists.

**Model:** [Project Unicorn – Trans HRT Mutual Aid in Russia](#)



## 7. Train the Allies

Most allies mean well. That's not enough.

- **Trainings to Offer:**
  - Basic seizure first aid ([Epilepsy Foundation Guide](#))
  - Crisis de-escalation for neurodivergent people
  - How to assert someone's gender in ER/hospital
- **Red Flags to Watch:** Allies who center themselves, refuse to learn, or see disabled trans people as "inspirations."

**Workshop Template:** [Sins Invalid – Disability Justice Curriculum](#)

## 8. Create Redundant Networks

No one network survives surveillance or burnout. You need three of everything:

- **Three Exits:** Always know three ways out of a place.
- **Three Contacts:** Don't depend on just one buddy.
- **Three Versions:** Have a visible persona, a private one, and an emergency protocol.

**Framework:** [The Decentralized Survival Model – CrimethInc](#)

Disabled trans people are not burdens. We are not liabilities. We are frontline survivors who make revolution possible. Every tactic here is about ensuring that when fascism knocks, we're not alone, unprepared, or erased.

We are the ones who stay alive *despite it all*, and that makes us dangerous.



## DISABLED TRANS PEOPLE ARE SACRED, NOT BROKEN

We are not tragic. We are not weak. We are not burdens.

We are **dangerous** to the systems that seek to erase us. We are **sacred interruptions** to every lie capitalism, fascism, ableism, and transphobia ever told about what a "normal" life looks like. We are **radical time bombs**, our bodies wrapped in shaking hands and wheeled frames, our minds full of fire even when fogged by meds, seizures, trauma, or grief.

They tried to disappear us with institutions, pity, police, and protocols. We refused. We are still here.

Let the fascists fear:

- The body that stutters and still speaks truth.
- The legs that won't run but stand their ground.
- The hands that tremble while building a barricade.
- The breathless lungs still screaming "We will not be moved."

Let them **choke on the rage of a trans voice** coming from a ventilator. Let them **tremble before the mind** that glitches but still imagines freedom. Let them **burn with shame** as our wheelchairs crush the very borders they built to keep us out.

**We do not need fixing. We need each other.**

**We do not need pity.** We need **power**, collective, messy, accessible, defiant power. Power that comes in sign language and communication boards, in hormone vials smuggled under coats, in seizure logs turned into battle plans, in mutual aid that doesn't ask if we're "worth it."

We are not the future. We are the **now**, the movement they never planned for. Cross-disability. Cross-border. Trans as hell. Black, brown, poor, mad, sick, brilliant. And we are here to stay.

"There is no such thing as a single-issue struggle because we do not live single-issue lives." — Audre Lorde ([source](#))

"Access is love. Access is survival." — Leah Lakshmi Piepzna-Samarasinha ([source](#))

"I am not your inspiration, thank you very much." — Stella Young ([TED Talk](#))

We are **Trans, Disabled, Alive, Unkillable, Unstoppable, Unapologetic, Uncontainable, and Unbroken.**

And you cannot legislate us away. You cannot pathologize us into silence. You cannot institutionalize us into shame.

We are **sacred interruptions to fascism's fantasy of control.**

**You are not alone, and we are not going anywhere.**

**Leave no one behind.**



## **LEGAL DISCLAIMER**

This document is intended for informational and educational purposes only. It does not constitute legal advice, medical advice, or psychological treatment. The strategies and viewpoints presented here are intended to support community self-defense, mutual aid, and survivorship in hostile conditions. Use discretion when applying any of these ideas in your region and adapt to local laws and risks. The creators of this text are not responsible for legal consequences resulting from its use.

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