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Building Sustainability:
crip time and disability justice in the Spanish medical industrial complex

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ABSTRACT

This paper examines the intersection of Crip Time and Disability Justice within the Spanish medical-industrial complex, uncovering the systemic barriers faced by disabled individuals, particularly those with chronic pain and fatigue. It argues for a paradigm shift toward more inclusive and sustainable healthcare temporalities that prioritize care, interdependence, and accessibility over efficiency and productivity. Building on the history of healthcare activism in Spain, with a focus on movements such as Marea Blanca, the paper integrates the principles of Disability Justice and Crip Theory to critique the rigid temporal structures imposed by medical institutions. These structures marginalize disabled individuals by enforcing normative timelines that fail to accommodate their lived experiences. The chapter highlights the necessity of rethinking healthcare systems to embrace temporalities that sustain well-being and challenge the austerity-driven logic of the Medical Industrial Complex. This paper analyzes Spanish healthcare settings and draws on previous experiments in Disability Justice activism for citizens living with chronic pain or chronic fatigue to envision a future of healthcare grounded in justice and sustainability. It advocates for flexible, patient-centered care models that respect and adapt to diverse temporalities. This approach proposes a shift in public healthcare policies toward long-term collective flourishing and equity.

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Introduction

In 2015, Mia Mingus published a visual representation of the Medical Industrial Complex (MIC) to demonstrate its extensive and oppressive system beyond hospitals, highlighting its reinforcement of ableism—the discrimination and oppression experienced by individuals with disabilities (Mingus, 2015). Her graphic illustrated the interconnected histories of health, capitalism, colonization, and imprisonment as components of this complex system. These dynamics were represented through four interconnected axes, each linking an aspirational value with a problematic practice: Science and Medicine led to Eugenics; Health to Desirability; Access to Charity and Ableism; and Safety to Population Control (Fig. 1). As a structuring system, the MIC not only defines *spatial arrangements*—such as nursing homes or prison psychiatric wards—but also imposes specific *temporal profiles,* including the hormonal cycles of assisted reproductive technologies, the arithmetic of sick time in workfare, and postoperative recovery periods in medical surgeries.

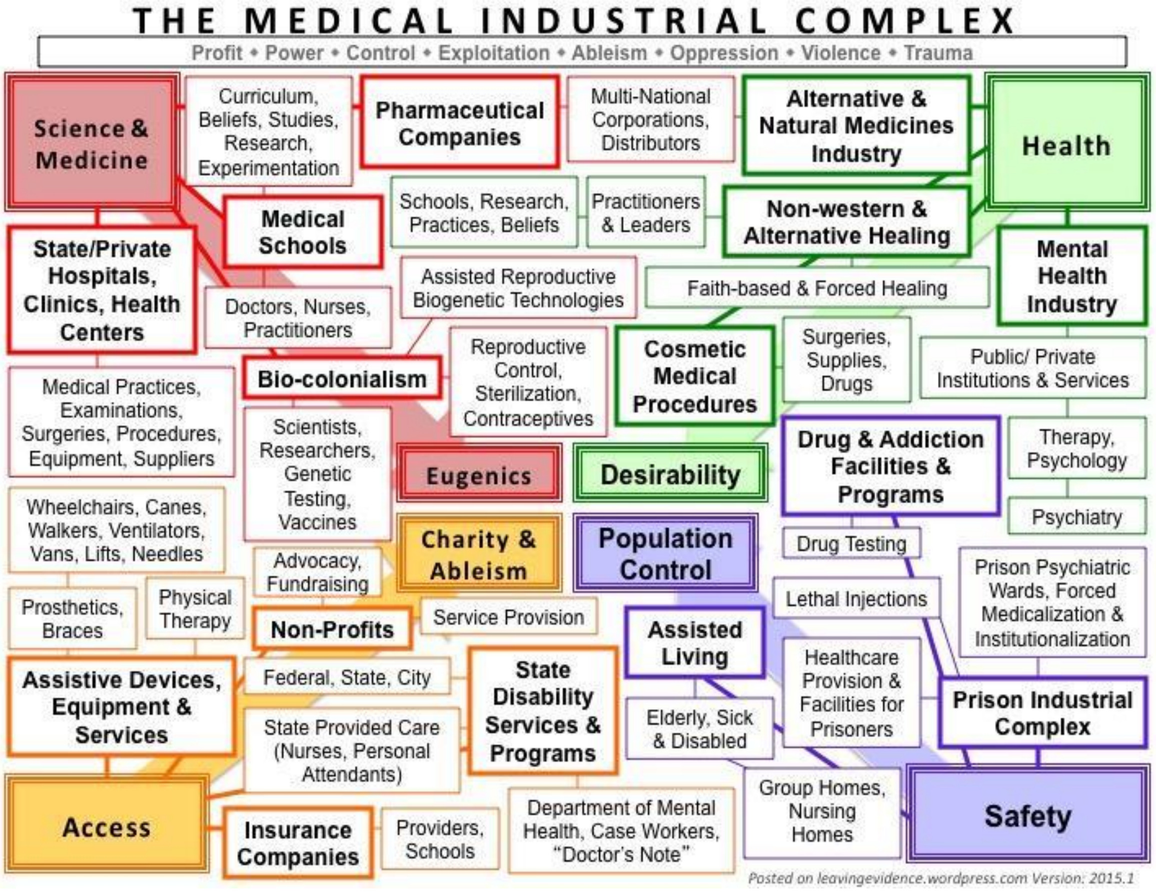

Figure 1: Mia Mingus' Medical Industrial Complex Visual (Mingus, 2015).

Although extensive research has addressed the MIC in the North American context, its mechanisms remain underexplored in Western welfare states, where privatization has advanced more subtly.[1] In Europe, the MIC's logic—favoring capitalist objectives of efficiency and profit—can be observed in the ongoing privatization of public healthcare systems, including Spain's. Historically, the Spanish healthcare system has faced threats from neoliberal initiatives aimed at reducing costs through austerity measures (Burton, 2016). However, these efforts have been met with significant public resistance, demonstrating the enduring commitment of citizens to defending social rights.

One such resistive response was the White Tide (*Marea Blanca*) movement of 2012, which emerged in opposition to the "Plan for the Sustainability of Madrid's Public Health System." This plan sought to privatize six public hospitals and 27 health centers, potentially affecting over 1.8 million citizens. Rooted in the 15M Indignados movement of 2011, Marea Blanca mobilized professionals and users of the public healthcare system to demand universal healthcare as a fundamental right.

Through a vast repertoire of resistance strategies, the movement successfully reframed the government's austerity-driven notion of "sustainability." It halted the privatization plan, a victory later affirmed by the Madrid High Court of Justice in 2014. Despite this achievement, Spain's public healthcare system remains under constant threat from ongoing privatization, a shortage of medical professionals, and long waiting lists—issues that disproportionately affect marginalized groups, including disabled individuals and those with chronic illnesses.

The Spanish healthcare system's challenges reveal the broader temporal injustices embedded in the MIC. Nancy Fraser (2022) identifies contemporary capitalism as a "cannibal" force that devalues interpersonal care and precarizes structural care work, undermining the systems that sustain human and social bonds. Fraser's critique underscores how capitalism's intrinsic logic, prioritizing profit and efficiency, systematically excludes and devalues the reproductive and care labor crucial for societal well-being.

This paper argues that addressing these systemic barriers requires a paradigm shift, moving beyond austerity-driven policies to embrace models of care that prioritize sustainability, inclusivity, and justice (Kittay, 2021, 21).

The paper explores how Disability Justice, Care Ethics and Crip Time can serve as frameworks for resistance against the temporal structures imposed by the MIC. Crip Time, an experiential modality of time that embraces nonnormative temporalities, offers a powerful tactic

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[1] There have been studies exploring gender, class and disability identities overlap to create multiple discriminations and profiling both in workplace and imprisonment in the United States (Dick-Mosher. 2015; Ben Moshe, Chapman & Carey, 2014). On the economic aspect of workplace discrimination from the lens of disability in the same context, see also Friedman (2019), while Angela Jones has explored the connection between disability and sex work (Jones, 2022).

for challenging *normative* or *'normate'* time—a term borrowed from Rosemarie Garland-Thomson (1997) to critique the historically exclusionary connotations of 'normal' time. I begin by defining Crip Time and situating it within the broader context of Disability Justice, which fundamentally grounds itself in an ethics of care. Because Disability Justice centers interdependence as a core principle, it aligns with Care Ethics in recognizing caregiving and caretaking as fundamental relational practices that shape our connections with others. This section highlights how Crip Time when understood through a Care Ethics lens, challenges the efficiency- and productivity-driven temporalities imposed by capitalist systems and medical institutions, emphasizing the necessity of flexible, relational, and sustainable approaches to time.

The second section examines the temporal dimensions of healthcare activism in Spain, focusing on the Marea Blanca movement as a case study of collective resistance against neoliberal temporalities. By analyzing this movement's strategies and successes, the section illustrates the potential for citizen-led initiatives to redefine public healthcare policies.

Thirdly, contemporary rigid temporal frameworks of the MIC are shown to disable vulnerable individuals, focusing on those who experience chronic fatigue and chronic pain, perpetuating inequality and exclusion. As a case study, three temporal profiles will be defined: diagnosis and prognosis, appointment scheduling, and the intersection of workfare and sick leave. It explores how these temporalities marginalize disabled individuals and those with chronic illnesses, perpetuating inequality and exclusion.

The final section proposes Crip Temporalities as a strategy for self-advocacy and resistance, emphasizing their potential to create alternative futures centered on access, interdependence, and community care, envisioning policies of care that align with the principles of sustainability and justice.

Crip Time, as a conceptual and experiential framework, offers a powerful lens for critiquing and resisting the temporal injustices perpetuated by the MIC in Spain. By challenging normative timelines and advocating for more inclusive, patient-centered care models, Crip Time has the potential to transform public healthcare policies and practices.

Through collective activism and individual advocacy, it is possible to envision a future where healthcare systems prioritize long-term sustainability, interdependence, and justice. These Crip Futures, led by those most affected, represent not only a rejection of austerity and profit-driven healthcare but also a reimagining of care needs as a fundamental right. By embracing these principles, the Spanish healthcare system can move toward a model that values and sustains all individuals, creating a more just and equitable society for the future.

1. What is Crip Time?

Crip Time refers to the nonlinear, qualitative, and deeply embodied temporalities experienced by disabled individuals. Unlike the rigid, linear, and productivity-driven frameworks imposed by capitalism-informed institutions, *Crip Time* reflects the diverse ways disabled individuals live through and navigate time. This concept does not lend itself to a singular definition; instead, it is best characterized by its tensions with, rather than opposition to, normative temporalities.

Crip Time resists dichotomies such as measured time versus duration and chronological time versus kairological time. Although measured time refers to the objective tracking of hours and days through clocks and calendars, duration is the subjective and embodied experience of time's passage. Similarly, chronological time—the time of routine and stability—contrasts with kairological time, which denotes time as meaningful rupture, as seen in theological or revolutionary contexts (Smith 2002).

However, *Crip Time* refuses these separations. It is not an abstract, world-fleeing concept but an embodied and embedded experience that intertwines the social, political, and material realities of disabled lives.[1]

To say that *Crip Time* exists in tension with normate time means recognizing the interplay between the two. This tension challenges the view of *Crip Time* as simply "the Other" against which normative time defines itself. Instead, the two are agonistic correlatives, continuously shaping and affecting one another. This dynamic is key to understanding *Crip Time* not as a singular hegemonic experience but as a spectrum of phenomenological patterns that disrupt, modulate, and resist normate time.

Yo-Yo Lin's *Resilience Journal*, for instance, visualizes the lived experience of *Crip Time* in chronic pain (Fig. 2). By blending past, present, and future with reflections on trauma, mortality, and resilience, Lin demonstrates how time for those with chronic illnesses defies linear progression. Still images from the journal—incorporated into this text—underscore how *Crip Time* manifests as overlapping temporalities shaped by the body and its ongoing negotiations with pain.

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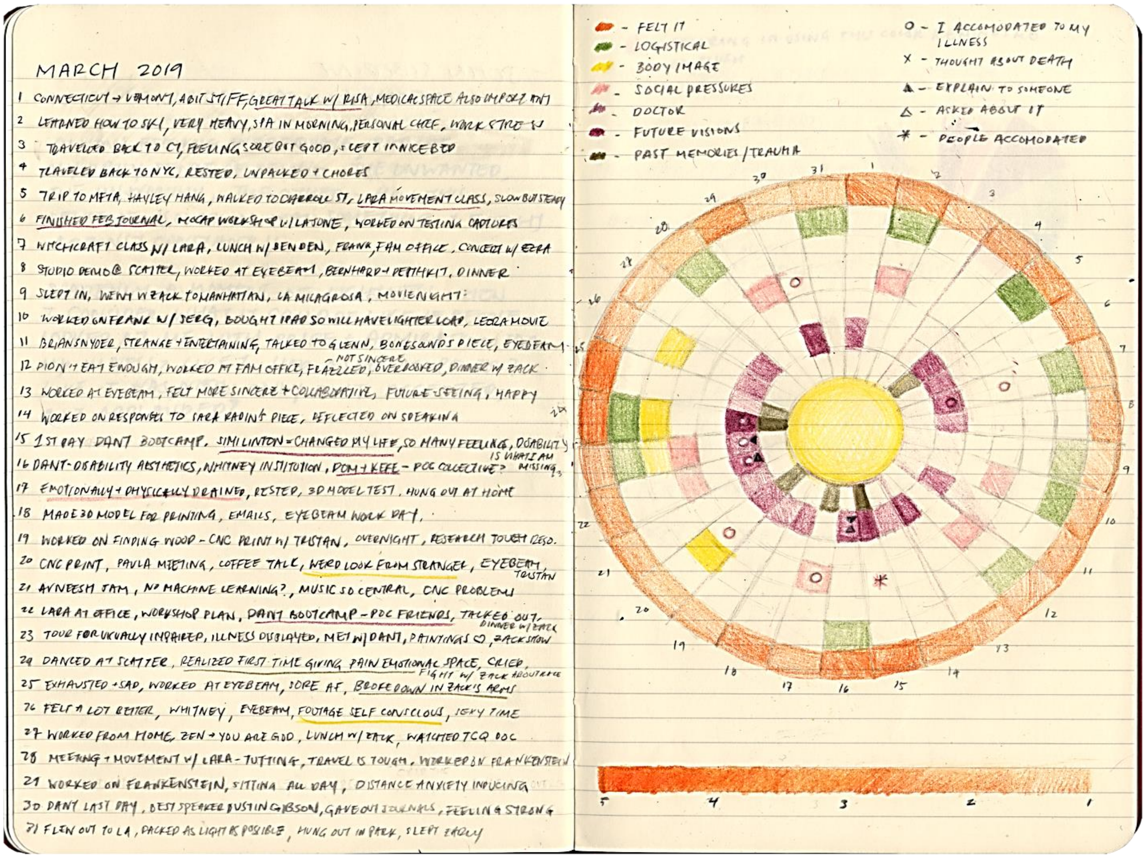
[1] In doing so, *Crip Time* is aligned with other liberation movements that reject dualistic separations that solidify and naturalizes hierarchical organization, such as Val Plumwood's Ecofeminist critique of dualisms: "In dualistic construction, as in hierarchy, the qualities (actual or supposed), the culture, the values and the areas of life associated with the dualised other are systematically and pervasively constructed and depicted as inferior." (Plumwood, 2003, 47)



MARCH 2019

1 CONNECTICUT → VERMONT, A BIT STIFF, GREAT TALK W/ RISA, MEDICAL SPACE ALSO IMPORTANT
2 LEARNED HOW TO SKI, VERY HEAVY, SPA IN MORNING, PERSONAL CHEF, WORK STRESS
3 TRAVELED BACK TO CT, FEELING SORE BUT GOOD, SLEPT IN NICE BED
4 TRAVELED BACK TO NYC, RESTED, UNPACKED + CHORES
5 TRIP TO MFTA, HAYLEY HANG, WALKED TO CARROLL ST, LARA MOVEMENT CLASS, SLOW BUT STEADY
6 FINISHED FEB JOURNAL, MOCAP WORKSHOP W/ LATONE, WORKED ON TESTING CAPTURES
7 WITCHCRAFT CLASS W/ LARA, LUNCH W/ BEN DEN, FRANK, FAM OFFICE, CONCERT W/ EZRA
8 STUDIO DEMO @ SCATTER, WORKED AT EYEBEAM, BERNHARD + DEPTHKIT, DINNER
9 SLEPT IN, WENT W ZACK TO MANHATTAN, LA MILAGROSA, MOVIE NIGHT
10 WORKED ON FRANK W/ SERG, BOUGHT IPAD SO WILL HAVE LIGHTER LOAD, LEORA MOVIE
11 BRIAN SNYDER, STRANGE + ENTERTAINING, TALKED TO GLENN, BONESAWD'S PIECE, EYEBEAM
– NOT SINCERE
12 DIDN'T EAT ENOUGH, WORKED AT FAM OFFICE, FRAZZLED, OVERBOOKED, DINNER W/ ZACK
13 WORKED AT EYEBEAM, FELT MORE SINCERE + COLLABORATIVE, FUTURE-SEEING, HAPPY
14 WORKED ON RESPONSES TO SARA RADIN'S PIECE, REFLECTED ON SPEAKING
15 1ST DAY DANT BOOTCAMP, SIMI LINTON = CHANGED MY LIFE, SO MANY FEELINGS, DISABILITY
IS WHAT I AM
16 DANT - DISABILITY AESTHETICS, WHITNEY INSTITUTION, DOM + KEKE - POC COLLECTIVE? MISSING
17 EMOTIONALLY + PHYSICALLY DRAINED, RESTED, 3D MODEL TEST, HUNG OUT AT HOME
18 MADE 3D MODEL FOR PRINTING, EMAILS, EYEBEAM WORK DAY,
19 WORKED ON FINDING WOOD - CNC PRINT W/ TRISTAN, OVERNIGHT, RESEARCH TOUCH RESO.
20 CNC PRINT, PAULA MEETING, COFFEE TALK, WEIRD LOOK FROM STRANGER, EYEBEAM, TRISTAN
21 AVNEESH JAM, NO MACHINE LEARNING?, MUSIC SO CENTRAL, CNC PROBLEMS
22 LARA AT OFFICE, WORKSHOP PLAN, DANT BOOTCAMP - POC FRIENDS, TALKED OUT,
DINNER W/ ZACK
23 TOUR FOR VISUALLY IMPAIRED, ILLNESS DISPLAYED, MET W/ DANT, PAINTINGS ♡, ZACK SHOW
24 DANCED AT SCATTER, REALIZED FIRST TIME GIVING PAIN EMOTIONAL SPACE, CRIED,
FIGHT W/ ZACK ABOUT RACE
25 EXHAUSTED + SAD, WORKED AT EYEBEAM, SORE AF, BROKE DOWN IN ZACK'S ARMS
26 FELT A LOT BETTER, WHITNEY, EYEBEAM, FOOTAGE SELF CONSCIOUS, SEXY TIME
27 WORKED FROM HOME, ZEN → YOU ARE GOD, LUNCH W/ ZACK, WATCHED TCQ DOC
28 MEETING + MOVEMENT W/ LARA - TUTTING, TRAVEL IS TOUGH, WORKED ON FRANKENSTEIN
29 WORKED ON FRANKENSTEIN, SITTING ALL DAY, DISTANCE ANXIETY INDUCING
30 DANT LAST DAY, BEST SPEAKER JUSTIN GIBSON, GAVE OUT JOURNALS, FEELING STRONG
31 FLEW OUT TO LA, PACKED AS LIGHT AS POSSIBLE, HUNG OUT IN PARK, SLEPT EARLY

🟧 - FELT IT
🟩 - LOGISTICAL
🟨 - BODY IMAGE
🟥 - SOCIAL PRESSURES
🟪 - DOCTOR
🟪 - FUTURE VISIONS
🟫 - PAST MEMORIES / TRAUMA

O - I ACCOMODATED TO MY ILLNESS
X - THOUGHT ABOUT DEATH
▲ - EXPLAIN TO SOMEONE
△ - ASKED ABOUT IT
* - PEOPLE ACCOMODATED

Fig. 2: Yo-Yo's *Resilience Journal* for March 2019 shows a page with daily notes (1-31) on the left and a circular visualization on the right. The circle, filled with lime green, gold, orange, yellow, purple, and grass green shades, represents the intensity of her experiences across seven dimensions: 1. Felt it, 2. Logistical, 3. Body Image, 4. Social Pressures, 5. Doctor, 6. Future Visions, 7. Past Memories. The outer ring, symbolizing chronic pain, is colored with intensity, and the inner ring highlights future visions. The text includes notes on days of poor eating, emotional exhaustion, and rest periods.

As a qualitative form of time, *Crip Time* dwells closer to phenomenological duration because of the ways embodiment becomes central to its experience. Ellen Samuels, in her seminal paper *Six Ways of Looking at Crip Time*, describes this vividly:

> *Crip time is time travel*. Disability and illness have the power to extract us from linear, progressive time with its normative life stages and cast us into a wormhole of backward and forward acceleration, jerky stops and starts, tedious intervals and abrupt endings. Some of us contend with the impairments of old age while still young; some of us are treated like children no matter how old we get. The medical language of illness tries to reimpose the linear, speaking in terms of the chronic, the progressive, and the terminal, of relapses and stages. (Samuels 2017)

Samuels' depiction captures the fluid and sometimes fragmented experience of *Crip Time*. However, the ability to "time travel" between normate time and *Crip Time* varies across disabilities. For instance, people with Down syndrome often experience constant infantilization that undermines their autonomy, while individuals with chronic fatigue may temporarily mask their disability, "traveling" between normative and crip temporalities. Yet this masking often comes at a cost, resulting in pain flares or hospitalizations. This variability highlights the agency and constraints involved in negotiating *Crip Time*.

Despite these differences, Samuels emphasizes that:

> We who occupy the bodies of crip time know that we are never linear, and we rage silently—or not so silently—at the calm straightforwardness of those who live in the sheltered space of normative time … *Crip time is grief time ... crip time is broken time… Crip time is sick time ... Crip time is writing time ... crip time is vampire time.* (Samuels 2017)

Although *Crip Time* often entails experiences of pain, interruption, and grief, it can also create space for cultural and political significance. Petra Kuppers ties *Crip Time* to the act of creation: "To many disabled writers, writing in crip time becomes a sanctuary … Diving inwards. Deep core. Sanctuary. A snail in quicksand." (Kuppers, 2014, 29). However, this does not entail a romanticizing of Crip Time that equates it with an evasive time of inspiration, a kind of time connected to what Weber calls a world-fleeing impulse (see Bellah 1999). World-fleeing impulses, especially in theories of creativity, are usually accompanied by a preeminence of body-fleeing reflection that, first and foremost, open a space and time *outside* the social and the political through a separated sphere of creation (Mainemelis, 2001, 550).

Entirely on the contrary, Crip Time is notably embodied and embedded in the social fabric: "These moments out of time, out of the productive, forward-leaning, exciting time, can become moments of disability culture politics." (Kuppers, 2014, 29) These "moments out of time," as Kuppers calls them, can become opportunities for *disability culture politics*—spaces where disabled individuals collectively resist ableist norms and create alternative temporalities. Note the possibility modal in Kuppers's remark - that is, Crip Time *can* become politically significant, but not all experiences of Crip Time necessarily constitute a political act. Nevertheless, the political pregnancy of Crip Time is central for Disability Justice scholars and advocates who are building a notion of time as a resistance tactic to counteract the dynamics of austerity, precarity, and vulnerability that currently govern bodyminds in most spaces and processes ruled by the standards of capitalism.[1] The political potential of *Crip Time* aligns with Disability Justice's emphasis on countering the austerity, precarity, and vulnerability imposed

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[1] I draw on Price's choice of the term 'bodymind' to emphatically refer to a living human being that cannot be separated into a body and mind dualism (Price, 2015, 2).

by capitalist systems. Tobin Siebers' theory of complex embodiment is helpful here, as it situates the lived experience of disability within broader social and institutional frameworks. Complex embodiment "views the economy between social representations and the body not as unidirectional as in the social model, or nonexistent as in the medical model, but as reciprocal … as mutually transformative" (Siebers, 2008, 25). Crip Time emerges from this interplay, offering a temporal resistance to the relentless forward motion of productivity-focused capitalist systems.

As a qualitative time, Crip Time coexists with other temporalities, such as *Care Time*, the liminal space marked by the constant adjustment within caregiving rhythms (Stevens 2018) and *Appointment Time*, a standardized temporal mechanism, structured by clock and calendar time, that assumes equal agency in scheduling (Soldatic 2011). These interactions reflect the ways disabled individuals navigate capitalist and institutional schedules while honoring their bodies' unique rhythms. For example, while medical appointments often force disabled individuals into normate temporal structures, care work emphasizes time's relational and adaptive nature. In this sense, Crip Time is not merely a personal experience but a shared and politically charged temporality. By challenging normative time's dominance, Crip Time fosters new ways of thinking about care, resilience, and collective resistance within disability culture.

2. Politicizing Sustainability: Marea Blanca in the Spanish context

The imposition of normative temporalities on bodyminds is further exacerbated by austerity measures, which strip public services of the flexibility and resources needed to accommodate diverse needs. The struggle against these rigid temporalities is not confined to healthcare alone; it resonates with broader movements resisting austerity and reclaiming time as a collective resource. In Spain, these tensions materialized in the 15M movement, where activists challenged broad temporal and structural constraints of neoliberal governance.

On the fifteenth of May of 2011, the Puerta del Sol plaza in Madrid was occupied by a group of citizens that was unrecognizable by the public eye. They were not expressing the concrete demand of an organization, a party, or a union. They were an embodied protest against the whole political and economic systems, with a claim under which they gathered: *No nos representan (*"They do not represent us"). A claim that challenged the very principles of the representative democracy that theoretically shaped the political powers in Spain. The centrality of the advocacy *for* social rights and *against* austerity measures is manifest in the work commissions organized at Sol camp, which aimed to take over the steering wheel of basic needs such as labor, housing, education, and health - through the establishment of autonomous means of production like its own platforms and even media. The protest came to be known for its starting date, "15M," or as the movement of "*Los Indignados*," which can be translated as "the indignant ones" or more accurately as "the outraged." Soon, it spread across the country, with many plazas across Spain being occupied with the same global demands, working both autonomously and in collaboration with the other camps. Given the exceptionality and the strong impact of this stage of embodied protest, it is not surprising that Robert McRuer, a key figure in the consolidation of Crip Theory[1] who was living in Madrid when 15M occurred, took these events as the paradigm for thinking about an alternative time profile that would be characterized as *Crip Time*. McRuer, indeed, dedicates the whole introduction to his volume *Crip Times: Disability, Globalization, and Resistance* to the Sol camp of 2011, which he understands as an opening for Crip Horizons that challenges austerity measures by reclaiming the need to honor human dignity. He describes the social and political impact of the protest as an inauguration of embodied possibilities as follows:

> In the symbolic public space of the Puerta del Sol, Los Indignados announced through words and actions their opposition to the political and economic establishment, denouncing the privatization of public resources and other maneuvers that, in Hardt and Negri's words, secure "regimes of property that exclude the common" [Hardt & Negri 2009: ix]. In direct contrast to such exclusions, one prominent banner across an entrance to the Puerta del Sol essentially declared a welcome to anyone who might join the struggle. "Bienvenida Dignidad" [*Welcome Dignity*], the banner read, materializing through that invocation a space free from what activists identified as the indignity of austerity. (McRuer, 2018, 2)

Like McRuer, many have identified the 15M as a contentious response to the politics of austerity that affected social rights in the context of Spain after the economic crisis of 2008 (Cristancho *et al*. 2020, 3267).

As a social movement, the 15M generated its own repertoire of forms of citizen participation and protest, generating high-impact democratic processes in globalized social contexts. Due to this new way of organizing the community, which can be qualitatively distinguished from previous social justice movements, two new names have been proposed to categorize the 15M and the sectoral movements that emerged from it: the 'newest social movements' (*los novísimos movimientos sociales*) and *connective* action, instead of collective (Bennett & Segerberg 2012, Lugo Sánchez 2017, Candón 2013, Toret 2013). The following characteristic features of the movement justify these new terms.

The *newest social movements* are understood to be those that "occur between the physical and virtual space at the beginning of the new millennium" (Iglesias & et al, 2018, 197), which

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[1] McRuer's volume *Crip Theory* (2006) has become a fundamental text in Critical Disability Studies. In *Crip Times*, we can find a further development of the social model of disability and how it is entangled in the politics of austerity. To find a more recent analysis of the connection between austerity politics, paid labor and disability in capitalists societies, see Galer (2012) and Ryan (2019).

point to the social crises derived above all from informational capitalism and which, despite including traditional forms of activism such as demonstrations or occupations in their repertoires of action, “calls to action occur through the Internet, while mass marches and actions are articulated with multiple forms of virtual resistance” (Juris, Pereira & Feixa 2012: 28).

Connective action is understood as those citizen movements with forms of interaction that prioritize inclusive participation, with complex communication networks that are not based solely on mass media, but also on cyberactivism and alternative media (Benet & Segerberg, 2012). Thus, connective action within the framework of the newest social movements takes a Network model that opens above all assembly spaces for direct participation both in person and virtually (Rodrigo & Iglesias, 2015), achieving coordination and a call to immediate action. As Iglesias-Onofrio, Rodrigo-Cano & Benítez-Eyzaguirre state, "at a low cost, interconnected intelligent multitudes (Rheingold, 2002) can mobilize quickly without prior organization and build collective political identities with some impact" (2018, 197; see Toret 2013). The network model, therefore, implies a technopolitics of communication based on horizontal, flexible structures, with multiple channels, and without a single fixed center.

This form of connective action that structures the newest social movements, such as the 15M and its derivatives, can be interpreted from John Dewey's understanding of social participation processes as processes for solving democratic problems (Dewey, 1939). That is, connective action as a network of 'connected intelligent multitudes' gives rise to new ways of tackling the issue from the collective and generating new imaginaries from which to rethink the social. In this section, we will focus on health activism derived from the 15M to analyze the strategies of resistance to the privatization of public health and austerity measures. Within the framework of the 15M, the formation of sectoral movements that advocated for particular social rights was promoted, which came to be known as Mareas (sometimes translated as 'wave,' but rigorously referring to a 'tide'). These Mareas took a color as an identifying mark of their struggle, the most prominent being the *Marea Verde* (Green Tide) in defense of public education, and the *Marea Blanca* (White Tide) in defense of public health.

Sánchez identifies as a feature shared by all the Mareas the fact of being "open movements that seek to socialize their demands, that are in fact defending causes that already existed in a radically new way, that are complex and not representable institutionally (Sánchez, 2013, 14) since they incorporate cyber-activist practices that challenge all citizens, due to being a local action that aspires to a global impact. San José also affirms its potential for "contagion effect" thanks to its demand for public rights through democratic processes of direct participation (San José 2013).

In the case of the Marea Blanca, their protest continued a legacy of struggle for public health that dates back to the protests of Spanish nursing for the right to decent health care between 1976 and 1978 (Germán, 2013). However, the radically new and *connective* form of protest occurs as a branch of the 15M that manifests itself prominently for the first time in June 2011, with a protest in front of the house of the president of the autonomous government, the Generalitat, Artur Mas, in Barcelona. However, the most visible and massive action of the Marea Blanca would take place a year later, in 2012, after the announcement of the "Plan of Measures to Guarantee the *Sustainability* of the Public Health System of the Community of Madrid." This Plan, which appealed to the urgent need to reduce costs and implement cost-saving measures to “sustain” universal, free and quality healthcare, was the most significant initiative to privatize public healthcare in Spain to date (Köhler & Calleja, 2013), aiming to privatize six hospitals and 27 health centers. Months later, this universality would be *de facto* annulled with the approval of Royal Decree Law 16/2012, which denied healthcare to irregular migrants – a measure that was strongly contested by healthcare professionals through the #YoSíSanidad platform, which provided care to these people by virtue of the legitimacy of the universal right to healthcare beyond legality.

In order to chart future paths for health activism in Spain that continue the impact on public opinion generated by Marea Blanca a decade ago, we are interested in focusing on its resistance tactics and capacity for group formation. Although some theoretical frameworks have distinguished the Mareas between “cause” and “method” ones, with the former defending a common good and the latter, a practice (Sánchez, 2013, 13), John Dewey’s theory of group formation in democracy allows us to think of the Mareas as groups. For Dewey, groups are formed based on a need. To meet this need, they establish their own regulatory principles, which can be just as plural as the needs, since they are adapted to each one of them (Dewey, 2015). For example, Marea Blanca would meet a need for social care, to guarantee public, universal and quality health care. To meet this need, interdependence, mutual care, and the search for quality care that guarantees well-being should be established as a principle. However, conflict can arise when a group formed to address a need tries to impose its principles and values on a different group with its own culture and history. For example, the treasury of the Community of Madrid aims to cover material needs and is governed by a principle of economic savings, trying to impose this principle of capital accumulation and even economic growth and productivity on the public Health System. In responding to this conflict of principles, the Marea Blanca group “opens a gap in the model of liberal states, that is, between the public and private spheres, aiming at new forms of the collective and the community” (Iglesias & et al. 2018, 202). It does this by inaugurating spaces for collective participation that challenge all citizens, based on a reconfiguration of space and time where the instrumentalization of the virtual is key.

Lugo Sánchez structures this instrumentalization of virtual platforms into three forms of activism that transform participation into flexible, decentralized and open models that promote media plurality (Lugo Sánchez, 2017, 38) and that are diametrically opposed to the media concentration and centralization that generates communicative inequality between valid and invalid communicative subjects (Bacallao 2015, Huerta & Gómez, 2013, Reig, 2015). These forms are: (1) from online to offline, which refers above all to the capacity of social networks and digital platforms to convene face-to-face actions in the street; (2) from online to online, or so-called cyber-activism, which generates a sense of group and allows accessible participation to people for whom "street" activism is not an option;[1] and (3) from offline to online, with the capacity for immediate photographic and video recording, which generate a common imaginary (Lugo Sánchez, 2016, 235).

The potential of this integration of the virtual into activism to expand accessibility is especially significant in Marea Blanca's health activism. The use of digital platforms is already a common tool in self-advocacy for people with disabilities and illnesses that bar access to "street" activism. The difficulties in accessing this type of activism cover a large segment of the population that is affected by the precariousness of health care: people with environmental illnesses who put themselves at risk by being exposed to unregulated environments, people with vulnerable mental health who have difficulties in social and group contexts, older people who need spaces to rest and sit and cannot participate in demonstrations, and so on. Thus, cyberactivism, not as a "complement" or "substitute" for activism, but as a structural platform and meeting space in the case of Marea Blanca, facilitates the participation of many of those most affected. On the one hand, in online-to-online actions, participating fully in generating a collective and discussions on the networks.

On the other hand, those who could not be present in the Marea's collective events generated other kinds of actions from offline to online. For instance, they took photos for the movement's social media campaigns from their home. Marea Blanca's imaginary had a bold impact due to its dual action: the records of the people who took part in the public actions, and the autonomous media like photos and videos of those who joined from home. Both kinds of media records had an equal footing with the flow of information and were amplified by online interaction and reproduction.[2] The effect that this generation, whose identity is infused with slogans, hashtags and images, had on the recognition of the Marea Blanca as a valid social protest actor is not minor. From the dissemination of infographics on the costs of hospitals, to the dissemination of

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[1] The centrality of cyberactivism for Disability Justice has been emphasized by Leah Lakshmi. In *Care Work*, Lakshmi narrates a series of "experiments in creating collective access" for Crip Politics where online platforms were key for community support and organizing, like the virtual care web "Sick and Disabled Queers (SDQ)' which consolidated itself as a Facebook group (Lakshmi, 2018, 60-63).

[2] These kind of participation dynamics cancelled asymmetric hierarchies that value in-person activism above online action. All kinds of media shared in social networks was equalled, and the movement was built upon the interdependence and communication among network nodes. Due to this functional and decentralized structure, Marea's connective action can be connected to Eva Kittay's notion of *connection-based equality*, that is, "one concerned less with resources as such and more with capabilities and functionings" that aims to "incorporate dependency concerns into the public domain, and more public discussions before we can decide how resources can be best allocated" to provide and receive healthcare (Kittay, 1999, 187).

images that re-signified communicative objects in demonstrations, such as the sign "For Sale: Public Health" (*En venta: La sanidad pública*) using real estate sales posters, or the use of the labels that in Spain are printed on cigarette packs with health messages such as "Smoking Kills" (*Fumar mata*) that in the demonstration were replaced by slogans such as "The Government Kills" or "Cutbacks Kill" (*El Gobierno Mata; Los recortes matan*).[1] New symbols were also created, such as the images of the "Embrace your hospital" (*Abraza tu hospital*) action, which in December 2012 formed long human chains surrounding public hospitals in Madrid, or the "Sheets in the window" (*Sábanas en la ventana*) campaign, which generated images of sheets hanging in windows as a sign of solidarity and joint struggle of the Marea.

These images contributed to galvanizing public opinion regarding the duty to defend public health. This social consciousness fostered the Association of Specialist Doctors of Madrid (AFEM) to file an appeal against the Plan of Measures to Guarantee the Sustainability of the Public Health System of the community of Madrid. Through this action, on January 9, 2014, Marea Blanca's cause achieved legal recognition, when the High Court of Justice of Madrid put an end to the Plan. This recognition of the legitimacy of the fight would be reinforced days later, with the resignation of the Minister of Health, Javier Fernández Lasquetty (Mozo, López & Ruiz 2024).

3. Negotiating Time: MIC Temporal Structures in Spain's Healthcare

The previous section examined how the Marea Blanca movement resisted austerity-driven healthcare policies by reclaiming the notion of sustainability as a collective social right rather than an economic rationale for privatization. However, the struggle for accessible public healthcare does not only concern material resources—hospitals, professionals, funding, medication—but also the temporal dimensions that structure access to care. The Spanish medical-industrial complex (MIC) enforces temporalities that prioritize efficiency over well-being, disciplining bodies through wait times, prognosis-driven expectations, and sick leave policing. These temporal structures disproportionately harm those with chronic illnesses and disabilities, such as chronic pain and chronic fatigue, for whom time is not a linear path toward recovery and reintegration into productivity, but rather an ongoing negotiation of fluctuating health needs.

This section analyses three paradigmatic temporalities of the MIC in the Spanish healthcare system: diagnosis and prognosis, appointment time, and sick leave control. These temporalities position us to corresponding ways of being in the world which entail, respectively, experiences of uncertainty and projection; the wait; and feelings of frustration and burnout. Each of these temporalities will be analyzed through the lens of the social study of time and contrasted with

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[1] Jan Grue (2022) develops the intersection between austerity politics, ableism and thanatopolitics, that is, the management of death in neoliberal societies.

Crip Time self-advocacy strategies of resistance that help bodyminds “negotiate” temporalities - either stepping *outside* the MIC momentarily, or in interactions *with* the MIC.

I argue that becoming aware of and resisting these temporalities becomes urgent in a context Nancy Fraser (2022) conceptualizes as a "crisis of care," in which the demands of profit-seeking economies due to contemporary capitalism’s logic actively erode the systems that sustain life, including healthcare. This crisis manifests in Spain through long waitlists that delay diagnosis, mostly those by specialists; rushed consultations in GP appointments that fail to address complex conditions; and a bureaucratic apparatus of sick leave management that defines “recovery” in terms of economic productivity rather than lived experience. These logics of acceleration stand in stark contrast to the principles of Disability Justice, which demand an approach to time that centers *sustainability* and interdependence, even if sustaining life demands slowness.[1] Therefore, Crip Time—an embodied, nonlinear temporality—challenges the medical-industrial complex’s rigid scheduling and prognosis frameworks, offering a model of care that values long-term well-being over short-term efficiency. In doing so, it reconceptualizes ‘sustainability’ and politicizes it in a way entirely opposed to the regional government’s usage of the word in the “Plan de medidas de garantía de la *sostenibilidad* del sistema sanitario público de la comunidad de Madrid”, since sustainability no longer stands for “economically sustainable” or even “profitable”, but rather for “able to sustain Disabled bodyminds”. As the Disability Justice principal claims:

> We learn to pace ourselves, individually and collectively, to be sustained long-term. We value the teachings of our bodies and experiences, and use them as a critical guide and reference point to help us move away from urgency and into a deep, slow, transformative, unstoppable wave of justice and liberation. (Sins Invalid, 2019, 24-5)

This section examines the temporal mechanisms through which the MIC disciplines bodies and explores how Crip Time can serve as a strategy for resistance, self-advocacy and community sustainability. In contrast to Crip Time, Karen Soldatic has explored normative time as neoliberal workfare temporalities from the standpoint of the social study of time, revealing how temporality is shaped by a macro-structural process driven by capitalistic objectives such as profit and productivity. This temporality, Soldatic argues, positions disability as a deficit within an imposed hierarchy of values, and forces people with disabilities “to participate in

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[1] The ten Disability Justice principles were first put forward in Patty Berne’s 2015 draft. For an all-encompassing account of how the principles of Disability Justice shape activism, see Shayda Kafai’s study of the collective Sins Invalid (Kafai, 2021) and Leah Lakshmi’s organizational strategies in *Care Work* (Lakshmi, 2018). The vindication of slowness as a life-sustaining condition can be found in Margaret Price’s critique of academic time frames (‘publish or perish’) and their impact on mental health (Price, 2014), and in the Slow Professor movement (Berg & Seeber, 2016). More recently, the manifesto *Rest is Resistance* (Hersey, 2022) has defended slowness and rest as a central strategy in political practices of resistance.

workfare regimes to maintain access to social security measures and programming" (Soldatic, 2011, 408). Against normative time, Crip Time recognizes the unpredictability of chronic illness, the need for rest and pacing, and the importance of flexible temporalities that sustain all bodies. To build a truly sustainable healthcare system, time must be reimagined—not as a resource to be economized, but as a shared and flexible dimension of care that honors the access needs of citizens.

3.1. Undiagnosis, diagnosis, prognosis

In the Spanish healthcare system, prognosis operates as a central tool for enforcing temporal discipline within the medical-industrial complex (MIC). For individuals with chronic fatigue syndrome (CFS) and chronic pain, the temporal demands of prognosis intersect with disabling structures to produce experiences of alienation and disenfranchisement. Prognosis, framed by what Tobin Siebers (2008) describes as the "complex embodiment" of disability, creates a normative timeline that often misaligns with the lived durations of bodyminds managing chronic conditions. As Sarah Lochlann Jain argues, prognosis time constitutes a liminal time, interrupting "the idea of a timeline and all the usual ways one orients oneself in time - one's age, generation, and stage in the assumed lifespan" (Jain, 2007, 78) because, as Feminist Critical Disability Studies scholar Alison Kafer[1] notes:

> The time of prognosis is a single moment of telling but also an extended, if not indefinite, period of negotiation and identification. During that period, past/present/future become jumbled, inchoate. The present takes on more urgency as the future shrinks, the past becomes a mix of potential causes of one's present illness or a succession of wasted time; the future is marked in increments of treatment and survival even as "the future" becomes more tenuous. (Kafer, 2013, 37)

This temporal dissonance positions patients in a liminal state of waiting and uncertainty, where the medical prediction of their future becomes a controlling force over the strategies, they might otherwise develop to navigate their everyday lives.

Moreover, this liminal condition is exacerbated in patients with rare conditions, such as CFS and chronic pain, because it can be extended to the time before prognosis, which Kafer denominates the time of "undiagnosis." With very limited resources directed to professionals, facilities and services that can take care of them, patients with CFS and chronic pain, symptomatologies which often exceed standard diagnostic categories, find themselves vulnerable to misdiagnosis and to a lack of recognition in front of inexpert medical professionals. As Kafer emphasizes:

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[1] Kafer has proposed a Feminist standpoint in Critical Disability Studies that centers intersectionality within the lived experience of disability. In doing so, she follows the trail of Susan Wendell (1996), Rosemarie Garland-Thomson (2005), and Eli Clare (2017).

> How might we understand the experiences of those with chronic fatigue and chronic pain, or those with multiple chemical sensitivities (MCS), struggling for years to find a medical professional or social services provider to recognize their impairments? … How is the repeated experience of being denied recognition an orientation to time? … The time of undiagnosis: the shuttling between specialists, the repeated refusal of care and services, the constant denial of one’s experiences, the slow exacerbation of one’s symptoms, the years without recognition or diagnosis, the waiting. (Kafer, 2013, 37)

Even after finding recognition in diagnosis, CFS and chronic pain remain in a liminal time of constant anticipation and prediction, trying to prospect a future that is always uncertain. For this reason, these conditions pose a challenge to the standard usage of prognosis in favor of normate time. As Karen Soldatic’s (2011) analysis of normate time shows, prognosis serves a predictive function, imposing a teleological logic tied to neoliberal productivity demands - that is, it prospects the time when a bodymind that has “fallen ill” will be able to get back to “normal,” that is, to normate productivity expectations. In the Spanish public healthcare context, prognosis often assumes an economic and bureaucratic character, not only guiding clinical expectations but also structuring access to necessary social and economic supports and controlling the legally established periods of sick leave. This control is particularly evident in cases where individuals with chronic fatigue and pain must negotiate for recognition of their disability status to secure benefits, especially the Spanish Social Security’s Permanent Disability Pension.[1] In these negotiations, many patients are faced not only with a lack of recognition, but even with accusations of attempted fraud by medical and legal authorities. Phenomenologically, the prognosis-driven frameworks reflect a prioritization of diagnostic clarity, certainty and measurable outcomes over the nuanced, fluctuating realities of chronic illness. This disjuncture can leave patients stranded within the system, unable to fully inhabit either a productive or a disabled identification. For patients, prognosis often operates as a form of imposed epistemic authority, projecting a timeline for recovery or stabilization that may further dissociate them from their embodied realities.

In the case of chronic fatigue and pain, prognosis rarely provides clarity or actionable outcomes. Instead, it becomes a mechanism of control, reinforcing the systemic inclination to measure value and health through notions of productivity, improvement, or return to pre-diagnosis expectations. This is particularly problematic in the Spanish public healthcare system, where medical practitioners face significant pressure to process patients efficiently due to systemic understaffing and long waitlists.

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[1] The difficulty of deliberating whether to disclose one’s invisible disability or to mask it has been developed by Lingsom (2008), Evans (2017), Katari, Olzman & Hanna (2018). As they point out, the delicate balance between concealing a disability or making it legible for others entails a constant negotiation where trust, intimacy, and vulnerability need to be balanced against the exposure to ableist experiences.

Furthermore, in Spain, the temporality of illness in the public healthcare system is intertwined with bureaucratic processes that determine and coerce prognosis and subsume it to legal requirements that regulate eligibility for state support, disability pensions, and medical leave. These systems demand clear and specific prognostic evidence - demarcating a line between cases that can expect improvement or recovery, and cases of permanent disability, and thus creating a binary framework that excludes many individuals whose conditions exist in a gray zone of unpredictability. This demand is at odds with the lived experience of CFS and chronic pain, which resists predictability due to their multifactorial condition and uncertain triggering. This mismatch between the lived experience and the prognosis timeline of the healthcare system, which may seem mainly theoretical, has very real consequences on bodyminds, because this rigid structuring can leave patients without access to the resources they need, trapped in a cycle of medical appointments aimed more at justifying benefit claims than addressing their care. This barrage of appointment time invalidates their lived experiences and adds psychological strain, as the demand to project uncertain futures exacerbates feelings of instability and lack of control.

3.2. Appointment time

The long waiting lists to visit a specialist or get some diagnostic testing is one of the most salient problematics in the Spanish public healthcare system. Shortage of resources and a lack of professional healthcare providers exacerbate this situation, generating a temporal structure that retains patients in state of undetermined wait, their lived experience being on hold and without validation for long periods of time. As advanced in the previous section, the anxiety in anticipation of a diagnosis or treatment makes this long waitlist experientially harmful. It opens what Kafer denominates “strange temporalities”, like a time of anticipation that leads to a constantly forward-looking stance (Kafer, 2013, 38). However, this forward-looking can entail not only anxiety but also indeterminacy and frustration for diagnosis of chronic illnesses that have uncertain prognosis.

In addition, the rigidity of medical appointment schedules within the Spanish healthcare system, together with the lack of adaptability to individual needs, represent an additional obstacle for those experiencing chronic fatigue, chronic pain or fluctuating disabilities, who cannot predict if the day of the appointment they will feel well enough to attend. The limited access to state-funded specialized care is regulated through strict time slots that are randomly assigned to patients regardless of their concrete situation. Through this temporal mechanism, the state “functions as a gatekeeper, both enabling and obstructing citizens’ access to medical resources and procedures” (Montesi & Calestani, 2021, 18). Not only the limited time slots and the waitlist before even getting an appointment, but also the bureaucracy involved in getting referred to a medical specialist by your GP are challenges that patients must overcome to get assistance. From the standpoint of people with chronic pain and chronic fatigue, this bureaucracy becomes even more draining and exhausting. As Montesi and Calestani affirm:

> It is through bureaucracy that the state often exercises its power over people's bodies and decisions to live or die. Living with medical conditions that may be rare or complex, patients and their families are forced to deal with the complexities of bureaucratic red tape to assert their rights to access health care in order to cure, manage or end their chronic conditions. (Montesi & Calestani, 2021, 18)

In the current healthcare system, bureaucracy, accompanied by strict compliance with regulatory visiting times, does not consider delays that may arise from mobility limitations, unpredictable health crises or dependency on caregivers. In this sense, medical appointment times function as a technology of exclusion, aligned with a neoliberal logic of efficiency that prioritizes productivity over patient well-being.

From a Disability Justice perspective grounded on Care Ethics and interdependence, the rigidity of medical appointment times should be challenged through healthcare strategies that embrace flexibility and personalization. As Alison Kafer argues, when considering disabilities such as chronic illnesses, the task is "not so much to refuse the future as to imagine disability and disability futures otherwise, as part of other, alternate temporalities that do not cast disabled people out of time, as the sign of the future of no future" attending to "how different populations are demarcated differently" (Kafer, 2013, 34) and demand different temporalities - Crip Time - to honor their access (needs, which may mean "a flexible standard for punctuality" and "the extra time needed to arrive or accomplish something" (Kafer, 2013, 17).

3.3. Productivity at all costs: monitoring sick leave as a surveillance device

The intersection between employment and medical temporalities generates a third axis of exclusion for people with chronic illnesses. In Spain, access to sick leave is subject to periodic reviews where eligibility for disability benefits is measured according to a normative logic of linear recovery and return to work. Lilian Kennedy has analyzed how this bureaucracy is especially difficult to navigate for people with dementia, a 'hassle' of bureaucratic processes and paperwork "in an effort to access state-funded support in the face of a future colored by expectations of growing care needs and the cognitive decline" (Kennedy, 2021, 91). A similar way ahead is expected for citizens diagnosed with chronic pain and chronic fatigue, with the added element of indeterminacy that does not need to be degenerative but will surely be nonlinear and not towards a promise of recovery. The constant obstacles to access care without the market-driven expectation of reinsertion in the workplace feed into a logic of deservingness that organizes access to healthcare:

> The way societies are organised – despite claims of equity among citizens – often makes some citizens more equal than others. … Discrimination works in everyday life through

> 'distributed intensities': often it goes unnoticed (having been naturalised into the social fabric), and sometimes it emerges unequivocally. Taking our cue from Moreno Figueroa, we use the concept 'distributed intensities of worth' to address how care policies and practices can sustain or deepen inequalities and shape (un)deserving subjectivities, while simultaneously normalising this stratification. In neoliberal capitalism, these distributed intensities of worth materialise through the politics of deservingness (Montesi & Calestani, 2021, 13)

Ideas of deservingness shape social and health policies that deem citizens worthy and unworthy of being attended to in the public healthcare system (Bambra and Smith 2010; Petersen *et al*. 2011, Motta-Ochoa & Arruda 2021, 182). However, the expectation of progressive "improvement" and rapid reintegration into the labor market ignores the cyclical or unpredictable nature of many chronic illnesses, imposing a time frame that violates the bodies of those who cannot adjust to this normalization of time, since without the expectation of reintegration into the labor market after sick leave, they are placed in a lower stratum than the average that considers them unworthy of care. The control of sick leave not only limits access to the economic resources necessary for the subsistence of patients but also introduces a dimension of surveillance that forces patients to perform their disability within the parameters expected by the bureaucratic system. The evaluation of disability based on standardized productivity criteria reinforces an ableist logic that measures the value of bodies based on their work performance (Kafer, 2013, 54). People with chronic illnesses are caught in a temporal paradox: they must prove that they are sick enough to qualify for sick leave, but not so sick that they are deemed incapable of returning to work in the foreseeable future. This neoliberal mechanism reinforces the precarization of disabled lives, by requiring a constant negotiation between their own bodily rhythms and state expectations of productivity.

In response, Disability Justice movements have proposed alternative models of disability assessment that are not based on work capacity but on support and well-being needs, where the right to health is not subordinated to "normative modalities" that measure time through standards of economic efficiency and productivity (Kafer, 2013, 40) or to meritocratic logics that enter into debates of loss and gain to determine deservingness of access to care.

4. Opening paths for self-advocacy and resistance through Crip Temporalities in the Spanish context

Resisting the temporal frameworks defined above as characteristic of the Medical Industrial Complex within Spanish healthcare requires us to rethink the concept of sustainability. It means reclaiming it back from the discourse of productivity and austerity, which has used it as a buzzword like in Madrid's 2012 Plan of Sustainability. In Disability Justice, the principle of sustainability politicizes the concept as the radical assertion that *bodyminds with disabilities* *deserve to be sustained over time*—not merely for the sake of prolonging life, but because they can lead meaningful, livable lives. This sustainability involves developing strategies to navigate an ableist dominant culture—one that has historically sought to eliminate disability altogether. As Kafer argues: "Disability, then, is defined as a lack of productivity … We are all to be smoothly running engines, and disability renders us defective products»" (Kafer, 2013, 54). Recognizing that this framework promotes the coerced death of disabled bodyminds, defending the possibility—and even the necessity—of disabled futures, that is, defending futurities that can sustain people with disabilities becomes a radical act. Within this subversive defense, the principle of sustainability is most crucial in shaping the temporal frameworks that Disability Justice-informed futures require.[1] Rebel Fayola Rose defines this approach to time as an invitation to resist urgency with gentleness:

> That's how I think about sustainability: it's gentle. Gentleness slows down for the interpreter. Gentleness notices pressure and deescalates it. Gentleness takes the time to build relationships and allies across differences. (Rose 2022)

Amid urgency and rapid acceleration, sustainability calls for life-affirming infrastructures that support livable rhythms for everyone. Black Trans Disabled author and activist Estelle Ellison encapsulates this idea by inviting us to reflect on the question: "Can we respond with urgency to crises without settling for plans of action that leave participants vulnerable and unsupported in easily preventable ways?" (Ellison 2023). How can we create forms of collective care and liberation that attend disability while resisting the urgency imposed by capitalist expansion? More specifically, in our context, how can we challenge the time pressures of the Spanish Medical Industrial Complex when living with chronic pain and fatigue?

Resistance to these temporal impositions takes many forms. Reclaiming sustainability through the imagining and building spaces shaped by Crip Time, challenging the MIC's authority and creating spaces for collective agency. For instance, peer-led support networks and grassroots organizations provide alternative spaces for individuals to articulate their experiences, develop strategies for managing uncertainty, and advocate for more equitable policies. These efforts not only highlight the system's inadequacies but also embody a reimagining of healthcare that values access, sustainability, and the multiplicity of temporal experiences.

In what follows, three experiments in reclaiming time agency are shared as case studies that could lead to a continuation of healthcare activism in Spain, that both builds upon the legacy and expands the horizon of Marea Blanca. The following experiments offer insights into how time agency can be reclaimed by embracing the temporal aspects of fluctuation, slowness, and

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[1] The role of social imagination and speculative fiction in imagining Disabled futurities has been analyzed in depth by Sami Schalk (2018) and Leah Laksmi (2022).

body movements to regulate pain and fatigue, key elements of Crip Time. These case studies explore how the resistance to the rigid, linear expectations of the Medical Industrial Complex (MIC) create alternative temporalities that prioritize the rhythms of the body and the complexities of chronic illness.

(a) **The Pain Series**, initiated by Carmen Papalia, exemplifies a resistance to medical time by cultivating spaces where participants can embrace the fluctuating nature of their bodies. Instead of conforming to the strict timelines set by healthcare providers, this initiative fosters a collective awareness of the unpredictable nature of chronic illness and pain. The spaces created within the Pain Series allow disabled individuals to share experiences of slowness and fluctuation, allowing for mutual recognition and validation (Papalia 2023). The peer-led networks, such as those in Spain with Síndrome de Fatiga Crónica y Fibromialgia España (SFC-Síndromes de Sensibilización Central), similarly build support structures that respect the body's need for flexibility. These networks challenge the idea that recovery or treatment must adhere to linear progressions, instead cultivating a "non-linear time" where rest, recovery, and periods of fatigue are acknowledged and respected as vital parts of the healing process. By focusing on sustainability and mutual care, these networks allow participants to move through time on their own terms, resisting the urgency imposed by medical systems.

(b) In the **Alchemizing Fatigue Sessions**, the temporal element of slowness is central to the practice. These online gatherings prioritize intentional pacing and rituals of care that align with the fluctuating needs of participants:

> Part of this work is validating and acknowledging that chronic fatigue can be such an excruciating existence that many of us feel hopeless ... I am not here to sugarcoat this experience, promote toxic positivity, or individualism. I am here to offer Access-Centered support, which means that an intersectional and trauma-informed framework will hold us and does its best to meet as many needs for as many people as possible. (Springlove 2024)

The sessions are designed to allow individuals to slow down and engage with practices that support nervous system regulation, such as breathing exercises, spiritual healing, and body-centered rituals. These slow, grounding practices encourage participants to tune into their bodies and engage with the rhythms of their own fatigue and healing. By prioritizing slowness, these sessions resist the fast-paced, productivity-driven demands of the medical system and instead emphasize that healing does not follow a linear path. The intention is to create a space where participants can feel seen and heard in ways that traditional medicine often fails to offer, making room for bodies that need time to move at their own pace, without the pressure to conform to faster timelines.

(c) Finally, the **Disability Justice Dreaming Sessions** (Rose 2023) invite participants to imagine alternative futures for disabled life, but they also emphasize the importance of the present moment and the body’s rhythms in shaping those futures. The sessions engage with speculative exercises that emphasize collective survival and flourishing, yet they also ask participants to consider how the temporal aspects of pain, fatigue, and care inform these futures. For example, through reflective questions like “What would you desire others to do for you?” or “What keeps you fighting?” participants engage with their current bodily states, acknowledging the limitations that chronic pain and fatigue impose on their lives. This reflective process creates a space for reimagining a world where these fluctuating rhythms are not only accepted but integrated into societal structures. The emphasis on the emotional and imaginative labor of disabled individuals reflects a broader understanding of how time can be stretched and adapted to include the cyclical and slow-moving nature of care.

Through these three experiments, the concept of Crip Time is expanded beyond simply resisting rigid medical timelines. The temporal aspects of fluctuation, slowness, and body movements in these practices underscore a profound respect for the body's natural rhythms. By shifting away from the urgency of medical systems, these practices offer alternative ways of relating to time, focusing on care, sustainability, and the deep knowledge that bodies require space to move at their own pace. In doing so, they not only reclaim time but also reimagine a world where disabled individuals can live within time structures that honor their lived experiences, embracing the need for flexibility, rest, and care.

5. Conclusive remarks

Time is central to how we experience care. The rigidity of medical appointments, the long waitlists, and the abstract timelines of prognosis and workfare policies shape not only access to healthcare but also the quality of life for those with chronic pain and fatigue. This paper has explored the temporal injustices embedded within the Spanish Medical Industrial Complex (MIC) and the potential of Crip Time and Disability Justice to reshape healthcare activism. Through the lens of the Marea Blanca movement, public healthcare defense historically mobilized around the threat of privatization, successfully reframing "sustainability" as a collective right rather than a market-driven imperative. As healthcare activism in Spain moves beyond Marea Blanca, that fully accounts for disabled experiences, we must widen our frame to include the politics of time itself. While past movements successfully defended public healthcare from privatization, the struggle must now also address the deeper, structural issues that determine who receive care and how. A broader coalition—one that integrates Disability Justice— requires us to challenge our own assumptions about activism, solidarity, and what constitutes an urgent demand. Historically, activism has often been framed around immediate crises, direct action, and visible mobilization—forms that can be inaccessible to many disabled people. A disability-centered healthcare movement, however, invites reimagining activism itself, making space for slowness, rest, and sustainability as essential elements of collective resistance.

In her text, “Accessible Futures, Future Coalitions”, Alison Kafer asserts the need for coalition politics that strengthens the demands of Disability activism. However, she acknowledges that despite being necessary, real coalition across different movements is terrifying: “in that we often are working with people unlike us, people who might frame the issues in different ways or to different effects, people who come from different perspectives or with different histories, people who might challenge our founding assumptions” (Kafer, 2013, 151).[1] This is a burden that post-Marea Blanca healthcare activism in Spain will confront. As frame analysis of the 15M attitude objects has shown, the impact of the movement in public opinion formation between 2011 and 2013 relied mainly on consensus values (Calzada & del Pino 2011). That is, “the materialistic accounts of the crisis, which revolve around values such as solidarity and justice, would produce higher levels of approval for anti-austerity contenders than system-challenging frames” (Cristancho *et al*. 2020, 3270), whereas frames emphasizing blame attribution and which challenged our own beliefs encounter “division because of their expected ideological charge” (Cristancho *et al*. 2020, 3270). In front of this evidence, it is uncertain what impact a contentious movement shaped by Disability Justice principles, which ground themselves in consensus values *but* at the same time challenge our very internalized ableist beliefs will have on the public opinion. Only if a different conception of disability and illness is cultivated, together with a different ethical framework shaped by care and interdependence, rather than on merit and deservingness, will contemporary attempts to organize Disability Justice activism be recognized as legitimate interests (Gamson 1975; Rochon & Mazmanian 1993).

From this standpoint, a just healthcare system will not simply remain public, but one that adapts to the needs of all bodyminds over time. Ultimately, a post-Marea Blanca activism informed by Disability Justice will require us to rethink our very relationship to time, care, and sustainability. In resisting the temporal structures that exclude, disable, and exhaust, we create space for a different kind of future—to ensure that access, dignity, and well-being are not constrained by rigid temporalities but guided by the principles of justice and care. This is not just about resisting harmful policies; it is about envisioning a future where healthcare is truly inclusive, where care moves at the pace of those who need it, and where time itself is reclaimed as a shared, life-sustaining resource.

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[1] For historical examples of coalition across liberation movements, see Schweik (2011) on the participation of Black Panthers in the Disability Rights’ protests.

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