

# Fat-Assed Prepper Survival Tips for Preparing for a Coronavirus Quarantine



**Image description:** The top half of the photo shows disposable gloves, a disposable surgical mask, and disposable hand sanitizer with the word “disposable” in red stamped across the image. The bottom photo shows more than 20 diverse fat and/or disabled people, many using mobility devices, with fists raised. Their sign says: Fatties 4 Survival. Stamped boldly across the top of the photo it says “not disposable.”

# FATifesto

**Whereas** fat people of all sizes deserve to live...

**Whereas** BIPOC, disabled, and superfat people are the victims of pervasive and blatant discrimination in healthcare and medical settings...

**Whereas** fatties, especially BIPOC, disabled, and superfatties, have historically been left to fend for ourselves in disasters, or worse, [told to wait for help that was never coming...](#)

**Whereas** fat people, especially BIPOC, disabled, and superfat people are at greater risk of being considered disposable or “drains” on resources to such an extent that we have been [unethically denied rescue, and murdered by healthcare workers...](#)

**Whereas** [discussion of rationing medical care based on the existence of “comorbidities” and projected recovery speed](#) from COVID-19 makes it clear that fat people are already being targeted for denial of services and chosen for death...

**Whereas** “[good fatties](#)” as a survival strategy often sacrifice “bad fatties”...

**Whereas** “bad fatties” are seen and treated as disposable...

**Whereas** all fatties and especially BIPOC superfatties are seen as problems by first responders and healthcare workers...

**Whereas** we have the power to learn from past mistakes and use this emergency as an opportunity to build empathy and connection, show compassion and solidarity, rethink assumptions, and commit to the principle that we are all inherently valuable...

**We demand** an equal chance in the preservation of our lives during all emergencies, including this pandemic, and

**We invite** everyone to acknowledge the inherent value of all fat and disabled people of all backgrounds, to put people ahead of profits, to recognize the interconnected nature of all beings, and to seize opportunities to offer aid and demonstrate kindness and [solidarity](#).

**This document is how we preserve our lives through:**

mutual aid, skill sharing, demanding and utilizing accessibility, preparing, and caring for ourselves.

## Tribute and Gratitude

**MASSIVE** thanks to Leah Lakshmi Piepzna-Samarasinha for their work making the brilliant [Half-Assed Disabled Prepper Survival Tips for Preparing for a Coronavirus Quarantine](#), after which this document is named and which sparked this idea. We are honored to skill share and contribute to this body of work. We hope this document will help save some of our fat asses.

## Who Is This For?

This guide centers BIPOC, disabled, and the fattest of the fatties, and provides information about the way the COVID-19 crisis impacts fat people. It includes lots of practical tips from our communities' lived experiences and from our research. We hope it will be helpful to disabled and nondisabled people of all backgrounds, sizes, and ages. We welcome allies and conspirators.

## Who Makes This? We Make This!

This is a living document that was started by a group of fat friends: Sondra, Austin, Brandie, and Max, with contributions from the [Fat Rose](#) Mutual Aid Study Group, Deb, Elliot, Lilia, and others. We did this fast - it is just a start and is not complete. It has not had all the reviews and input that it needs; it's far from perfect. It is a work in progress. We know things are changing all the time and we will be trying to update as much as we can. We need your help! If you see needed changes or additions, please email us at FatAssedPrepper at FatRose.org with your comments and, if relevant, sources.

**Note:** This is not legal advice or medical advice. Information has been sourced from the web, and is for general information purposes only. It's up to you to be sure the information is still current, because things are changing quickly.

# Using this Guide

There is a lot of info in here, and not all of it will apply or be doable. Don't feel like you have to use all the tips - just take what is useful.

If you are using a computer, you may find it helpful to choose **View > Show document outline** from the Google Docs menu bar above - that allows you to view the topic organization and jump around to different sections of the document.

## Our Lives Are Indispensable

Fat people deserve to live. Fatphobia denies the humanity of fat people. Via intense punishments, fatphobia also trains fat people, especially BIPOC superfatties, to deny that we have human needs, like adequate space, adequate nourishment, adequate medical care, and adequate lives; we are pressured to make our human needs as small as we are expected to make our bodies. In medical settings, we fat people consistently experience great harm. Fat patients are subjected to widespread medical abuse, and we are faced with medical equipment and denied procedures not intended to serve our fat bodies. Through these and other aggressions, fat people are punished for our fatness, and one punishment is death; death from medical/police/political abuse and neglect is then blamed on a person's fatness.

The COVID-19 pandemic represents a serious threat to fat people. Many people worldwide require simultaneous, immediate access to emergency medicine and intensive care that may not exist for fat patients because few medical settings have included the embodied realities of fat people in emergency/pandemic planning. Failing to plan for fat people is deadly. Fat people have struggled and suffered in medical settings for far too long. Despite the cost, we must resist medical fatphobia. We and our accomplices/allies must demand medical safety for fat people, and we must internalize that, as fat people, we should make use of all of the accommodation and accessibility measures we need. To survive through and beyond novel coronavirus, fat people must utilize all available measures accessible to us in order to safeguard our very lives.

# Part A: Prevention and Preparation

## 1) Disinfectants and Body Size

Fat bodies and disabled bodies interact with environments that are not sized for us and not created with our bodies in mind. This means we end up touching a lot of surfaces with different parts of our bodies. We may also sit often, lean on things, “wall walk” to keep our balance, use handrails more often, and brush against things.

Because the novel coronavirus that causes CoVID-19 may live [up to 9 days](#) on certain materials (note that [more recent articles say fewer days](#)), and [was found to survive on surfaces for 17 days](#), keeping surfaces clean and keeping the parts of us that contact those surfaces disinfected is especially important for us.

### A) General Disinfecting Strategies

- Be aware of what parts of you touch surfaces. Chest, belly, arm, ass - whatever makes contact needs to be disinfected.
- Create a changing station by your door so you can take off your shoes and disrobe completely before or immediately upon entering your space. This could look like a chair right by your front door, a washable tray for your shoes, plastic bags or a laundry hamper to receive your clothes, a trash can, something clean and cozy to change into, a way to wash or sanitize your hands after you remove your clothes and before you get dressed in your fresh clothes.





**Image description:** A hand-drawn illustration of an entryway changing station, with a cozy robe hanging on the wall, a yellow and green front door, a blue chair, and a table with hand-sanitizer and gloves. On the floor are shoes and a laundry basket. On the wall are a key shelf with disinfectant wipes and spray, and some framed decorative pictures (including a Fat Rose logo). Please imagine that there is a trash can as well.

- Be prepared to wash clothes frequently, or have more clothes available so you can change frequently.
- When possible, wear layers of clothing, and remove an outermost layer when a contact exposure has occurred. If you're away from your home environment, or if you are not near laundry facilities, you can put the clothing item(s) into a washable shopping bag for later.
- If washing clothes is hard, washing a towel may be easier. You can bring a towel, pillow case, or piece of a sheet with you to sit on in public places so that you have to change your clothes less. Just be sure that you don't let the "dirty/public" side of the towel/pillow case/sheet touch the "clean/personal" side when you fold it.
- Hand sanitizer is a critical part of prevention for people who have a hard time washing their hands or whose mobility makes trips to the sink difficult. Hoarding of hand sanitizer by people who don't need it has caused significant risks to our communities. There are recipes to make hand sanitizer, but the ingredients are now hard to find as well (see instructions below). You may be able to source the

ingredients creatively - we got alcohol at a vet supply store, and aloe vera at a plant nursery.

- For many of us, using public restrooms presents risks of infection. If you need to use a public restroom, consider disinfecting the surfaces your body may touch, like toilets, walls, grab bars, toilet paper holders and other items affixed to stall walls, door latches, counters, and sinks. You may want to make a bathroom kit with disinfecting wipes. Keeping the kit in a bag with a strap may help you avoid having to put the kit down on a dirty surface. If there is a hanging hook or horizontal surface in the restroom, place a piece of unused paper (toilet paper, paper towel, toilet seat cover, notebook paper) or plastic bag between your bag/strap/phone/items and a surface.

## **B) Procedures Around Receiving Deliveries**

Many of us are relying on deliveries, whether from services, mutual aid groups, or friends. Deliveries introduce the possibility of coronavirus. The majority of novel coronavirus transmission comes from direct contact with the saliva or mucus of someone who has the coronavirus, which most easily occurs in close physical proximity with a person who has the virus, but the virus persists on inanimate objects and surfaces, too. We are not certain exactly how long the virus persists in an infectious state on inanimate objects, on surfaces, and in the air (as aerosolized droplets). The conservative estimate is that the novel coronavirus remains infectious:

On Surfaces: [up to 9 days](#) (though [some more recent studies](#) say fewer days and some say 17 days.)

Suspended in Air: unknown

However, according to [a study cited by a New York Times article on March 17, 2020](#), the coronavirus that causes COVID-19 can persist in an infectious state for a time on surfaces and in the air:

suspended in air (as aerosol droplets) - up to 30 minutes; on copper - up to 4 hours; on cardboard - up to 24 hours; on plastic - up to 72 hours; on steel - up to 72 hours.

This difference in timespan reflects how little empirical data we have collected at this point about this new coronavirus, and while global scientific understanding continues to evolve, everyone has to continue to decide what level of risk they are able and willing to bear. This is why we are emphasizing the studies that suggest **the virus can persist in an infectious state for up to 9 days**.

You can reduce that risk by doing a few things:

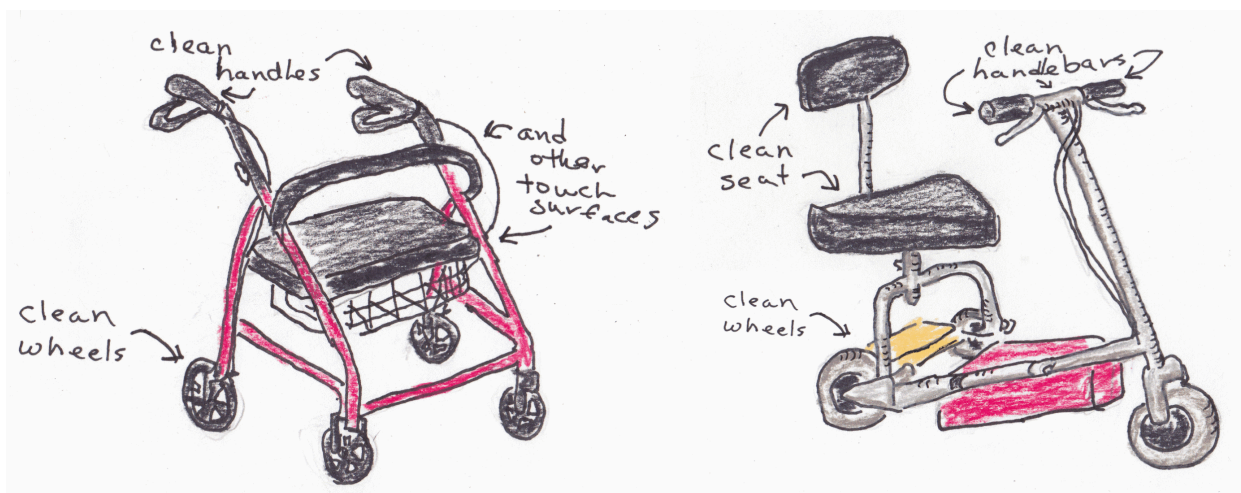
- Sanitize or leave non perishable items outside your living space for 9 days, if possible.
- Before storing refrigerated items, always sanitize them.
- [Be cautious about food.](#)
- Be very cautious about plastic and metal packaging and containers, [where coronavirus can live for many days.](#)
- Cardboard surfaces are less hospitable to coronavirus than plastic or metal, and probably are lower risk because of that.
- Consider immediately disposing of outer cartons and packaging, and cleaning the containers of received items like liquid soap, soup, anything that stays in its container. To clean the outside of a container, it depends on the material; plastic, glass, and metal can be washed by hand in the sink with soap and water, or sprayed with home cleaner, or wiped down with sanitizing wipes, or [cleaned with a dilute bleach solution.](#) Cardboard/paper can be cleaned with any of the above except running water.
- After touching delivered items, wash your hands, or sanitize yourself carefully.

## **C) Mobility Aids and Equipment**

### **Scooters/wheelchairs/rollators**

- If you have a scooter/chair or weight-bearing rollator, consider staying on it when going out to avoid contact with surfaces and floors.
- Disinfect switches, keys, steering and other places you touch.
- Consider cleaning in such a way as to avoid splashing, splattering, or aerosolizing the cleaning material too much, as [the virus can persist in the air for up to 30 minutes in microscopic wet droplets.](#)
- Develop a strategy for cleaning your device's wheels or its feet, and for cleaning the floors in your environment across which the wheels travel.





**Image description:** Hand-drawn illustrations of a rollator/walker and a travelscoot, with labels indicating that it is important to clean handles, wheels, seats, and other touch surfaces.

## All Equipment

- Remember that the novel coronavirus [can live for a LONG time on plastic and metal](#), so sanitize your mobility aids, including crutches, canes, chairs, stools, reachers, and scooters accordingly.

## D) Helpers

Many of us rely on helpers and aides, who may become unavailable or unsafe to work with. Planning for unavailability of usual helpers is very tough, but important since it is likely that a major pandemic will disrupt services.

Consider working with aides and helpers to create a plan to maximize your mutual safety when working in close contact with each other. This could be:

- Having aides and helpers wear booties over shoes, or clean their shoe bottoms before entering your space
- Using masks
- Using disposable gloves
- Bathing, changing clothes, or sanitizing before and after each visit
- Everyone agreeing to minimize unnecessary contacts
- Strictly following all sanitization protocols, including minimizing splattering, splashing, or aerosolizing liquids during cleaning

## **2) Food and Water**

### **A) Fat Food Considerations**

Most of us have been exposed to experiences of food insecurity of some kind: it may be that we have not had safe food to eat, enough food to eat, food that is not judged by others, food we need for specific medical reasons, food we find practical to prepare/access, food we enjoy eating, food that is life-affirming to us. All of these lived experiences of anxiety, hunger, and trauma may be activated for us. Being assigned the task of suppressing our weight has been diabolically effective at convincing us that we are at fault for having bodies that are less valued, and disrupting the partnership with our precious bodies that we might otherwise have enjoyed.

There is also a good chance that many of us will be exposed to food judgments or policies limiting access to some foods during this period. Families who are living closer together might have more conflict about food, fat, and finances. Food stamps, food banks, faith-based and volunteer efforts, and so on, often incorporate dominant ideas about right and wrong foods and right and wrong bodies. It is a different kind of virus, in a way.

Knowing that we are exposed, we can ask, how do we build our resistance for the moment while we continue the longer-term work of dismantling those ideas?

#### **1. Compassion for your experience and feelings living through this.**

It is helpful to budget in that we will feel more food insecure, more judgment of ourselves, more chaotic with food right now, and more vulnerable to thoughts about intentional weight loss, as all of the parts of us jockey to try to keep us safe. If we have conflicted feelings about food and our bodies, we are likely to experience those conflicts intensifying. We might feel more intensely about food and/or more numb or dissociated. We can notice our thoughts and feelings, and also keep learning from them.

#### **2. You can have all the feelings and also ask, what is my intention in how I can feed myself right now?**

It can be helpful to stay oriented toward the anchor of what we are trying to do while all the feelings and situations are swirling around. Even when we are not aware of hunger – and when we are only aware of ourselves above-the-chin, or even outside our bodies – it is a fact that for most of us, our bodies and souls do better with eating regularly. It can be a helpful intention to be more mechanical in eating when we are under so much stress. No one needs to justify eating. We don't have to feel hungry to be worthy to eat. We also don't have to carry out our intentions flawlessly to be building skills.

### **3. Think about how you feed someone you love and use it as a guide.**

Many of us have other people and animals who we feed and care for – which means we have a lot of the skills we need to feed ourselves with more consistency and love, even if we don't always feel entitled to use those skills on our own behalf. Yet it is in the care of those people and animals that we know they are worthy of care, and it is the same for us. When there is thought about peoples' needs, we can be in there too. We can resist being an afterthought.

### **4. Honor your capacity, which might fluctuate day by day.**

There may be ways to access food, prepare it, and enjoy it, that are less burdensome in some way – financially, effort-wise, etc. This is a great time to recognize all kinds of different foods for their practical value right at this moment, while we challenge hierarchies of “correct eating.” Most of us also need food and food prep sometimes that we can't provide all by ourselves. We can help each other identify needs and resources and match up. Many communities are using mutual aid or similar models to care for each other. Some community, government, and faith-based organizations are offering assistance.

**5. If you are helped by taking time to appreciate your body** in this time of fear and judgment, you might think about the ways your body is loyally working to keep you going, even as it struggles with challenges.

We folks currently on the planet are likely to have had ancestors who had the gift of surviving, especially famines. We are part of a legacy that we might not even understand or connect with, but those people wanted to give us the gift of life. Their efforts matter a lot more than the opinions of people who still think there is no way processed food could be a good thing.

### **6. For those of us who want support: Connect with other people who are resisting body- and food-norming.**

We need places online to connect with trusted people to talk about what we are experiencing and to share solutions, creativity, and joyful resistance. For decades our culture has demanded that we prove our worthiness by eating “correctly” and read our bodies as evidence that we have failed to obey. Many of us have internalized those demands and find it difficult to feel entitled to eat in a way that is responsive to what we need to feel peaceful and cared for, as best we can. And yet it is astonishing how much easier it is to see the worth in each other - and in that beholding, we can also hold ourselves.

You may be able to find, or to host, online drop in and chat meetings to discuss and share about these experiences.

Or you may benefit from getting support to navigate disordered eating urges that show up as survival strategies during this unusual, stressful period.

## B) Intro: Water Considerations

**Image description:** A hand-drawn illustration of a gallon of water



While there may not be an interruption in water service related to the pandemic, it's a good idea to plan for how you would survive if water systems were disrupted or contaminated. There are many sites with lots of advice about water. The basic rule is to store one gallon of water per person or creature per day. Store water in a cold, dry place.

It's important to know that water goes bad. Some canned survival water can last 50 years, but it's expensive. Water with a 5 year shelf life is less expensive. Regular bottled water may expire quickly. You can get all different types of containers for water and store your own; [FEMA says](#) to swap out DIY stored water every six months. [To store your own water](#), you may want to sterilize the container first with dilute bleach solution, and/or to add an

### 1) Water and Body Size

The standard "1 gallon per person per day average" may underestimate our needs as fat people. In addition, there are a number of conditions that impact people of all sizes, like blood sugar issues or lymphedema, where drinking plenty of water is encouraged. Those of us with these conditions should plan to have more water available in an emergency.

Water storage containers come in many types, but stored water is heavy. Consider realistically the size and shape of any water storage containers including where the carry handles are. Some heavier containers are designed to be carried against the body, so it is important to be sure the shape of the container and the shape of your body are a fit. If there is any question, it may be better to get more smaller containers, or less bulky containers, to make them easier to access in an emergency or if you become sick with

COVID-19. It may be easier to carry stored water in a bag with a handle or strap, a backpack.

## C) Medicines

**Image description:** A hand-drawn illustration of a prescription pill bottle.



If you rely on medicine, planning so you have what you need is important. Here are some tips to get that medicine safely:

- Sanitize all pharmacy packages before bringing them into your space.
- Consider a delivery pharmacy if one will carry all (or most) of your meds.
- Consider going to a drive-through pharmacy if you have one where you live to avoid unnecessary exposure from going into a drug store.
- Does your community still have a locally-owned pharmacy? If you (or a loved one) can build a relationship with a pharmacist, they may be able to help you in a pinch.
- Med hoarding: if you have insurance, your coverage guide should outline how frequently refills are allowed. By calculating when refills are available and having them processed ASAP, you should be able to squirrel away a few meds at a time. Remember to keep your hoard up to date by using the oldest meds first!
- If you have insurance, you may still be able to purchase an emergency supply of 30, 60, 90 or more days of medicine by paying cash. While many of us are short on cash and income is uncertain, it may be worth making the investment to have extra on hand if possible. Some medicines, like those made in China, may be in low supply due to the pandemic, so it may be helpful to get extra of those even if you can't get everything. Or to consider which meds you can't live without, and get a backup of only those.
- Be sure to sanitize any credit card, insurance card, ID, or bank card that changes hands when you get your medicines. Never put a card back into a purse, bag, or wallet without sanitizing it first, and then sanitizing your hands.

## Part B: Getting Sick

The vast majority of people who contract COVID-19 will recover. Despite the fact that the world often tells fat people that we are diseased and close to death on the regular (hi, deathfats!), that does not make it true. Don't let that psych you out, or make you think that you are destined to get sick, or destined to die if you do.

On the other hand, we don't yet know enough to say whether fat people are more vulnerable to the novel coronavirus than our thinner counterparts.

What we **do** know is that BIPOC, fat, and disabled people are subject to discrimination in medical care, and that we are therefore at risk for substandard care. This risk may worsen when medical staff is under the inhumane pressure of handling a pandemic where they are under-resourced and underprepared. This risk may be exacerbated when we are sick, scared, and unable to advocate for ourselves as well as we would under ordinary circumstances. Finally, it is possible that our weight, or conditions like diabetes, could be used across the board to justify denial of care, or reduction of care.

While we hear a lot about the “tough decisions” that will need to be made due to scarcity of life-saving resources, people are acting like it's a no-brainer that older folks and people with “comorbidities” (aka disabilities and chronic illnesses) should be the lowest on the priority list when resources are in demand, rather than a lottery system where everyone has an equal chance.

While we have not specifically seen the decision to exclude fat people from ventilator use (or other scarce resources) happen yet in the US, the supporting arguments that (1) fat people have a worse prognosis and (2) fat people use more resources are nearly inevitable. We have heard reports of denial of care in Italy for people with diabetes, for example.

(Read more about eugenics and the politics that can kill us:

<https://www.theatlantic.com/ideas/archive/2020/03/who-gets-hospital-bed/607807/> )

### **Always remember, no matter what anyone says: We Are Not Disposable!**

We are, in fact, incredibly resourceful and may be especially well positioned to ride out the pandemic at home. For example, some of us have CPAPs or similar machines. These noninvasive machines can provide breathing support at home. Some people may have oxygen, which can also support during illness and recovery.

We also are used to supporting each other in medical settings and planning before we go.



## Tips for Accessing Healthcare

- Transportation to healthcare
  - If you are calling an ambulance, let them know in advance that you are fat so they bring the right equipment to carry you.
- Proper precautions
  - Note that pulse ox and other devices may not be getting properly disinfected so keep track of what touches you where so you can disinfect
- What Size-appropriate medicine looks like
  - Medical devices in our size
  - Medical gowns in our size
  - Medical practitioners comfortable and used to working with superfat patients
  - Medical seating in our size
  - Medical beds appropriate for our size
  - Medical interventions sized for our bodies (from blood pressure cuffs to MRIs, from taking blood to collecting urine, from setting an IV line to placing a ventilation tube)
- In a crisis or quarantine especially, some medical services (including mental health services) may be available online. Be specific about your needs when you call.

### **Some very subjective harm reduction tips if you do need to go to the ER during this time:**

(A few tips based on one contributor's experiences working in a large Emergency Department as a chaplain, and being a frequent chronically ill visitor, not based on pandemic experience so a lot is uncertain.)

1. If at all possible bring an advocate. This may be harder in this time, due to quarantine, see if you can bring an advocate by phone or video call.
2. Try to stay calm and assertive. This will help you to not be dismissed as "difficult" or overlooked.
3. State the needs of your body as specifically as possible including needs related to body size, any allergies, and medications you are on that might be contraindicated. If it seems like someone is making a mistake, restate these needs over and over as calmly and firmly as you can.

4. If you are describing your symptoms, try to get to the point as fast as possible, ER staff have limited attention and are under intense time pressure.
5. If you can, it's helpful to prepare before you go, describing your situation in a calm, assertive, succinct way and up your chances of accessing care in an inhumane system. This is especially helpful for those of us who do not naturally communicate in this way, or have cognitive challenges.

## **Keep Other Emergencies In Mind**

- Other emergencies and natural disasters are still taking place, like power outages, annual influenza, earthquakes, tornadoes, fire, tsunamis, et cetera
- How do these emergencies, combined with the global COVID-19 pandemic, impact our ability to stay/keep safe from significant harm?

## **Preparing End of Life Paperwork**

Simple easy to prepare End of Life paperwork is available for preparation at [www.fivewishes.org](http://www.fivewishes.org) as well as most doctor's offices and health care providers. As you complete the form, make sure to also talk about it with the person you are designating as your decision maker, as it is important for them to understand the intention behind your wishes (it's impossible to write about every situation in advance).

In this pandemic, you should have an alternate or two, in case your primary is not available, but note that only one person can be a legal decision maker at a time, so even if you want more than one person involved, you will have to designate the primary, secondary and alternate decision makers, or the document could be disregarded.

If you have a regular health care provider make sure this document is filed with your doctor's office, as well as with your decision maker. In writing your end of life wishes consider size specific needs, such as having equipment and bedding large enough to accommodate you.

A lot of life saving procedures can be extremely painful and intrusive, at the same time we can expect that fat and disabled people will not be prioritized for life saving measures in this pandemic. You will need to weigh these difficult issues in formulating your wishes.

### **Typical end-of-life documents may include:**

Will

Trust

Power of attorney for healthcare

Power of attorney for finance

## **Caring for ourselves at home**

**- when hospitals won't serve us**

**- when hospitals are too dangerous**

Many people survive this virus without needing to go to the hospital. Some advice about [general care from an activist nurse here](#).

- CPAP (and BiPAP, APAP, etc) are already being used as non-invasive ventilators (NIV) in Italy, where the pandemic has rapidly depleted the available internal ventilator supply. (Note of Caution: There is some concern that these machines can aerosolize Coronavirus so anyone using such a machine should consider the safety of other people in the environment.)
- For under \$20, you can buy a pulse oximeter online to check how your oxygen levels are.
- Portable O<sub>2</sub> / home O<sub>2</sub> (can feed into a CPAP/APAP/BiPAP) to provide extra support if needed. Medical-grade oxygen concentrators require a prescription, but commercial models do not. Laws vary by state and there are many pros and cons, but worth considering if hospitals won't treat us.
- Many of us take over-the-counter and prescription medicine for pain/fever, or prescription steroids for many reasons (including asthma). [There have been reports of potential negative experience for folks being treated for COVID-19 infection who take steroids and/or NSAIDs](#) like Advil. Current recommendation is to take Tylenol (acetaminophen, aka paracetamol) instead, which is not an [NSAID](#) however there is controversy and discussion continues on this [topic](#). European Medicines Agency [disagrees](#).

### **Distilled water shortage options:**

- It's possible to purchase a distiller online to distill your own water for CPAP use.
- It's possible to [distill your own water](#) for CPAP use using common items
- CPAP user experience: "I have gone years using just straight tap water (5 years using the same cpap machine, 4 years I've used tap water). There is hard water buildup on

your humidifier tank but if you soak it in white vinegar every two weeks it wipes right off.”

## What Can Allies Do?

- Practice size-appropriate medicine especially in an emergency context, since 99% of all fat people’s medical experiences are negative/traumatic/biased in some fashion, when fat folks go to access emergency health care, we carry all our past experiences of discrimination with us into that treatment room, which can itself put us at much greater risk. Past harm to fat patients leads to poorer outcomes in our current medical treatment, and thus it is imperative that providers understand that they must actively interrogate their anti fat biases if they are to treat us medically, and treat us appropriately, and must practice evidence-based medicine with all patients, including fat patients.
- Advocate for equal access to treatment BEFORE and WHEN you see discrepancies in care. Hospitals, trauma centers, intensive care units, and other kinds of medical facilities are being overwhelmed worldwide. [The Sacramento Bee](#) reports, “California has wrestled for years with the possibility that a respiratory pandemic could outstrip the state’s supply of ventilators — and other crucial medical supplies — and force doctors to make painful life-and-death decisions about which patients receive treatment and which ones don’t. In a statewide health care emergency, ventilators, antibiotics, ICU beds and other supplies might have to be ‘denied or discontinued or withdrawn in order to allocate limited resources,’ the California Department of Public Health wrote in a lengthy 2008 study.” The same article mentions a 2010 federal study that calculated the total number of ventilators in all the hospitals across the United States at approximately 160k; a severe viral pandemic like the 1918 influenza pandemic would require nearly five times that number of ventilators to accommodate all the people who would need treatment. Several states including New York have developed protocols for instituting a lottery system in a situation where the demand for ventilation overwhelms supply; what’s even worse than being placed into a lottery for the chance to use a lifesaving medical device is being disallowed from placement into the lottery on the basis of being disabled, chronically ill, and/or fat. It’s not a far-fetched scenario.
- Contact any and every medical care facility you can think of and speak with the Department of Complaints, Healthcare Technology Management, Board of Directors, etc. to demand that they actively include fat people/bodies of size/higher-weight individuals in their pandemic preparation, and demand that

they include enough of the following items proportional to serve fat people in the general population:

- beds with a minimum 1000lb weight limit/capacity;
- hospital gowns that go up to at least 10X;
- blood pressure cuffs that can appropriately and accurately measure up to at least a 30" circumference upper arm and a 60" circumference thigh;
- mobility-device-accessible commodes/toilets with grab bars and wide enough seats;
- [list all the stuff we fat people might need in a medical setting; maybe turn this into a flyer that someone can print and mail to a medical facility, and also turn it into an image folks can Pin on Pinterest slash share on instagram]
- And then demand that everyone on staff learn, practice, and implement evidence based medical treatment of fat people, including:
  - actively including fat bodies in phlebotomy, IV, and PICC line placement training;
  - explicitly including fat people in all pandemic/COVID-19 preparedness drills and hands-on learning modules;
  - contact medical schools with this same messaging as well; contact medical device manufacturers also; [list other ways to make ethically treating fat people in a medical setting as second-nature as treating smaller people.]

It is a structural inequality issue, rooted in racism, that creates our lack of access as fat people, and accomplices and allies to fat liberation can and should explicitly agitate around the pandemic to stop medical fatphobia, as a human rights issue.

## **Fatty Skill Share: Access tips from readers**

When panic-buying empties the shelves of essential disinfection tools, make your own.

### **DIY Bleach Wipes**

This is the recommended ratio of bleach to water to kill the novel coronavirus. When disinfecting, make sure to use the wipes on the intended surface, \*leave it alone for 5 minutes to fully disinfect\*, then wipe it down with a wet towel and leave it to air dry.

#### **Materials**

- Roll of paper towels
- leak proof container (ex, large empty cashew jar with a screw-top lid.)

- ½ cup of bleach
- 1 gallon of water
- optional: spray bottle for left-over solution

### **Directions**

1. Cut the roll of paper towels in half or smaller to fit into your leak proof container.
2. In a bucket or other separate container, mix bleach with water.
3. Place paper towels inside the leak-proof container.
4. Pour 2-5 cups of the solution over the paper towels into the container, enough to fully absorb into the paper.
5. Remove the cardboard tube from the center. To use wipes, pull sheets from the center.
6. Pour the remaining solution into a spray bottle for future use.

## **DIY Hand Sanitizer**

Soap and water are always the first choice, but hand sanitizer is the second when those are unavailable or inaccessible. A note on ingredients - the CDC states that hand sanitizer must contain at least 60% alcohol, and household liquor such as vodka has around 40% and will not be effective when repurposed for sanitization.

### **Materials**

- ⅔ cup Rubbing Alcohol (91% Isopropyl Alcohol)
- ⅓ cup aloe vera gel
- empty container
- optional: 3-8 drops essential oil

### **Directions**

Mix well and pour into the container. Will not have the same consistency as store bought hand sanitizer.

Moisturize your hands frequently as liberal use of hand sanitizer (and frequent hand washing) will dry out your skin and strip it of its protective barrier.



# Helpful Links / Resources

## Mutual Aid

[Mutual Aid Hub](#)

[Database of Localized Resources During Corona Outbreak](#)

[Collective Care Is Our Best Weapon against COVID-19](#)

[CoVID-19 Mutual Aid and Advocacy Resources](#)

## Health Tips

[United States Environmental Protection Agency \(EPA\) Registered Antimicrobial Products for Use Against Novel Coronavirus SARS-CoV-2](#), the Cause of COVID-19

[CDC guide to proper hand washing technique](#)

[How to fight COVID-19](#)

[Novel Coronavirus Fighting Products List](#) (PDF)

[Street Sheet pandemic-related recommendations for those experiencing homelessness](#)

[Diabetes and COVID-19](#)

[Lung disease and COVID-19](#)

[COVID-19 \(Novel Coronavirus\) Plan and Preparation Guide for Adults Living with Neuromuscular Disabilities](#)

[SAGE \(Advocacy & Services for LGBT Elders\) blog post on COVID-19](#)

[ACL \(Association for Community Living\) COVID-19 information page: "What Do Older Adults and People with Disabilities Need To Know?"](#)

[List of Personal Things You Can Do to Stay Well in a Time of COVID-19](#)

[COVID-19: Home Care and When to Seek Help](#)

## **Info and updates about COVID-19**

[Official United States Centers for Disease Control & Prevention \(CDC\) hub for all things related to COVID-19](#), including updates, and a link to recommendations for folks at higher risk

[World Health Organization \(WHO\) rolling updates](#) on the novel coronavirus disease that causes COVID-19

[The COVID tracking project](#) is an independent tracking effort that uses data provided by state governments

## **Response**

[California Public Health Experts: Mass Gatherings Should be Postponed or Canceled Statewide to Slow the Spread of COVID-19](#) (MARCH 11, 2020)

[National Academy of Medicine: Duty to Plan](#)

[When you say coronavirus will only kill the vulnerable, you're talking about me](#)

[How the Disability Community Can Respond to COVID-19](#)

[Surviving the Virus: an Anarchist Guide](#)

## **Triage**

[If Covid-19 gets bad, triage will be needed. Are we ready for that?](#)

[Italy's coronavirus disaster: At first, officials urged people to go out for an aperitif. Now, doctors must choose who dies](#)

[Spiking U.S. coronavirus cases could force rationing decisions similar to those made in Italy, China](#)

[Playing God: The Legality of Plans Denying Scarce Resources to People with Disabilities in Public Health Emergencies](#) (2011)