CARE WORK IN THE CAMP: AN INSTITUTIONAL ETHNOGRAPHY OF CARE WORK IN DEVELOPMENTAL SERVICES THROUGH A CRITICAL EXAMINATION OF THE PROBLEMATIZATIONS IN SIPDDA AND QAM

SABINE A. FERNANDES

Supervisor's Name: Rachel da Silveira Gorman

Advisor's Name: Louise Tam

Supervisor's Signature:

Date Approved:

Advisor's Signature:

Date Approved:

Abstract

In this Major Research Paper (MRP) I provide an institutional ethnography of care work in developmental services in Ontario through a critical examination of the *Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act* (SIPDDA, 2008) and the Act's Quality Assurance Measures regulation (QAM). In accessing ways of knowing produced by Black and Indigenous history, critical race/ disability/ queer theory, political philosophy and economy, Black and brown anarchist and abolitionist knowledge, Afrofuturism, and autoethnographic narrative, this work is my attempt to affirm the tidal wave of collective rage, grief, resilience, and hope I am swept up in, crashing against the brittle, unimaginative, violent, and deadly landscapes of white supremacy. I use Carol Bacchi's "What's the Problem Represented to be?" (WPR) approach (Bacchi, 2012) as the outline for this MRP. The application of WPR is grounded in the understanding that the ways in which problems are identified reveal specific biases, shaping how we know ourselves and others (Bacchi, 2012). I engage Agamben's (1998) theory of *bare life* in conjunction with WPR, to locate carceral sites and categories of political life in the settler state. In my subversion of the epistemological foundations of SIPDDA and QAM – white supremacist, cisheteropatriarchal, eugenic, and ableist ways of knowing – I advocate Fritsch's (2010) envisioning of intercorporeality as a process of abolishing the carceral conditions of care work and caring with people labelled with developmental disabilities.

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Location

I am a QoC, mad, settler with permanent resident status. I have been a care worker for people labelled with intellectual/developmental disabilities for the last 6 and a half years in the Canadian settler state, 4 and a half of which I was a settler in Unama'kik on Mi'kmaq land, and 2 of which I have spent settling on the meeting place of T'kronto. Following much discernment with myself and others I have decided to speak about labels of intellectual/developmental disability even though I identify as non-disabled at this time and have not been assigned a label of cognitive disability. Guided by the work of Alcoff (1991) and Vernon (1997) I have decided to speak because I am compelled to interrupt the violence I have endured and participated in as a care worker. I believe that my silence exacerbates my complicity in more ways than my speaking might cause harm. I am aware that my work might cause harm to the people I hope to speak to and with. I will be accountable for any harm I cause to QTBIPOC, disabled folks, and people labelled with intellectual/developmental disabilities. This accountability does not extend to white supremacists, including those in L'Arche, who have extracted so much from me and disposed of me; I owe white cishet non-disabled people nothing.

Introduction

In this Major Research Paper (MRP) I provide an institutional ethnography of care work in developmental services in Ontario through a critical examination of the *Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act* (SIPDDA, 2008) in Chapter 1, and the Act's Quality Assurance Measures regulation (QAM) in Chapter 2. In doing so, I attempt to make sense of the fictions and problem representations that regulate, ensnare, and encumber my existence and imagination as a displaced migrant care worker and brown settler in the developmental services care industrial complex (CIC). Mapping care work in developmental services in the settler state[1] through a transnational lens is an act of healing through which I try and make sense of all the violence I have survived and been complicit in as a mad QoC caring with people labelled with developmental disabilities. In accessing ways of knowing produced by Black and Indigenous history, critical race/ disability/ queer theory, political philosophy and economy, Black and brown anarchist and abolitionist knowledge, Afrofuturism, and autoethnographic narrative, this work is my attempt to affirm the tidal wave of collective rage, grief, resilience, and hope I am swept up in, crashing against the brittle, unimaginative, violent, and deadly landscapes of white supremacy.

This paper is my modest attempt to continue the work of Gorman (2000, 2005), particularly the ways in which the concept of social exclusion "functions as an ideology that obscures the social relations of exploitation and imperialism" (2005, p.iii). It is an investment in Spagnuolo's (2016) ongoing work on transinstitutionalization and Ben-Moshe's (2020) work on the decarceration of people labelled with developmental disabilities. This work is a Refusal of work's like Burghardt's (2018), which exploit the pain, trauma, and heartache of people labelled with developmental disabilities, because the academy does not deserve it (Tuck & Yang, 2014). Those of us who

survive the violence of white supremacy do not need to prove our harm and display our scars to each other to believe our pain; we know. As such, this MRP is my effort at shifting the gaze from "the violated body to the violating instruments", in this case, from the distress of people labelled with developmental disabilities *and* oppressed care workers to white supremacist legal apparatuses like SIPDDA and QAM that enact carceral violence against both groups (p.241).

I use Carol Bacchi's "What's the Problem Represented to be?" (WPR) approach (Bacchi, 2012) as the outline for this MRP, inspired by Smele and Quinlan (2017) in their critical exploration of sexual abuse policy associated with SIPDDA. The application of WPR is grounded in the understanding that the ways in which problems are identified reveal specific biases, shaping how we know ourselves and others (Bacchi, 2012). Such a practice dismisses the myth of objectivity and neutrality in knowledge production processes, with the understanding that they are always conceived via human epistemological lenses (Absolon and Willet, 2005). The WPR approach also operates with the understanding that legislation and policies do not embody the settler state's investment in solving problems, arguing instead, that such policies and legislation construct 'problems' connected to particular ways of understanding, that impact how the 'problem' is addressed, and the ways in which people have their lives regulated. The goal of WPR is to investigate the unexplored predispositions and entrenched abstract rationalities associated with 'problem' representations circulated as implicit truths (Bacchi, 2012). As a result, it uncovers our government through problematizations as opposed to legislations.

I engage Agamben's (1998) theory of *bare life* as inspired by Erevelles and Adams (2017), in conjunction with WPR, to locate carceral sites and categories of political life in the settler state. In their use of Agamben's political philosophy, Erevelles and Adams resonate with Bacchi's WPR

in their assertion that states of exception are constructed by deep rooted dominant knowledge processes which need to be supplanted in order to accomplish their obsolescence:

> what is at issue is not so much a matter of rights, but a matter of ontology or more precisely a matter of how to recognize the "expressions of life" of (disabled) subjects as *bios* (political life) rather than bare life (2017, p.362).

Informed by their (Erevelles & Adams, 2017) deployment Agamben's work (1998), I employ the understanding that the settler state is produced by its ability to generate states of exception; sites of exception are constituted by legal fictions masquerading as inclusion, which **always** facilitate exclusionary violence. Simply put, I use the aforementioned frameworks to contend that people labelled with developmental disabilities *and* their care workers are subjected to violence because of SIPDDA and QAM, not despite these legal devices.

In my subversion of the epistemological foundations of SIPDDA and QAM – white supremacist, cisheteropatriarchal[2], eugenic, and ableist ways of knowing – I advocate Fritsch's (2010) envisioning of intercorporeality as a process of abolishing the carceral conditions of care work and caring with people labelled with developmental disabilities. With the use of an autoethnographic narrative to appreciate a passed invitation to be-coming as a missed opportunity to transcend transactional interdependence and embrace a thriving, emergent, mutualistic symbiosis, I dream of a world in which I can participate in caring intimacies outside of the group home.

Chapter 1 SIPDDA: What is the 'problem' represented to be?

SIPDDA would have us believe that the 'problem' it exists to address is the lack of inclusion of people labelled with developmental disabilities. In this chapter I discuss the reality that people labelled with developmental disabilities in Ontario are excluded and experience

violence because of SIPDDA, not despite it. By inspecting the consistencies in legal definitions of developmental disability across SIPDDA's precursors and the Act itself, I confirm the settler state's dissemination of labels of developmental disability as biologically inherent to the body-minds[3] it ascribes such labels to – those body-minds that do not meet the universalized white subject's embodiment of independence, do not score highly on eugenic standardised intelligence tests, and may need care and assistance, have a developmental disability. I cite Black feminist intersectionality scholars and the pivotal work of Wynter (1984, 2003) to center the understanding that the contemporary scientism which constructs labels of developmental disability is a colonial invention. I also stress the Canadian settler state's conspicuous role in the institutionalization of IQ testing as a way to 'scientifically' valorize white supremacy through its conflation of whiteness with intelligence and personhood, in the aftermath of the social displacement of explicit sexism and racism.

The chapter goes on to discuss the ways in which normalization is advertised and understood as inclusion for those body-minds whose personhood is undermined or denied, facilitating the transinstitutionalization and super-exploitation of people labelled with developmental disabilities from large institutions to smaller ones in the 'community' which take the form of group homes and sheltered workshops.

I discuss the ways in which the production of legislative inclusion engenders sites of permissive violence against people labelled with developmental disabilities. By including some body-minds by exclusion, the settler state sustains its sovereignty in its ability to violently expel and absorb all produced others at its convenience.

I conclude by engaging existing disruptions to the dominance of intelligence, with a recommendation to abolish intelligence entirely and imagine a world without it.

What assumptions underpin this representation of the 'problem'?
Intellectual disability is organic

> SIPDDA defines a developmental disability as follows:
>
> A person has a developmental disability for the purposes of this Act if the person has prescribed limitations in cognitive functioning[4] and adaptive functioning[5] and those limitations, (a) originated before the person reached 18 years of age; (b) are likely to be lifelong in nature; and (c) affect areas of major life activity, such as personal care, language skills, learning abilities, the capacity to live independently as an adult or any other prescribed activity (2008, c.14, s.3(1)).

This taxonomy of developmental disability reads very similarly to the Act's predecessor, the Developmental Services Act (DSA) – "developmental disability" means a condition of mental impairment, present or occurring during a person's formative years that is associated with limitations in adaptive behaviour" (1990); and is a more detailed version of the definition of a "retarded person" in the Homes for Retarded Persons Act 1990[6]. SIPDDA replaced the DSA as a demonstration of 'deinstitutionalization' and departure from a bygone era. The contiguity of each of these legal definitions however, does not evidence the settler state's severance with its institutionalizing past. In fact, it confirms a historical settler state understanding of developmental disability as organic and innate. Not only is this understanding of developmental disability circulated by the settler state, it is also unfortunately reinforced by advocates of the social model of disability – which is critiqued as a Eurocentric and settler colonial model of disability[7] – who do not have cognitive labels and appear to singularly understand the model in the context of physical disablement. The social model of disability which revolutionized the politicization of disabled people in the West, often excludes labels of learning disabilities, intellectual disabilities, or developmental disabilities as socially constructed (Trent, 1994; Goodley, 2001; Rapley, 2004;

Hall, 2005). Withers (2014) points out that even activists in the consumer/survivor/ex-patient movement (c/s/x/m), who are also rejected by social model activists, discount people labelled with developmental disabilities from their work, often by emphasizing that c/s/x should not be mistaken for people labelled with developmental disabilities because of the latter's intrinsic intellectual inferiority. Even disability justice activists like Clare (2017) admit to being lured into a defence of intelligence – "when faced with allegations or assumptions of stupidity or diminished mental capacity, many of us respond by asserting our intelligence and distancing ourselves from intellectual disability" (p.157).

There has been marginal improvement in how we understand people labelled with developmental disabilities, from the time of "institutionalisation" manifested in the DSA (1990) to the present day, which SIPDDA will have us believe is a post-institutional Ontario; as corroborated by the uninterrupted circular rationality which informs the nomenclature of the labels in each piece of legislation: "How do you know that someone is intellectually disabled? Because they are incompetent and stupid, according to our psychometric tests. Why are they incompetent and stupid, according to our psychometric tests? Because they are intellectually disabled" (Rapley, 2004, p.42). Trent (1994) resonates with this analysis with the assertion that contemporary definitions of intellectual disability are consistent with definitions that were ubiquitous in the 'inhumanity of the past', chronicled in the mid-nineteenth and early twentieth centuries; distinguished in the politically correct vocabulary of the present by their palatable reconstitution. This means that calling someone 'a person with an intellectual disability' is scarcely different than calling them an 'idiot' or an 'imbecile'. From the historically eugenic work of Seguin (1846)[8], Howe (1848)[9], and Binet (1905)[10], to SIPDDA's contemporary definition of developmental disability, the diagnostic assumptions for intellectual disability are the same – those body-minds

that do not meet settler state expectations of independence, do not perform well at standardised intelligence tests[11], and may require 'habilitative' support[12], have a developmental disability. The symptoms of developmental disabilities, which are inevitably described as intellectual incapacities, limitations in intelligence, and failures at self-sufficiency, are also the disability, re-inscribing the above-mentioned circular reasoning. Rapley (2004) pushes this understanding a bit further, arguing that these definitions have changed over time, but for the worse, demonstrated in words like "idiot" and "imbecile" transitioning from adjectival to nominal; these labels have shifted in their deployment as descriptors of personhood to categories of personhood.

Inclusion is desirable

Another assumption made by SIPDDA, is that inclusion is desired by people labelled with intellectual disabilities. Interestingly, inclusion is not defined in the Act and only mentioned once in its body, in the title. Metzel and Walker (2001) contend that deinstitutionalization was a consequence of normalization, which advocated assimilation and an adherence to normative lifestyles; emphasizing independence and productivity. Campbell resonates with this contention, stating that the "working model of inclusion is really only successful to the extent that people with disabilities are able to 'opt in' or be assimilated" (2001, p.47); reforming normalization as inclusion, or perhaps understanding inclusion as interchangeable with normalization.

This 'working model of inclusion' is manifested in several ways, one such mechanism being the emphasis on physical inclusion as transposable to social inclusion. For example, the common misconception that the Act's provisions for Intensive support residences[13], Supported group living residences[14], Host family residences[15], and Supported independent living residences[16] are places where people labelled with developmental disabilities are included in society. As a care worker in the CIC for people with such labels, I can testify to the fact that such segregated,

congregate living arrangements are sites of ableist apartheid. While these spaces are smaller in scale than Huronia[17], Rideau[18], and Southwestern[19], they are characterised by many of the same exclusionary geographies – clustered residences, sheltered workshops, and separate transportation, to name a few.

Hall argues that, "The policy of social inclusion for PWLD[1] assumes (and it is a significant assumption) that once PWLD are 'normalised' into the social roles of worker, house buyer/renter and consumer, they will experience less discrimination" (2005, p.108). As such, another instrument of inclusion is the entrapment of people labelled with developmental disabilities into super-exploitive wage work with the promise of economic citizenship. While I believe that all wage workers in the capitalist settler state are exploited – with regard to this demographic, the settler state has legalized a particularly abysmal form of wage super-exploitation. A mediatized example of this is the workers at a federal waste paper sorting and disposal plant at Tunney's Pasture, who for thirty-five years have earned $1.50 an hour. As part of a partnership initiated between the Ottawa-Carleton Association for Persons with Developmental Disabilities and the Library Archives Canada in 1980, these workers have shredded a whopping forty percent of the settler state's confidential documents for over 3 decades. The program was briefly cancelled in 2015, then re-instated because of public indignation, and workers continued to be paid an 'honorarium' amounting to $2000 a year (Cuddington, 2015). The exemption in the Employment Standards Act[20], which legalizes the gross underpayment of people labelled with developmental disabilities, was struck down by the Liberal government in 2017. However, this did not translate to wage equality for workers labelled with developmental disabilities; because there were no funding packages made available to these workshops during the transition period, many were

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[1] PWLD – People with Learning Difficulties

forced to close, much to the dismay of their workers. In 2018, the Progressive Conservative government successfully and indeterminately stalled the repeal of the exemption. While the future of these worksites remains uncertain, many workers labelled with developmental disabilities and their families are requesting the reinstatement of workhouses because some pay is better than none. 'Inclusion' is the capitalist settler state's hellbent insistence on making good workers out of people labelled with developmental disabilities in any way possible (Drinkwater 2005; Meininger 2013). If people with cognitive labels are assessed to be incapable of participating in sheltered workhouses, or do not desire to participate in the labour market, they are mined for their artistic potential in spaces like fee for service arts and crafts workshops, where they are made to purchase services to produce art in exchange for the 'opportunity' to do creative labor.

Another way to think about the production of legislative inclusion is to trouble it's contingency on the invention and reproduction of otherness (Hall, 2005; Clapton 2009; Meininger, 2013). Historically, inferior identities were invented to simultaneously create superior identities. For example, in plantation capitalism Black women existed as a foil for white womanhood, and "elevated images of White womanhood need devalued images of Black womanhood in order to maintain credibility" (Collins, 1993, p.33). Similarly, Million cites the work of Stoler to argue that colonialism did not involve a transference of the notion of white supremacy to colonized peoples so much as it encompassed its creation – "In this kind of formation, a "hygienic" middle-class domesticity is a result of its positioning against its definitions of the "raced" Native and the chaos of those who are of uncertain category and "blood" (2013, p.43). Having established the normativity and universality of whiteness, the settler state has evolved its project to facilitate inclusion as a form of amoebic ingestion of others by its pseudopodal engulfment, and egestion of otherness. Stiker offers another description of this inclusion by exclusion dichotomy:

The issue here is the will, wide-spread and widely shared, to make difference socially invisible…The exclusion of the old is finished; what replaces it is an assimilation, an assimilation, and thus a new form of pulverization. The kinds of exclusion which remain – numerous as they are – are only the other side of this technocracy of absorption" (1999, p.164).

In the case of SIPDDA, this holozoic absorption is emphasized in Ontario Premier Kathleen Wynn's assertion that, "we no longer see people with developmental disabilities as something "other". They are boys and girls, men and women, with hopes and dreams like everyone else" (2013, para 17). In addition to the exclusionary violence of her reinforcement of the gender binary in this statement, it is an inclusion technology made possible by exclusion, characterised by erasure of difference and incorporation into universalized whiteness. People labelled with developmental disabilities, and all *others* in varying degrees, are fungible[21] because the settler state is produced in the production of their otherness, and the settler state maintains its existence by consuming and reproducing all produced others into its body on an as needed basis.

The law is "neutral"

Campbell discusses legal ableism as, "Law's collusion with bio-medical discourses not only tells us about the modes of disability subjectification, but more importantly informs us and exposes the meaning of being 'human' under the reign of ableism" (2001, p.45). Rioux and Patton (2011) reverberate with this understanding in their claim that society assigns labels to alterity, and grants or rescinds rights to 'others', is a derivative of the social structure which organizes it and forms the basis for legal definitions; legal mechanisms and technologies often promote a deceptive identity of neutrality when, in fact, socially constructed judgements about aberrance and deviance highly influence its body. Canadian settler state law does not exist in a void isolated from its

genocidal and eugenic history. This is apparent in the Act's subscription to the pathology paradigm in its objectification of medicalized abnormal others which concurrently produces the fit, functional, and normal universal subject, who we have come to know as white, cishet, and nondisabled. The law vests the psychology professional, who is an agent of the settler state, with the authority to assess and decide whether or not a person demonstrates the 'limitations' of developmental disability.

In addition to the diagnosis of developmental disability existing as a product of eugenic pseudoscience and circular logic, this pretence of an unbiased legal alliance with medicine is insidious because diagnoses are known to overstate the 'incapacities' of people labelled with developmental disabilities (Rioux & Patton, 2011). Moreover, the authors argue that people with labels of intellectual disability may be objectified by varying subjective descriptions depending on the desired outcome and attitudes of those negotiating their identification and ensuing access to services – "The perception is often more in the eyes of the beholder (the court, administrative tribunal, or social welfare agency) rather than being an arguable objective description of the individual" (Rioux & Patton, 2011, p.268). While I don't believe in the existence of objectivity, the law is especially deceptive in its smokescreen of impartiality when it actively conspires with the medical industrial complex (MIC)[22] to construct intellectual disability as an undesirable and dysfunctional vector of difference.

How has the representation of this 'problem' come about?
Settler colonialism and eugenics

Scientism and pathology under colonial settler slavery and capitalism are responsible for the invention of the dominant symbolics of race, gender, sexuality, disability, and other markers of difference; simultaneously creating identities of undesirable otherness. These prevailing genres of humanity persist in the valorized expertise of the physician and psy professional, as the

"authoritative universal voice – usually white male subjectivity masquerading as non-racial, non-gendered objectivity" (Crenshaw, 1989, p.154). Sylvia Wynter's (1984, 2003) work has especially troubled the rise of the universal authoritative voice, in her theorization of the genres of Man. She identifies *homo politicus* or Enlightenment's Man as a product of the 18th century heretic departure from feudal Christianity in medieval Europe, giving birth to humanism. This was followed by *homo economicus*, an outcome of Darwin's theories of natural selection, spurred on by his cousin Galton's promotion of eugenics, along with the advent of colonial capitalism; "[o]ne of the major empirical effects of which would be "the rise of Europe" and its construction of the "world civilization" on the one hand, and on the other, African enslavement, Latin American conquest, and Asian subjugation" (Wynter, 2003, p.263). As a result, what we understand as the modern world of science, technology, and rationality, is an extension of colonial conquest. While critical race and gender studies do discuss the colonial inventions of the dominant symbolics of these identities and their othered counterparts, there appears to be a dearth of critical disability scholarship engaging with the raced, gendered, and classed mechanics of labels of developmental disability and the ways in which these markers intersect with other oppressions. Nirmala Erevelles does address this in her work, as demonstrated in this excerpt:

> By the end of early twentieth century, the concept of feeblemindedness came to operate as an umbrella term that linked ethnicity, poverty, and gendered and racialized conceptions of immorality together as "the signifier of tainted whiteness"… this "tainted whiteness" extended not only to Jewish Americans, African Americans, Puerto Ricans, Mexican Americans, Asian Americans, and American Indian women but also to lower-class white women based on their assumed shared "biological" inferiority and their reproductive

incapacity to bear children that would assimilate into mainstream society (Erevelles, 2015, p.145).

Gentile and Nicholas (2013) locate eugenicist propaganda associated with the "science" of race and intelligence in the Canadian settler state context, describing it as the "product of two epistemological fictions forged together with devastating consequences for those racialized as non-European and non-White" (p.50). They argue that far from being inert conduits for aggressive eugenic agendas originating in the American settler state, the Canadian settler state was a forerunner in the institution of IQ testing, which it used to prove white supremacy and weaponize intelligence as the basis for personhood. The works of Peter Sandiford[23] and H.A. Tanser[24] were all crucial in this eugenic development, with the latter's work being particularly influential in establishing a positive correlation between intelligence and whiteness. As such, Rapley's contention that "rather than being the neutral scientific instruments that psy today proclaims them to be, IQ tests had built into them, by design, a deliberate reflection of the pre-existing class structures of the early twentieth century western societies" (2004, p.201) is a point of cohesion.

The gendered mechanics of eugenics was more prominent in the early 1900's than its raced machinations. de la Cour (2017) cites the work of Strange and Stephen (2010), which argues that plantation settler colonialism had already established the bedrock of white supremacist racism by the early 1900's, and eugenic rationality was not necessary to sustain uncontested racialized social stratifications. The authors credit colonialism for creating the basis for eugenic science. de la Cour (2017) identifies first wave feminism as a key factor in the promulgation of eugenic policies. In their desire to liberate privileged white women, first wave feminists found solidarity in masculine driven eugenic science, uniting in their shared investment in settler colonial imperialism. Helen MacMurchy, who held the credential of doctor, and assumed the role of the Inspector of the Feeble

Minded in Ontario in 1914, once denounced women as "the most undesirable and troublesome members of society" (de la Cour, 2017, p.184). "MacMurchy obviously framed the issue of feeblemindedness, especially the problem of feebleminded women, within a paradigm that stigmatized particular forms of female behaviour that fell outside hegemonic bourgeois, Anglo-Celtic, heteronormative, patriarchal norms" (de la Cour, 2017 p.181). Female bodies were fixated on because of their perceived fecundity, and their potential to reproduce undesirable bodies; conversely controlling female bodies was a way to produce desirable bodies. de la Cour (2017) expounds this understanding further:

> It is in this symbiotic or dialectic interlocking of gender-class-race-disability that eugenics advocates were able to carry forward, but also significantly transform through processes of medicalization and disablement, older nineteenth-century notions of worthy/deserving and unworthy/deserving subjects, allocating who should have privilege, status, and power and who should not (p.184).

This laid the foundation for legalized barriers to immigration, education, sex, and parenting, for all those who were labelled "feeble-minded" or "idiots", with the listing of "feeble-minded" as an undesirable class in Canada's Immigration Act in 1910, the sterilization of people under legislations like Alberta's 1928 Sexual Sterlization Act, and the institutionalization of people under legislations like Ontario's 1935 Mental Hospital Act. Once overt sexism and racism became less acceptable, labels of developmental disability continued to exist as eugenic pathways to segregation and institutionalization. For example, after Brown v. Board of Education, segregated special education classrooms became sites of ongoing segregation of Black and Latinx students (Erevelles, 2015). This strategy of segregating racialized children in the Canadian settler state

special education classrooms is used to this day (Gabel et al., 2009; Clanfield, 2014; Cooc & Kiru, 2018).

Intellectual disability as a medical diagnosis

Who is this imputed 'person with a developmental disability' supposed to be? Rapley offers an answer:

Self-evidently it is a person, but it is a person in the way that a 'prisoner' is a person, or a 'social worker' is a person. Their subjectivity as 'intellectually disabled' is the outcome of certain social processes; it is mediated by certain specific bodies of knowledge which make it possible to know who is and who is not intellectually disabled and to know what it is to be either (Rapley, 2004, p.42).

While the subjectivities of those of us who have been othered are influenced by the oppressive social processes we are constructed in, I have been challenged to trouble this route of speaking for others. Rapley does not identify himself to be a person labelled with a developmental disability and I have never been assigned such a label. I cannot speak for how any person with such a label understands themselves. In my care working conversations the people I care with, some people have told me that they have Down Syndrome or Cerebral Palsy, and some people have told me that they do not like being called 'a person with an intellectual disability'. No one I have ever cared with has self-identified as a 'person with an intellectual/developmental disability', while many seem to tolerate being labelled as such. Given my location, I will only try and examine the ways in which as a care worker in developmental services, the label of developmental disability has been constructed to inform my care work, and the violent machinations I have uncovered in the process. I cannot, and should not, comment on what it feels to be a person labelled with a developmental disability and refuse dangerous speculations on how such self-concepts can take shape.

de la Cour also makes the point that intellectual disability, or the erstwhile label of its time in the heyday of eugenic science – "mentally defective" – was defined oppositionally, in terms of what it failed to be. Not much has changed since, as SIPDDA's current definition of developmental disability remains antonymic in nature – limitations in cognitive functioning and adaptive functioning. de la Cour crafts the argument that:

> MacMurchy and other eugenicists were embroiled in a project of disablement, achieved through a reconfiguration of social and political citizenship – not only discursively through an oppositional positioning of the "fit" and "unfit", but also materially by explicitly calling for enhancements in the power, and thus, the ability of medical professionals to curb the autonomy and freedoms of those deemed "unfit" through certification as mentally defective (2017, p.182).

One can hardly deny the persistence of this form of disablement from the settler state's openly eugenic past to its rebranded and strategically deceptive eugenic present, given the heavy reliance on the clinical determination of a psychologist or psychological associate in the prescription of a diagnosis of developmental disability, as well as a sustained subscription to standardized intelligence tests. The latter, operating on the colonial eugenic invention of a standard human being, and a mode of identity production which extends from early eugenic Anglo-Saxon pedestalisation, "As Valverde (2008) notes…both as a distinct race and as "the human race," and increasingly as, "the Canadian race," as an emergent Canadian nationalism to extricate a unique identity from Britain in the early decades of the twentieth century (109-113)" (de la Cour, 2017).

Despite its legitimation as an evidenced based fact of modern science, rationality, and technology, the label of developmental disability remains a hypothetical construct, with an agenda. I re-emphasize at this juncture that the settler state exists by its production of otherness, and

medicalizing racism and ableism has been a prominent strategy of its imperialism. For example, the now defunct diagnoses of drapetomania[25], dementia praecox, dysaesthesia aethiopica[26], and hysteria[27] were all psychological disorders invented to achieve specific goals of their time, i.e. to pathologize and undermine enslaved Black people, and women, who resisted white supremacy and oppression. Similarly, the different the diagnostic labels associated with intellectual disability, from "idiot" and "imbecile", to "feeble minded", to the contemporary "developmental disability", have each served the interest of sustaining the settler state by illegitimating body-minds that resist its supremacy across the landscapes of the eras they were invented in, a contention which this MRP deeply concerns itself with.

The law as an instrument of ableism

Campbell (2001) asserts that, "Legal intersections/interventions assist in the activity of government by allocating and regulating populations into distinct ontological categories such as 'disability' so that they are visible, calculable and therefore governable" (p.48). This governability is achieved by creating the category of disability, its subcategories, and levels of severity and capacity; severity generally being a term to describe how much assistance a person might need, and capacity generally being a term to describe how individuals line up with a normativised competency standard that privileges whiteness. These categories are regulated by systems of guardianship and social programming (Campbell, 2001). Campbell describes the cladogram of disability as a legal fiction, "The 'fiction', in this case, suggests that a negative ontology of disability coupled with a bio-medical orientation towards disability prescriptions and evaluative rankings is necessary, a prerequisite for the efficient administrative management and legal delimitation of 'disability'" (2001, p.52). The creation of levels of severity to quantify and regulate people labelled with developmental disabilities is confirmed in SIPDDA's calculation of

limitations in cognitive functioning as an overall score of two standard deviations below the mean on a standardised intelligence test or an overall score of two standard deviations below the mean in two or more subscales on a standardised intelligence test and a history of requiring habilitative support (O. Reg. 276.10, s. 2 (1)). This is further categorized and computed by Ontario's Ministry of Education (2001), which describes students labelled with Mild Intellectual Disabilities as above the Developmental Disability classification (Mild Mental Retardation), and under the Low Average range of intelligence (Lacène & Reinhardt, 2009; Harrison & Holmes, 2013), hence the word 'mild'. On the other hand, the Ministry of Education describes students labeled with a developmental disability as possessing a profound incapacity to benefit from a special education program for students with MID because of their slow cognitive development (Special Education in Ontario, Policy and Resource Guide, 2017). Not only is each label defined in terms of what it is not in relation to the other, an above-mentioned problem associated with definitions of intellectual disability, in the case of MID, no efforts are made to conceal its existence as a purely legal fiction. The Ministry of Education leaves it to the discretion of individual school boards to create guidelines for identifying students with MID, and states that identification is a legal process of categorising students who are not included in diagnostically credible categories of intellectual disability, such as learning disability or developmental disability (Special Education in Ontario, Policy and Resource Guide, 2017).

Weller (2016) adapts Giorgio Agamben's work on Homo Sacer and Bare Life to the problem of the legal fictions of inclusion through exclusion for disabled people in the settler state as follows:

Agamben's analysis challenges the dominant liberal narrative that exceptional law for people with disabilities is essentially benevolent by highlighting four key features of bio-

political power. First, in biopolitical power there is a constant reckoning of who is to be regarded as in or out, included or excluded. Second, medicine plays a central role in deciding the boundaries of exclusion. Third that the power exercised by medicine over 'bare life' is a sovereign power characterised by indistinction between law and violence, and fourth that states of exception are inherently violent (p.402).

The next section will delve further into this adaptation of Agamben's work on bare life and the state of exception created for people labelled with developmental disabilities by settler state law. However, it is possible to reinforce Weller's (2016) adaption of Agamben's analysis at this stage. First, in all versions of the law in Ontario pertaining to the definition of people labelled with cognitive disabilities, it is clear that there are established eligibility criteria for who does and does not constitute such a person, and that cognitively labelled persons are not the norm. Second, the eligibility criteria are established by medical professionals. Third, people labelled with developmental disabilities are controlled by the intersection of legalized, and therefore permissive violence – the previously discussed institutionalization, sterilization, and segregated education, employment, and housing of people labelled with developmental disabilities, as well as intrusive Behaviour Support Plans (BSPs)[28] discussed in forthcoming sections. Fourth, it echoes the understanding at the heart of this paper, which I will go on to address more extensively – the settler state is produced by its ability to produce states of exception, often constituted by legal fictions masquerading as inclusion, which always produce exclusionary violence.

What effects are produced by the representation of this 'problem'?
Exclusion and the state of exception

According to Crawford (2011) people labelled with intellectual disabilities in Canada are "considerably more likely than others with disabilities (10.9% vs. 3.6%) and people without disabilities (4.3%) to live with one or more unrelated others somewhere other than the family

home" (p.4). The Housing Study Group Initial Report (2013), confirms the re-emergence of congregated and segregated housing in Ontario – "people who are managing to find housing and support are only finding it in larger segregated settings. Sometimes these are newly created housing options; other times there is an increase in the number of people living in an existing location" (p.5). According to a 2017 report[29] submitted to the UN Special Rapporteur on the Right to Housing, 13,200 adults labelled with intellectual disabilities aged 30 and above, reside with their parents because they do not have access to resources and supports to live by themselves if they want to. The report identifies 10,000 adults labelled with intellectual disabilities in the province barriered from accessing affordable housing; causing many of these individuals to be resigned to a fate, described by a cited 2016 report by the Ombudsman of Ontario, as "institutionalization by default" (p.50). This takes the shape of congregate residential facilities, where almost 30,000 Canadians labelled with intellectual disabilities live; and hospitals, long-term care facilities, nursing homes, and prisons, where an estimated 10,000 adults labelled with intellectual disabilities under the age of 65 live, because of barriers to affordable housing and personal supports outside of large institutional residential options. Further, the 2017 report reveals that adults labelled with intellectual disabilities in the Canadian settler state are over-represented in the state's homeless population, which is estimated at 35,000 people; identifying belonging to the category of intellectual disability as a pre-disposing factor to homelessness. This data evidences the transinstitutionalization of people with cognitive labels in post-SIPDDA Ontario – "even as the old walls of the institution begin to crumble, the group home, the nursing home, the special education classroom, and the government funded facility continue to mark a point of separation between the able-bodied and the disabled" (Jordan, 2013, p.7). This point of separation, which is also a point of exclusion, can be defined as a "state of exception" (Agamben, 1998).

In his 1998 work *Homo Sacer: Sovereign Power and Bare Life* Agamben describes life in the state of exception as homo sacer. Agamben calls animal life zoe or bare life, bare in relation to bios, which is political life. Using the figure of homo sacer in ancient Roman society, one punished by exile and consigned to death by murder but not sacrifice, he explains the state of exception that many people occupy in legal fictions. The figure of the homo sacer is one who has been stripped of bios and assigned to the status of bare life. In modern democratic states, biopolitics creates opportunities to render certain body-minds the status of the homo sacer, particularly those who do not lend themselves easily to technocratic absorption – by categorizing some people as exceptionally abnormal. The state includes these people by their exclusion, producing sites of permissible violence against them, as a result. This oxymoronic, liminal space of be-ing, where life is included by exclusion, and stripped of its bios in the process, is the state of exception through which the settler state comes into being (Agamben, 1998). Weller (2016) further elucidates Agamben's work as follows:

> States of exception are paradoxical legal spaces where an individual is simultaneously placed within and beyond the law, stripped of the legal relationships that give social value to normal life…For Agamben, homo sacer is a figure who is alive, and yet beyond law, inhabiting a place where all normal rights, expectations, connections, honour and meaning are suspended. Because homo sacer is a diminished life form – a 'bare life' – Agamben argues, it becomes 'an object of violence that exceeds the sphere both of law and of sacrifice' (p.402).

I concur with Erevells and Adams (2017) in their contention that the state of exception applies to people labelled with developmental disabilities. SIPDDA is a perfect example of a legal apparatus of the state of exception. To begin with, it legally and biopolitically renders people labelled with

developmental disabilities abnormal on the basis of its eligibility criteria, and justifies violence against such people, as a result. It is through the production of states of exception, in which permissive violence is enacted by the settler state, that the sovereignty of the settler state is also produced:

> As long as the state of exception is distinguished from the normal case, the dialectic between the violence that posits law and the violence that preserves it, is not truly broken…the link between violence and law is maintained, even at the point of their indistinction (Agamben, 1998, p.41-42).

Weller (2016) references Wadiwel's (2017) argument that in the state of exception, "violence is rendered as non-violence by being naturalized as a necessary function of the institution" (p.404). This is substantiated in SIPDDA's detailing of legally permissive intrusive behaviour interventions[30] against people labelled with developmental disabilities residing in group homes. These interventions include physical restraints, mechanical restraints, secure isolation, and chemical restraints.

Finally, describing interventions as 'intrusive' as opposed to 'violent' is a duplicitous misdirection of attention to violence. While 'intrusive' does conjure an understanding of undesirability, it does so in the same way that one might understand a consented-to medical procedure to be invasive, for example a COVID-19 nasopharyngeal swab. The term 'intrusive' does not invoke an understanding of assault, for example as understood in favour of white women celebrities in the Me-Too movement. These often-overlooked semantic choices are interwoven with narratives that are deliberately deceptive and befog the reality that all settler state sanctioned intrusive behaviour interventions are always assault.

The group home as the camp

Agamben calls sites of the state of exception the camp. He cautions us against understanding it as a historical relic and calls us to consider it as "the hidden matrix and nomos of the political space in which we are still living" (1998, p.95). This section contextualizes intensive support residences, support group living residences, supported independent living residences, and any other spaces where residential services and supports are experienced by people labelled with developmental disabilities, as provided for by the Act, as the camp. Jordan (2013) contends that while it might seem like an overstatement to understand spaces like group homes as the camp, a closer examination reveals otherwise. Weller (2016) uses Minkowitz's (2007) description of 'lawful violence' in psychiatric institutions, which includes compulsory medical treatment, seclusion, restraint, rough handling, and denial of privileges as descriptors of the camp, which is inevitably carceral. As discussed, all of these examples also apply to the sanctioned violence detailed in the intrusive behaviour supports in the Act. Agamben (1998) points out that life isn't necessarily stripped of its bios in the camp, but that its status as bare life is solidified in the camp. For instance, Jewish people entering concentration camps in Nazi Germany had already been dispossessed of their rights by the Nuremberg laws and were no longer citizens by the time the Final Solution was enforced. Similarly, Erevelles and Adams (2017) reveal that the parents of children in the Judge Rotenberg Center[31] (JRC) were cognizant of the negative humanism used to categorize and define their children and participated in the assignment of their children to the camp, as a result.

One of the ways in which people labelled with developmental disabilities are dispossessed of their bios is by means of the eligibility criteria of cognitive limitations, which often coincides with assessments of mental incapacity. I extend Agamben's definition of bios as political identity to include legal identity. Whether or not a person assumes the status of bare life in the settler state

depends on their ability to perform as a legal subject. In order to be qualified as a legal subject, the law requires the individual to meet the criteria for mental capacity. Definitions of mental capacity are available in both the Health Care Consent Act, 1996 and the Substitute Decisions Act, 1992. According to the Health Care Consent Act, 1996, capacity must be presumed unless there are "reasonable grounds" for an "exception" (s.4(3)). If a person is determined to lack capacity, they may not be able to make decisions for themselves with respect to their treatment, admission, confinement, or personal assistance service. Weller (2016) identifies this literal exception as the very device by which normal law is recessed, creating states of exception where people determined to be lacking capacity are rendered the status of bare life; other people acting on their behalf, and who are considered benevolent approximations of, and substitutes for, bios returned to bare life, can make decisions about their treatment, admission, confinement, and engagement with personal assistance services. "In modern law, mental capacity dictates the contours of 'states of exception'" (Weller, 2016, p.404). Agamben (1998) prompts us to trouble the legal frameworks that funnel people into the camps, as opposed to simply focusing on the violence such people are subjected to once in the camp:

> The correct question to pose concerning the horrors committed in the camps is, therefore, not the hypocritical one of how crimes of such atrocity could be committed against human beings. It would be more honest and, above all, more useful to investigate carefully the juridicial procedures and deployments of power by which human beings could be so completely deprived of their rights and prerogatives that no act committed against them could appear any longer as a crime (Agamben, 1998, p.97).

In the case of group homes, Agamben's cautionary question draws our critical attention to the processes that drive people labelled with developmental disabilities into group homes (consent and

capacity assessments, for example), as opposed to the violent conditions they endure and survive once they are incarcerated in these spaces.

How has the 'problem' been disrupted?
The neurodiversity paradigm

Nick Walker (2012) offers another disruption in the form of a neurodiversity paradigm replacing the pathology paradigm of intellectual disability. Walker identifies the fundamental principles of the neurodiversity paradigm as follows:

1. Neurodiversity – the diversity of brains and minds – is a natural, healthy, and valuable form of human diversity. There is no "normal" style of human brain or human mind, any more than there is one "normal" race, ethnicity, gender, or culture.

2. All of diversity dynamics (e.g., dynamics of power, privilege, and marginalization) that manifest in society in relation to other forms of human diversity (e.g., racial, cultural, sexual orientation, and gender diversity) also manifest in relation to neurodiversity (2012, p.228)

The neurodiversity paradigm is useful in its ability to acknowledge difference without privileging some types of difference over others. However, its non-intersectional framework reveals several gaps in understanding the ways in which difference is invented, interpreted, and circulated in the interest of the colonial settler state. For example, it does not cohere with QTBIPOC and disability scholars in their understanding of the dominant symbolics of race, gender, and sexual orientation as colonial inventions. This is particularly evident in Walker's (2012) attempts to further elucidate his point, "If terms like *heterosexual* and *straight* didn't exist, it would be necessary for gay rights activists to invent them (p.232). I wonder if Walker's 'throwing away the master's tools (Lorde, 1984) leaves something to be desired in its silence on the invention of compulsory heterosexuality (Rich, 1980) and its institutionalization as the problem. If heterosexuality didn't exist, could we

imagine a queer world untethered from oppressive inventions of sexuality? For instance, White (2003) describes the heteronormative sex education for blind children in the 1970's as a way to combat the fact that, "blindness, by its very existence, poses a significant challenge to orthodox understandings of sex, gender, and desire" (p.140). The author even goes so far as to claim that blindness is queer, because institutionalized heterosexuality is designed for sighted people. In the context of such an understanding, the notion of heterosexuality as a naturally dominant sexuality may be troubled, and I would argue, the validity of its very existence might be questioned. The institutionalization of heterosexuality as a dominant fiction does not make it an indisputable solidified reality. I wonder if we can imagine a world where neuroheterogeneity beyond a binary is valued. Having said that, as a person who is not labelled with a developmental disability, I do not wish to diminish the impact of the vocabulary advocated for by Walker. For instance, he explains that "*Neurotypical* is a word that allows us to talk about members of the dominant neurological group without implicitly reinforcing that group's privileged position … the word neurotypical is one of *our* tools" (Walker, 2012, p.233). Additionally, Walker's (2012) introductions of the word *neurominority*[32], which he attributes to Jim Sinclair, and *neurodivergence*[33], which he attributes to Kassiane Asamasu, are significant ways to acknowledge intellectual differences and the ways in which they are marginalized, without attaching negative or stereotypical significance to the differences.

Decentering intelligence

In *Black madness : : mad Blackness* (2019), Pickens argues that, "in the field of disability studies, "physical disability stands in for disability *in toto*" and that, in general, "intellectual disability is more readily and widely deployed as a device of dehumanization than is physical disability" (p.8). If disability studies is guilty of remaining white (Ejiogu & Ware, 2008), it is also

guilty of remaining fairly 'intelligent'. Clare troubles this concern to an extent in his claim that, "every time we defend our intelligence…We imply that it might be okay to exclude, devalue, and institutionalize people who actually live with body-mind conditions that impact the ways they think, understand, and process information" (2017, p.158). While this does challenge the ways in which intelligence is prioritized in the settler state, I wonder if it is enough. Clare goes on to state that, "If we resist using intelligence as a measure of worth and personhood, then it can never again be used as a weapon" (2017, p. 158). As discussed in this chapter, intelligence is a eugenic fabrication. The universalized understanding of intelligence in circulation in the settler state isn't weaponized, it *is the weapon*. Understanding intelligence as a thing that is weaponized, implies that it can be de-weaponized and recycled into something neutral or useful. Given that intelligence was invented to gatekeep personhood in favour of white supremacy, there exists no scenario in which it is not harmful. If there is to be a significant interruption to the exclusion of people labelled with developmental disabilities in the settler state, intelligence cannot simply be de-centered, it has to be abolished.

Chapter 2 QAM: What is the 'problem' represented to be?

Developmental Services Ontario describes the function of SIPDDA's QAM regulation as a prescription for service agencies in the province to deliver high quality services. In this chapter, I establish that contrary to this advertisement, QAM is responsible for creating carceral sites for people labelled with developmental disabilities *and* care workers in developmental services.

By examining the white supremacist beliefs which underpin QAM, namely the conflation of whiteness with innocence and Blackness with guilt, I illuminate the impossibility of holding the settler state accountable for its normalized violence against people labelled with developmental disabilities *and* care workers.

The chapter goes on to discuss the chronic austerity in Ontario's developmental services sector as a result of privatization of the public sector. It reviews the ways in which QAM is informed by the confluence of austerity with the intersectional oppressive mechanics of precaritized care work, and violent behaviourism technologies to produce carceral sites for people labelled with developmental disabilities *and* their care workers. It also highlights the settler state's monopoly on violence by illegitimating of all forms of violence which contest its hegemony.

I underline the fact that QAM is the product of certain well circulated fictions – de-institutionalization of people labelled with developmental disabilities and Canada as an immigrant friendly multicultural state. These myths conceal the ongoing institutionalization of people labelled with developmental disabilities and avert attention from the exploitation of racialized migrant care workers.

I conclude by examining existing attempts at interrupting the violence of QAM i.e. social unionism by care workers in the province. However, I highlight the abolition of group homes as the only real disruption of violence against people labeled with developmental disabilities *and* care workers and imagine the abolitionary possibilities of Fritsch's (2010) intercorporeality as a radical rendition of disability justice.

What assumptions underpin this representation of the 'problem'?
Homo sacer as the victim

The white supremacist settler state has an affinity for pilfering the trauma of survivors of its violence. "In settler colonial logic, pain is more compelling than privilege, scars more enthralling than the body unmarked by experience. In settler colonial ideology, pain is evidence of authenticity, of the verifiability of a lived life" (Tuck & Yang, 2014, p.229). This fascination for stories of anguish and humiliation, obscures the quotidian violence of the state. Distributing graphic stories of their traumatic survivorship enables the transinstitutionalization of people

labelled with developmental disabilities under our very noses; our consuming stories of 'de-institutionalization' and 'inclusion' in the 'community' sustains the ongoing internment of people labelled with developmental disabilities in the settler state's many camps. I am compelled to explain how this works by describing my personal experiences and complicity in this form of violence. My encounter with Madeline Burghardt's book "Broken" (2018), documenting the pain of Huronia survivors by centering their family members' voices is a firsthand confrontation with the ways in which pain narratives facilitate enduring violence against survivors. One of the survivors mentioned in "Broken" is someone I have cared with, and whom I will call RCF. In the L'Arche[34] group home RCF and I were assigned to, I would often listen to other support workers, community elders and leaders, and occasionally strangers, discuss RCF's pain as an educational experience for those who were new to care work and learning about historical ableism. RCF's pain story was regularly deployed as a way to acknowledge their humanity. This tactic aligns with Hartman's (2003, p.189) analysis, "That is the logic of the moral and political discourses we see every day – the need for the innocent black subject to be victimized by a racist state in order to see the racism of the racist state". I assert that this holds true for many of the institutional survivors labelled with developmental disabilities I have engaged with in care work, RCF being one such person. Whenever RCF's trauma story is presented at gatherings or events, their family members' approval is obtained in lieu of acquiring RCF's consent. This is particularly concerning given that Burghardt's (2018) work documents some family members as not grieving the loss of relationships with institutionalized siblings:

> Thus, the sense that the family missed out on a significant relationship was not the experience for all siblings. Even while knowing that institutionalization was not a good

thing in essence, some stated that they did not miss their sibling, and that the family

situation would not have necessarily been better had it not happened (p.128).

RCF is considered too 'severely' disabled to assent to the reproduction of their survivor history.

Frequently, it has been decided for RCF that their being present to the narration of their own

survivor story will be too triggering, so the details of their survivorship are shared in their absence.

While RCF's story has been offered to me many times without RCF's consent, with the

justification that knowing the stories of survivors will help me care for them better, I have learned

to decline access to these stories. At both of the L'Arche agencies I worked at, care workers were

never supported to learn trauma informed care. It is my understanding that second-hand survivor

stories like RCF's are peddled to care workers like myself to inspire us to treat survivors with

respect. No one should be made to disclose the details of their survivorship in exchange for

dignified care. Further, narratives of spectacular historical violence against people labelled with

developmental disabilities, that are not ours to circulate, makes the ongoing violence against such

people seem mild in comparison to the horrors of the past, so much so it fabricates its non-existence

in the contemporary imaginary. So many people I know think RCF has a good life now, and that

any suffering they continue to experience is tied to their historical trauma and the innateness of

their profound developmental and physical disabilities. The epilogue to RCF's survivor narrative

is that they found sanctuary in L'Arche, and while this a common narrative arc in developmental

services, I have intimate experience with it in L'Arche. Following the news of L'Arche founder

Jean Vanier's decades long serial sexual assaults, Burghardt took to defend the organization with

these words, "In my 25-year history of connection with L'Arche, I know it as a beautiful and caring

place where I learned to be patient and to listen deeply to those who are often not listened to"

(Burghardt, 2020, para 29). Given my *felt* knowledge (Million, 2009) and understanding that all

group homes are carceral camps, where I have committed and survived violence, Burghardt's idyllic portrayal of L'Arche is treacherous and harmful. These pain narratives of survivors which end with their peaceful asylum in 'benevolent communities' fuel the dangerous fiction of de-institutionalization, a fractal of the myth of a post-racist, multicultural Canada welcoming refugees and migrants with open arms. These fairy tales position the state as a guardian of homo sacer as opposed to its true identity as the sovereign destroyer of homo sacer; it utterly erases the unending abuse of people detained in group homes/camps.

Precarious care workers as the abuser

As the people who are engaged in frontline support, precarious care workers are situated as the enactors of abuse in isolation of the context in which experiences of abuse transpire – the deadly settler state. A large number of care workers in group homes are poor, femme, Black and brown migrants from the global south on temporary foreign work permits or with permanent residency which does not include citizenship, a reality which the next section in this paper will address in more detail. At this point, I transitively contend that given their overrepresentation in care work, Black and brown care workers are positioned as the perpetrators of abuse in developmental services. Black and non-Black racialized care workers who cannot, or refuse to, perform or aspire to whiteness, have been assigned a postulated conflation with guilt and blameworthiness by the settler state (Hartman, 1997; Wang, 2012; Cacho 2014). I have encountered this reality many times in care work in the care industrial complex, with a particularly traumatic experience that led me to finally resign. This year, safeguarded by my relatively recently acquired permanent resident status and bolstered by my privileged position in the academy, I decided to speak up about the ways in which the L'Arche agency I was employed at was facilitating violence against people in group homes. I was joined in this effort by my esteemed colleague jo

price. I had also hoped that my colleague's whiteness might buffer us from some of the racism that is used to silence me in white spaces. Instead, we were pivoted into a racist and trans-antagonistic human resources process, during which we were pressured to make formal complaints of abuse against individual care workers. Two of the three care workers we were coerced to make formal complaints against are not white, one is a Black woman whose immigration status in the settler state is unknown to me, the other a WOC without permanent resident status; all three are women. When my colleague and I asked if we could make formal complaints about the structure of the agency which enables violence against people labelled with developmental disabilities *and* care workers, we were told by the executive director, a cishet white man, that this was not an option. When my colleague and I asked if we could make formal complaints about the white supremacist management's incompetence and participation in violence against people labelled with developmental disabilities *and* care workers, we were again told that this was not an option. On the contrary, the executive director insisted that it was our MCCSS informed duty to make formal complaints against the women. When we declined to make formal complaints of abuse against precarious care workers, I was suspended on the grounds of having made false allegations against co-workers, threatened with a loss of contracted hours during COVID-19, and moved to another work site. Eventually, jo and I were served letters of misconduct for dereliction of duty, insubordination, and poisoning the work environment. Not once, in this entire ordeal did the white management team and board of directors pause to consider how they are culpable for creating and sustaining the conditions of abuse experienced by people labelled with developmental disabilities *and* care workers in the agency. This is characteristic of care work under capitalism – "For front line workers, the ascendency of managerialism promotes a distinct institutional logic which reinforces the primacy of organization priorities over the needs of people supported" (Courtney &

Hickey, 2016, p.75), and I add, the needs of the people doing the supporting. The only people the cishet nondisabled white management was ever willing to incriminate were precarious frontline care workers, who were some combination of poor, Black, brown, queer, trans, femme, and lacking status. In fact, the opening lines of our written warnings read as follows, "L'Arche is committed to ensuring high quality supports and the health, safety and well-being of our Core Members and all of our assistants" (Appendix B). This brings me to the third piece of this triangle of violence – the insistence on the settler state's innocence by: "Framing oppression in terms of individual actors" … which "dismantles collective responses to oppression and diverts attention from the larger picture" (Wang, 2012, p.147).

The sovereign settler state as the innocent

"A politics of innocence is only capable of acknowledging examples of direct, individualized acts of racist violence while obscuring the racism of putatively colourblind liberalism that operates on a structural level" (Wang, 2012, p.149). The current settler state positions itself as an innocent legacy of the suffering of people labelled with developmental disabilities in an erstwhile defunct state. It further situates itself as righting the wrongs of its ancestors by meeting and doling out justice in the form of a class-action suit settlement of $35 million. For people in poverty, this may seem like the justice jackpot; the settler state capitalizes on the economic destitution of institutional survivors by dangling the carrot of financial reparations and celebrating 'de-institutionalization' achieved by the closing Huronia, Rideau, and Southwestern. By treating these large institutions as sites of extraordinary violence and abuse, and framing the governments associated with their crimes as anomalies of the innocent guardian state, the settler sovereign can conceal, legitimize, and monopolize violence against bare life.

Oppressed life in the state, homo sacer, always knows the truth, however. In Seth, Slark, Boulanger, and Dolmage (2015), lead plaintiffs in the Huronia Class Action Suit Patricia Seth and Marie Slark, share their experiences and analysis of the process of holding the state accountable for the violence they had survived. They describe processes in which "lawyers did things behind closed doors", they were excluded from negotiations that were not accessible to begin with, and that the outcome of a $2000 restitution cheque was "an insult" (p.62). Patricia Seth is particularly poignant in her assessment of the rolling violence she is experiencing, "It feels like the government is doing a *backlash*, but they don't see it that way, like they are not here to help you, they are just there to discourage you and tell you they can't do nothing for you" (p.64, my emphasis). A *backlash* is a very precise term to portray the settler state's response to a class-action suit. Far from the contrite picture that is often painted, Patricia describes a state that is punishing those it oppresses for speaking up. A backlash is a counterattack. How does this manifest for Patricia and Marie? One example Patrica gives is a DSO office located in Surrey Place, formerly an institution. Patricia explains, "It scares me…I don't want to go through all that just to be on another waitlist…It still feels like an institution" (Seth et al., 2015, p.64-65).

In addition to punishing victims for resisting its violence as a way to maintain its innocence and monopolize violence, as described by Patricia and Marie (2015), the state also resorts to punitive measures against workers who engage in explicit and more easily identifiable incidents of abuse. Again, by criminalizing precarious care workers out of the context of systemic violence, the settler state's role as a guardian of bare life is upheld. In punishing and criminalizing abuse and requiring all care workers to pass police screenings, the settler state threatens workers in one camp (the group home) with re-deployment to another (the prison). As it has been established that

the settler state authorizes permissible violence in the group home, abuse is violence that the settler state does not sanction, and as such, threatens its monopoly on violence.

How has the representation of this 'problem' come about?
New Public Management

The materialisation of total quality, quality assurance, and other quality initiatives in human/welfare/social services was a result of the emergence of New Public Management in the UK in the 1980's under the Thatcher administration. New Public Management was embraced by wealthy capitalist economies in North America, and other commonwealth settler states like Australia and New Zealand, owing to the facilitation of International Financial Institutions; and was imposed on countries in the global south as a contingency for access to financial assistance (Sarkar, 2006; Mongkol, 2011). It is interesting to note that other wealthy non-settler states like Germany and Japan did not jump on the NPM bandwagon, and it can be argued that settler states were predisposed to NPM because it was an Anglo colonial imperial invention. NPM was characterized by an import of managerial methods and technologies from the private sector to the public sector, with the goal of minimizing expenditure, improving the efficiency of public services, and improving the 'quality' of services by reforming relationships of care as capitalist relationships of producer/provider-purchaser/consumer; creating what Sarkar (2006, p.182) describes as "market-based public administration" citing Lan and Rosenbloom (1992).

NPM was leveraged as the yardstick for public administration reform in its promotion of a shift from bureaucracy to business, as a response to the failure of public welfare, and the failure of 'benevolence' that was ascribed to it. The doctrine of NPM reasoned that it was the lack of incentive 'to do good' in public welfare that contributed to the inefficiency and inadequacy in its service delivery. As an antidote, it proposed privatization of social services, with the conviction that commercial competition would result in efficiency and quality service delivery (Osborne,

1992). NPM was hardly the gold standard of service delivery its proponents advocated it would be, because capitalist business models are always aimed at ensuring the least common denominator of minimum compliance (Priestly, 1995).

In Canada, while NPM was embraced as a campaign platform by the Mulroney administration of 1979-84, the Clark and Trudeau governments had already sown the seeds of managerialism (Aucoin, 1995; Charih & Daniels, 1997; Glor, 2001). While NPM was adopted federally, it was implemented most extensively in the settler state's most prosperous provinces – Alberta and Ontario. This took the shape of smaller federal and provincial governments and smaller public spending budgets. A reduced public sector has cost the Canadian settler state universality in all its former programmes with the exception of primary and secondary education and health care; and stressed the capacity of any remaining public spending (Glor, 2001). As a result, accessing developmental services in Ontario is not an entitlement (Hickey, 2018).

In the developmental services sector in Ontario, the inception of NPM and 'de-institutionalization' coincide. While de-institutionalization was advertised by the liberal state as a gain for the citizenship of people labelled with developmental disabilities, the reality of the 'why' of the closing of large institutions in the province is far more insidious – institutions were no longer financially viable. Decentralising the incarceration of people labelled with developmental disabilities to transfer payment agencies and their "community-based" group homes was a more cost-effective model for the provincial budget (Spagnuolo, 2016; Courtney & Hickey, 2016; Ben-Moshe, 2020). As discussed in Chapter 1, all this ostensibly critical moment in history served was a recycling of the historical and ongoing exclusion, warehousing, and reshuffling of people labelled with developmental disabilities from one camp (large institutions) to others (group homes, hospitals, prisons, and other congregate care settings). The governments of Ontario have tried

everything under the austerity of settler colonial capitalism to make bios impossible for people labelled with developmental disabilities and arguably, the people who enter paid and unpaid care relations with them. For instance, in 2015 the liberal state's administration announced its Passport program[35]. On the surface, this program's direct funding model assured a more progressive care landscape, it took 6000 people labelled with developmental disabilities off its wait-list for care, housing, and programming, by giving them a maximum grant of $35,000. Below, a bleaker and more austere subterranean of care transactions was being carved out, as described by the Ontario Public Service Employees Union (OPSEU) President Waren Smokey Thomas:

> It is a cruel hoax to tout this as a huge success, when in fact it is a form of privatization. The government is handing dollars to people with disabilities and their families and telling them to go it alone, rather than funding an equitable system of support for those with developmental needs.

> The Passport program lets agencies – and for-profit organizations – skim off the 10 percent of the funding for administration, opening the door to private organizations to make money, both off people with disabilities and off the people who support them (NUPGE, 2015)

While the OPSEU statement is ableist and uncritical of the ways in which service agencies sustain the lethal oppression and exclusion of people labelled with developmental disabilities, its president is not wrong about the Passport program being a swindle. The paltry grant amount would barely cover respite care services. In an attempt to stretch the grant money out, people and their families in need of care services would be forced to underpay care workers.

More recently, the Canadian Press reported that Ford's PC government posted a million-dollar contract in August (2019) open to bidding contractors to "streamline" its services to 40,000 people labelled with developmental disabilities in Ontario (Jones, 2019). While my research has

not revealed which business won the contract, the MCCSS does identify financial expediency

through "streamlining", which is a euphemism for downsizing, as a priority outcome:

> These changes will result in estimated *annual savings of over $1 billion* at maturity to help
>
> support a sustainable social assistance program in Ontario.
>
> The province will also redesign the Ontario Disability Support Program (ODSP) by
>
> *consolidating* complex supplements and benefits into *simplified* financial support for
>
> people with severe disabilities. *Reducing* the administrative *burden* of delivering this
>
> program will help case workers dedicate more time to supporting their clients in achieving
>
> their goals (Published plans and annual reports 2019-2020: MCCSS, my emphasis).

This austerity driven public administration model has been known to historically achieve the very

opposite of its customer service improvement goals. The reality is that an increase in

responsiveness with a leaner administration has often resulted in meaner services – depersonalized

delivery from overextended service providers (Glor, 2001).

The DSO advertises QAM as a regulation which assists agencies in the provision of "high

quality services and supports that meet set standards. QAM sets out the policies, procedures,

documentation and training required to support the goal to improve services and supports for

people with developmental disabilities" (Developmental Services Human Resources Strategy

Workplace Learning Project, 2018, p.67). As such, it appears that the 'problem' QAM exists to

mitigate is low quality services and supports for people labelled with developmental disabilities.

It is not ironic that QAM was introduced as a demonstration of accountability to the reform

promised by SIPDDA, publicized by former Ontario Premier Kathleen Wynn's call "to learn from

the mistakes of the past" wrought upon people labelled with developmental disabilities (Wynn,

2013, para 13). It is strategic violence that QAM makes claims of "quality" assurance, abuse

prevention, and "keeping people safe" (QAM training, n.d., p.13) while functioning as a mechanism for the permissible violence people labelled with developmental disabilities endure as bare life in the group home/camp.

The precariat and human capital

NPM and its privatisation of welfare services produced a new class of worker-consumer which it further objectified as 'human capital' and subjected to even more vulnerability than Marx's proletariat – the precariat (Amamiya, 2007; Standing, 2011). While both proletariat and precariat lack ownership of capital and are constituted as capital, the precariat is distinguished from its predecessor in its lack of work and life security (Zagrodney & Saks, 2017) – precarious work, precarious housing, precarious legal status (Amamiya, 2007; Standing, 2011). Workers engaged in care with people labelled with developmental disabilities in the settler state, categorized as NOC 4212[36], are characterized by zero-hour contracts[37], long-term part-time work, low prospects of professional investment and upward mobility, unpaid labour and low wages, surviving paycheck to paycheck, with many on temporary foreign work permits.

The DSHR Strategy Evaluation summary report (Hickey, 2018), which discusses the physiognomies and needs of human capital in Ontario's developmental services i.e. care workers, highlights many aspects of the sector's characteristics which render care workers the status of the precariat. The report describes a major challenge in the sector as "Chronically tight labour markets", which "have been exacerbated by cyclically low unemployment rates" (Hickey, 2018, p.iv). While Hickey does not reference his 2016 work linking NPM austerity to care worker precarity, as an antecedent to the concerns identified in the DSHR reported authored by him and funded by the Government of Ontario, I can make that transversal association. Evidencing a primary characteristic of the precariat, the frontline work force in Ontario's developmental services

sector is primarily comprised of part-time workers at 60 percent, half of whom work part-time involuntarily, and wait years to gain full-time employment (Hickey, 2018). This is a direct consequence of what Hickey's earlier work describes as:

> Austerity has been a chronic condition in the developmental services sector in Ontario… The long-term effects of the lack of government funding have resulted in low wages for workers and significant recruitment and retention problems for employers in the sector. For workers, the lack of government funding has driven the growth of part-time, casual work, and other contingent employment arrangements (Courtney & Hickey, 2016, p.83).

The DSHR report also reveals that 42 percent of frontline care workers hold multiple jobs, part-time workers have a tenure of almost ten years in the sector, and organizations do not have the money to invest in workers, all of which fulfills precariat criteria of job insecurity, protracted part-time work, and lack of opportunities for professional growth and development.

The DSHR report briefly touches on the immigration status of workers associated with recruitment strategies targeting new Canadians in the sector, almost in passing:

> A lot of [international students] are coming here, and we employ quite a few. They want to stay in the role, except in order to get their permanent residency, they need something that says they work full-time. It usually takes a lot longer than three years to get full-time. They can only work for two year after they've done school, so they couldn't even qualify to get full-time. So once they realize that, unfortunately, they leave us. – HR director at a developmental services agency (Hickey, 2018, p.27).

However, it is the gendered, raced, and migrant matrices of oppression that constitute the precaritzation of care workers under capitalism in the settler state. The 'tight labour market' in the developmental services sector is nested in a larger labour market organized according to oppressive

constructions of gender, race, class, and migration, which further constructs care workers as having an affinity for racialized, gendered, self-sacrificial care work. Economic migrants from the global south who are poor, femme, Black and brown, and do not meet satisfy western education credential assessments, are generally funnelled into domestic work because it is considered unskilled reproductive work they are naturally predisposed to. As such, these migrants become housekeepers, nannies, personal support workers, developmental support workers, long-term care workers and so forth (Fritsch, 2010; Chun & Cranford, 2018), as opposed to farm workers or factory workers which are predominantly allocated to poor, racialized, masc migrants. In addition to care work being low wage because it exploits lower class racialized femmes in desperate need of whatever jobs they can find, the feminization and racialization of care labour is also deployed as a justification for poor wages and working conditions. Black and brown femme care workers are cast as selfless hardworking folks who find pleasure in serving others despite the fiscal and environmental precarity it involves. Over time, Black and brown care workers also come to believe this myth. I have been a part of so many care working conversations with Black and brown folks, in which we discuss our resilience and endurance in care work as a selling point for our recruitment and retention – "we don't call in sick", "we are hard workers", "we do the dirty, heavy-lifting jobs that white care workers don't want to do", "we are not afraid to clean shit" etc.

While there is a paucity of race and gender data in the profiling of the care working precariat provincially and federally in the Canadian settler state, information extrapolated from the available research does reveal that the majority of care workers in Ontario in the developmental services sector are poor, Black, brown, racialized, and global south migrant femmes. For instance, Zagrodney & Saks (2017) find that personal support workers in Canada are largely older women with lower levels of education and that the workforce comprises a higher proportion of immigrants

and visible minorities than the general population. A more recent study (Turcotte & Savage, 2020) reveals that a large number of immigrants and 'visible minorities' in Canada are essential workers, that immigrants constitute a rising proportion of nurse aides, orderlies, and patient service associates, and Black and Filipina women are overrepresented in these occupations. Further, while the available data on inequalities in access to wages and full-time employment is unfortunately outdated and restricted to gender with a subscription to the violent gender binary, it does reveal that despite women making up 77 percent of the workforce in NOC 4212, men are found to be more likely to gain full-year, full-time employment, and out earn women by 14 percent (A Profile of Community and Social Service Workers, 2013).

Not only has care work under NPM created a new oppressed precariat working class, it has also created a new form of care work in which care is invisibilized. Care workers are now no longer just expected to assist people with personal care and their daily activities, they are increasingly expected to do paperwork, manage resources, and execute BSPs and ISPs (Individual Support Plans), to accomplish efficient service delivery in compliance with QAM checklists. These mounting administrative tasks are demanded under acute public sector austerity, which trickles down to conservative service agency expenditure, and manifests as persistent understaffing. These conditions charge frontline care workers with the soul crushing responsibility of conserving care and restricting the people they care with. For example, in my experience, many residents of the group homes I have worked at are not allowed to leave the house by themselves because of ableist assessments of their capacity, while others are unable to leave the house without assistance. When we are understaffed, which is the usual state of affairs, many of these residents experience house arrest because staff members are not available to accompany them outdoors. We are often scheduled to be just enough staff to meet everyone's basic needs and this austerity forces us to

triage people's levels of support in ways that feel awful. People accessing care become the length of time they take to shower, the degree of assistance they need to eat, the pace at which they move, the number of steps in their morning and night routines, the number of incident reports we have to write, the number of rows on behavioural PRN trackers we have to fill out. In addition to the invisibilization of care, the grief that care workers experience in having to treat people we care with in these dehumanizing ways is also obscured by the task-oriented manner in which care work is organized and measured under QAM.

Applied Behaviour Analysis

Criticisms of the violence of Applied Behaviour Analysis (ABA) and stories of its abuse from survivors are widely known in autistic advocacy (Lydia X. Z. Brown, Shain Neumeier, Julia Bascom, among others), networks (Autistic Self Advocacy Network and The Autistic Women and Nonbinary Network among others), and literature (Loud Hands: Autistic People Speaking; 2012 and All the Weight of Our Dreams: On Living Racialized Autism, 2017; among many others). Erevelles & Adams (2017) inspect aversive behaviour modification technologies in the JRC, and while some ABA apologists engage with this institution as an outlier, I align with autistic folks and their allies, who denounce all forms of ABA as violence and abuse. Unfortunately, these neurodivergent criticisms are pushed to the periphery in settler society, and the scientism of ABA appears to be increasingly legitimized and enforced as a treatment for autistic people, a reality that is especially relevant to the province of Ontario[38]. Furthermore, there appears to be an underrepresentation of condemnations of the coloniality of the 'science'; while these critiques are circulated word-of-mouth they are not extensively represented in the literature. Erevelles and Adams (2017) do state that "race and disability are inextricably linked is apparent in the observation that several survivors of the JRC were also people of color" (p.361). I emphasize that

ABA cannot be understood as anti-autistic technology without also understanding it as a deeply white supremacist colonial and imperial machination exacting intersecting oppressions on body-minds that threaten the integrity of the settler state. Discourses on behaviourism in education systems in global south countries as a device of cultural imperialism are useful in tracing this connection. Investigating education systems in India, Raina (2011) contends with this as follows:

> The challenge to carve out a post-colonial mind that can engage an increasingly homogenizing World order being crafted by processes of globalization is perhaps the foremost educational challenge of the present times.
>
> Translated to pedagogy, the intense debate is whether the colonial pedagogies, deeply entrenched in doctrinal forms of behaviourism ought to persist, or need they be replaced? The argument being that behaviourism negates the cultural and social location of the child, as also its historical knowledge system, thereby suppressing its identity; so as to 'civilize' the child by 'removing' from its elements of 'inherited backwardness' (p.10).

London (2002) crafts a similar analysis about colonialism and curriculum in Trinidad and Tobago, arguing that the colonial education system is an ideological instrument forged by racism and violence, and deployed to synchronize the diverse collective imagination of colonized subjects in favour of the colonial state. Implementing education as cultural conquest and technocratic absorption is violence that consumes the colonial subject from the inside out because it constructs the self-concept of the colonized imaginary. Closer to the epicentre of settler-colonial violence, residential schools were invented to reprogram how Indigenous people came to know and understand themselves as inferior and aspiring to whiteness, by violently proselytizing them "to a uniform patriarchal order" (Million, 2009, p.56).

Herakovic (1983) situates technologies of 'scientific' behaviourism in North America as an emerging 'science' of social control in the early 20th century, conceived to replace the regulation of society through organized Christianity while leaving its Christian roots intact; an analysis which synchronizes well with Wynter's (1984, 2003) theorizing of the genres of man. Propelled by the likes of E.A. Ross[39] and J.B. Watson[40], the author argues that behaviourism "represents the transition from an imprecise management of behaviour to a scientific approach of an old aspiration" (p.81) – social control in favour of white supremacy. These American behaviourists paved the path for B.F. Skinner, the father of ABA, who transferred this learning to the likes of Sidney W. Bijou, who would later go on to found the University of Washington's Child Development Institute with other prominent behaviourists. Inspired by his learning at this institute, Lovaas created Early Intensive Behavioural Intervention (EIBI), an aversive-heavy operant conditioning technology, advertised as evidenced-based science to render autistic and gender non-conforming children indistinguishable from their 'typically developing' peers. ABA as the ideological device of white supremacist technocratic absorption was imported to the Canadian settler state and popularized in the 1960s by the work of Joseph Pear and Gary Martin, the latter informed by his doctoral work in "Fort Skinner", bringing us to the contemporary state regulated abuse of people labelled with developmental disabilities in group homes in Ontario.

In the context of group homes and the QAM regulation, ABA technologies are the basis for BSPs and are a primary tool of social control. The regulation requires that "each service agency shall develop an individual behaviour support plan for each person with a developmental disability who has a challenging behaviour" (O. Reg. 299/10, s.18 (1). In the case of BSPs detailing intrusive supports, the regulation requires approval by a Board-Certified Behaviour Analyst i.e. a licensed ABA practitioner. The regulation does not necessitate service agencies to acquire the consent of

the people for whom intrusive BSPs are created. As such, "quality" is assured by maintenance of historical colonial social control of the non-normative body-mind's imagination and self-concept. Across all settler state institutions, body-minds that do not conform to nondisabled cishet whiteness are conceived as aberrations by behaviourist scientists, which then proceeds to reconstitute such deviant body-minds to aspire to whiteness to exist. In the words of queer, Black, autistic community activist of West Indian and Black American descent, Finn Gardiner (2017):

> These messages are patently untrue; they are the cumulative effect of hundreds-even thousands-of years' worth of cultural programming. They are the cultural mythologies built up in societies that have engaged in white supremacy, colonialism, imperialism, the exploitation of indigenous people, and systematic prejudice against disability and treats it as though it is a fate worse than death, rather than a natural part of human existence (p. 13).

What effects are produced by the representation of this 'problem'?
Sovereign settler state monopoly on violence through 'compliance'

When I began care work in Ontario, I asked what the name was for "DCS" here. DCS stands for the Department of Community Services in Nova Scotia, but at the L'Arche agency I worked at in the maritime province, DCS was the name we called 'the man' that regulated our lives, also known as Maureen, Karen, and Frank. Twice a year, and sometimes more often if we had slipped up, we scrambled to make our group homes ship-shape and dotted all our "I's" and crossed all our "T's" in our increasing stacks of ministry required paperwork, with the goal of passing our annual inspections with no 'red flags'. I learned that in Ontario, "DCS" is called "Compliance", which while disturbing is a painfully appropriate name for the MCCSS and its QAM "Compliance Inspection: Indicator List"[41]. Understanding quality as compliance constructs quality as analogous to obedience, passivity, submission; situating agents of non-compliance as enemies of the settler state.

In a forthcoming literature review (Fernandes, 2020) on person-centred care and planning (PCCP) for people labelled with intellectual disabilities in service agency settings, I discuss how group homes are largely characterized by involuntary care (Meulen et al., 2018), unhelpful support (Dew et al., 2018), and fragile support cultures (Dahm et al, 2018), evidencing an absence of PCCP in developmental services sectors internationally. In this major research paper, I contend that these are all non-threatening names for abuse; non-threatening because they do not contest the settler state's monopoly on violence. In the same ways that a label of 'developmental disability' is no different than historical terms like 'imbecile' or 'idiot' when the definitions for each are essentially the same, 'cleaned up' coded language to describe abuse is unhelpful and sustains abuse legitimized by the settler state. I could discuss the rampant, indiscriminate "restraints on freedom", which the literature describes as "daily restraints in the use of social media, in deciding what to eat or drink, where to go or restraints in sleeping time and waking time" (Meulen et al., 2018, p.54), or the paternalistic and protectionist support that characterizes care in developmental services. I could describe the all too familiar 'hiding cultures':

> In some group homes, a fragile culture of support was cultivated by creating a 'hiding culture' which employed policy or guidelines as a smoke screen of words to 'hide behind'. Such 'hiding cultures' are illustrated in cases where documentation was manipulated to hide incidents that should have been reported. In another case, the assumed existence of guidelines approving the locking of residents' bedroom doors overnight took precedence over active leadership challenging this questionable behaviour management strategy. Policy was adhered to strictly without reflection on whether it aligned with actual support provided or whether any such alignment was perceived (Dahm et al., 2018, p.1422).

I could discuss death. However, I refuse to discuss these findings because there is an abundance of existing insightful and informative work examining and analyzing these forms of lethal abuse, knowledge which the settler state insists on engaging with willful ignorance or co-opts and reproduces as some new form of neoliberal violence. Instead, heeding Agamben (1998) I would like to draw our gaze to what I understand as the core of what makes these abuses possible – the settler state dominion on violence through compliance devices like QAM. The settler state reigns supreme because it criminalizes and pathologizes all forms of violence that compromise its sovereignty. The contemporary preoccupation with, and conflation of, people labelled with developmental disabilities and "Behaviours that Challenge" (BTC)[42] functions to locate the cause of socially mediated oppression and exclusion in the individual. QAM defines "challenging behaviour" as:

> behaviour that is aggressive or injurious to self or to others that causes property damage or both and that limits the ability of the person with a developmental disability to participate in daily life activities and in the community or to learn new skills or that is any combination of them (O. Reg. 299/10, s. 15 (1)).

There is no mention of understanding 'challenging behaviour', 'aggression', or 'self-injury' as self-defence or resistance to veiled and flagrant abuse. All of the people I have ever supported with labels of developmental disability, who are also labelled as having BTC, are historical institutional survivors. While we pathologize their violence as institutional trauma, which it may likely be connected to, the culture of care never centres understanding their violence as self-defence and/or resistance to their ongoing institutionalization.

In Nova Scotia, the L'Arche agency I worked at did not have BSPs, I was taught to perform physical restraints and interventions that were Mandt System[43] informed. Most of these restraints

involved relocating a person from a shared space to any available unshared space in the building, after they had begun to physically attack another person. While we did not technically confine people in locked rooms, we did transfer a non-walking wheelchair user to a bed without their consent as part of their de-escalation plan, which is confinement. In a way, the messy physical violence of these restraints, which often also involved my being at the receiving end of physical violence, alerted me to our relationship of violence as a product of the restraints I was enacting, physically and through quotidian restraints on freedom. Unfortunately, I needed to experience this form of intimate violence to understand how I am complicit in the settler state's agenda of compliance through violence under the guise of producing non-violent spaces. The settler state uses care workers like me to inflict violence on people incarcerated in group homes, to stifle resistance, which often manifests as violence, and sustains acquiescence to the state in the name of care and safety for all members of the camp.

When I joined the L'Arche agency in Ontario I was relieved to learn that supports were structured so that I would not have to physically restrain anyone. This respite was short-lived because I soon discovered that agencies in the province subscribe to an even more insidious form of restraint – the "behavioural PRN" as part of BSPs, invariably an atypical antipsychotic drug, often quetiapine, as a response to broadly defined BTC. There is an eerie tidiness surrounding the violence of chemical restraint. While I do not advocate any form of restraint, physical, mechanical, or chemical, I am deeply disturbed by the unliteral nature of the violence of chemical restraint. Unlike the personalized violence I experienced in physical restraint, which was always ugly and unauthorized by the professionalized violence and scientism of ABA derived BSPs, and caused me to be reflexive about my part in the ugliness, with chemical restraint I could let myself believe the narrative sold to me if I wanted to – the behavioural PRN is a non-violent evidenced-based

practice to help people calm down and be less distressed. This is untrue, and I align with Erick Fabris' contention that drugging people in this way amounts to chemical incarceration, to render the incarcerated tranquil (2011). BSPs are executed in conjunction with QAM mandated CPI[44] training and certification for care workers. According to the CPI escalation continuum I was trained in, the first warning sign of BTC is "questioning", which my licensed instructor further described as "questioning authority". CPI and BSPs exist to program care workers to ensure that people labelled with developmental disabilities remain unquestioningly obedient subjects of settler state violence. Every person I have ever supported with a BSP has had a behavioural PRN prescribed to them as part of their de-escalation protocol. While most protocols describe the administration of a PRN as a last resort to help the person in crisis feel less distressed after all other options have been exhausted, I have frequently witnessed their administration as a first resort, and worst of all, even pre-emptive administration to reduce anticipated inconvenience to the care worker. For example, a care worker anticipates that someone is going to have a 'scene' they don't want to deal with, so they offer them a PRN to 'calm down'. Additionally, PRN is frequently used as a verb. At one of the houses I worked at, known as 'the BSP house' in the agency, assistants would often joke about who they were 'going to have to PRN next'.

My experiences are consistent with research on the subject of antipsychotic drug initiation for people labelled with developmental disabilities in the province. It seems to be common knowledge in the scientific literature that people labelled with developmental disabilities are overprescribed psychotropic drugs and are at a higher risk of polypharmacy[45]. While I am opposed to the medical model engaged by the authors of these studies, I do find their data useful. The findings reveal that psychotropic drugs are more commonly prescribed to people labelled with developmental disabilities in group home settings in Ontario than in family settings and facilities

in the province, and a large number of these cognitively labelled individuals do not have a psychiatric diagnosis (Rahim, 2012; Gomes et al., 2019). The authors contend that, "This suggests that antipsychotics may be used frequently in adults with IDD for off-label indications, such as managing behavioural issues, sedation or sleep" (Gomes et al., 2019, p.5). Now that the psy professionals agree that people labelled with developmental disabilities are being drugged and subdued, some might understand this as a step toward reform. I argue that none of these revelations will liberate people labelled with developmental disabilities from the camp, if we still want them to be docile happy campers, and do not value their discontent, rage, and violent resistance. I turn to Black and brown anarchist literature in an attempt to make my point:

> In the liberal history of the civil rights movement, "nonviolence" and Martin Luther King Jr. are the centerpiece, and this is held up as the right way to go about seeking social change… From Baltimore to Ferguson, Los Angeles, and wherever there is a Black uprising, the state and its allies attempt to subdue Black people by invoking nonviolence and King, who is conveniently remembered for his civil disobedience but not for his armed guards or gun ownership (Samudzi & Anderson, 2018, p.88).

In a critique of the liberal state, Ramnath (2011) makes an adjacent argument:

> the only anticolonial militance retroactively recognized as a legitimate freedom struggle (violence by an anticipated future state) rather than a crime (nonsanctioned violence within a state) or terrorism (as extrastate violence) must be nationalist" (p.25).

I believe that we need to understand incarcerated people labelled with developmental disabilities demonstrating behaviours we experience as aggression or self-injury as freedom fighters, instead of insisting on their nonviolence. I often think of the people I have supported who eat feces, smear excrement on themselves and in their rooms, and how this behaviour is usually pathologized as

some form of incomprehensible deviance inherent to developmental disability. We choose not to understand these actions as resistance to incarceration and protection from violence, when this understanding already exists for other groups of incarcerated people, albeit predominantly white political prisoners, who use body fluids and "dirt" as defiance and survival (Epp, 2014; Wahidin, 2019). I think of the people I have supported who bite their hands, tear at their skin, induce regurgitation, spit, destroy their belongings, rip their clothes, and frequently disrobe in shared spaces. 'Self-harm' (Olmo, 2016; Ma, 2019; among others) and nakedness (Sutton, 2007; Misri, 2011; among others) are known forms of protest employed by prisoners in the PIC[46] and other oppressed groups in more camouflaged carceral landscapes. Yet, when people labelled with developmental disabilities radically refuse settler state control over their body-minds with the use of similar tactics, we undermine their agency and ascribe the BTC *us* to *their* organic incapacity; we reprimand them, constrain their access to their bodies with restrictive clothing, and medicate them with appeals to pacifism and harmony.

Divide et impera

As an Indian national who embodies my own inheritance of imperialist colonialism and conquest of my imagination, I am familiar with the settler state's strategy of *'divide et impera'* – divide and rule. While not exclusive to colonial exploits in India, this device was a distinct feature of British Raj policy in the subcontinent, as a response to the revolt of 1857[47], and was brutally effective (Farooqui, 2015; Xypolia, 2016; Ray 2018). Scholars differ in their analysis of how this stratagem was executed, but there is a broad consensus with regard to its conditional characteristics:

> The first one should be the inclusion of a unitary actor that bargains with or competes against a set of multiple actors. The second should be that the unitary actor follows an

intentional strategy of exploiting problems of coordination or collective action among the multiple actors…The outcome of a 'divide and rule' stance of the third party is that the 'two' either keep each other balanced so that he, who is not interfered with by either, can pursue his advantages; or that they so weaken one another that neither of them stand up against his superiority (Xypolia, 2016, p. 228).

While the settler state under scrutiny in this paper is not the British Raj *per se*, and people labelled with developmental disabilities, and migrant care workers displaced by globalization, do not neatly fit into a historical analysis of 'divide and rule' policies and practices which emphasized differences among indigenous groups and incited communal violence between them, the empire's "grand strategy has always followed the fundamental principle of adaptability" (Xypolia, 2016, p.229). I argue that this imperialist colonial strategy has been successfully adapted to the contemporary CIC in the settler state. The sovereign, positioning itself as innocent, mediates relationships of care in the camp between oppressed people labelled with developmental disabilities and oppressed care workers. By keeping both groups poor and disenfranchised, and constructing people labelled with developmental disabilities as inherently challenging and constructing care workers as uneducated and unskilled human capital prone to biting the hands that feed them, the state erodes the possibilities for collective action and solidarity among both groups, ensuring that its power remains uncontested. I can recount many examples of this from my time in care work. One that I will share is a conversation I had with a care worker, whom I will call Sara, and has refugee status in the settler state. Sara asked me why I am interested in conversations about the liberation of people labelled with developmental disabilities in group homes when these people seem to have a good life. Sara understood these people to be difficult and unreasonably cranky at times, despite their having everything they needed, much of which

Sara had lost. Sara and I have had more conversations since, and she has communicated to me that she is now attentive to some of the ways in which the people she is in care relationships with share her experience of dispossession. So many of us care workers are so oppressed, underpaid, overworked, and burnt out, that it is not always obvious to us that we are in the same camp as the people we support, and that our emancipation is tied to theirs.

Divide and rule are particularly exemplified in tensions surrounding direct funding between people labelled with developmental disabilities and care workers:

> CUPE supports the concept of person directed planning whereby persons with developmental disabilities are provided the necessary supports to prepare life plans that support their distinct needs and goals. But, we also believe that person directed planning is best accomplished within the context of the not-for-profit, community agency system where trained and qualified staff provide a range of quality public services and supports (CUPE Research, 2015, p.17).

Ever since the Passport program was introduced in 2008, this form of direct funding has been a contentious issue between those directly impacted – people labelled with developmental disabilities accessing care and care workers. While CUPE (Canadian Union of Public Employees) and OPSEU claims to have the interest of service users at heart, they are clearly more concerned with the outcomes for workers. Coupled with perennial underfunding of the sector, the precarity caused by low wages, and the increase of part-time and casual work, are exacerbated by direct funding models. The unions are accurate in their prediction that direct funding models do exert downward pressure on wages and make it harder for workers to get benefits – sick days, dental care, therapeutic coverage, and workplace injury compensations to name a few. Further, by fragmenting the sector in this way, workers are often unable to unionize. While all of these

concerns are valid, the unions do not acknowledge that pushing against direct funding in favour of agency-based congregate care sustains the incarceration of people labelled with developmental disabilities in the camp.

On the side of care relationships, disability advocacy groups like the Individualized Funding Coalition of Ontario (IFCO) which lobbied for the direct funding materialized as Passport, often remain silent on conversations surrounding the needs of care workers. For instance, IFCO, the website for which advertises only white people as its success stories at this time, identifies "Citizenship" as a core value for its members. Citizenship for disabled people in the state is important, but IFCO does not address how many care workers are denied citizenship. As a non-disabled care worker, I am compelled to acknowledge the advantages of direct funding to disabled folks and communities. Having witnessed and participated in so much violence against people labelled with developmental disabilities I have been in care relationships with, I fully support the redistribution of power that accompanies mechanisms like direct funding – disabled people employing care workers can have more control over their experiences of care. However, this shift still constructs care in the context of the master's house – the capitalist settler state. We know that we can't dismantle the master's house with the master's tools (Lorde, 1984). In the words of Fritsch (2010):

> With disability activists taking up independence and autonomy as their rallying point, the exploitative nature of capital and the oppressions it breeds are reinforced…Care work is primarily done by women and it is generally assumed that women are better equipped to deal with bodily substances, are sympathetic, can provide for others emotionally, enjoy this kind of work, engage in it by choice, and that it is an extension of their domestic role (Lee-Treweek, 1997). It is also assumed that this work is unskilled and therefore does not require

high pay. Furthermore, care work has always reflected the hierarchies of race, ethnicity, class and nationality (Dodson & Zincavage, 2007) as a result of this work being low-paid and often taken up by people who are non-status, visa holders, or are newly immigrated and unable to find other work (p.9).

In Cranford, Hick, and Bauer (2018) the authors' interviews with homecare workers in Toronto engaged in a form of social unionism revealed that many workers had experienced sexual harassment, racism, and abuse from clients; many had their services refused on the grounds of their race or ethnicity. In my care work experience, most of the people my Black and PoC co-workers and I have entered care relationships with in group homes are white, and many of these people access more material wealth than the family members in the global south we send remittances to. Some of the white people labelled with developmental disabilities we support are racist, sexist, ableist, and queer and trans antagonistic towards us; which can be hurtful and harmful. However, because we usually subscribe to the settler state construction of developmental disability as congruent to incapacity, we do not engage the people we care with, who hurt and harm us, in accountability; discounting opportunities for solidarity. This breakdown in communication between white disabled people accessing care and racialized care workers is fertile grounds for violence and abuse between both groups, which the settler state is happy to exploit as an investment in the status quo.

Is direct funding the problem for care workers? Is direct funding a solution for disabled people who need care? Would these problems and solutions exist in a universe of universal basic income, universal health care, universal sick-days, universal status, and universal access? What if people labelled with developmental disabilities and care workers unionized together, formed a coalition together, allied and conspired together to dismantle the capitalist settler state that

oppresses us all? What if we dreamed beyond organizing and resistance against the settler state and conceived care and caring as a symbiotic transubstantiating be-coming?

How has the 'problem' been disrupted?
Social unionism

Courtney and Hickey (2016) and Cranford et al. (2018) discuss efforts at social unionism by care workers in homecare in Ontario and developmental services in Toronto respectively. Cranford et al. (2018) define social unionism in the Canadian settler state as a "philosophy and practice of organizing workers as both wage earners and citizens" (p.75). The Service Employees International Union (SEIU) seems to be largely characterized by social unionism, albeit a social unionism that has not cut its ties with business unionism, evidenced by its hierarchical organization and red tape (Cranford et al., 2018). One of the manifestations of social unionism is the connections the OPSEU, NUPGE, SEIU, and CUPE have made between how austerity informed working conditions negatively impact care experiences for people accessing care; and that improvements in working conditions will lead to better care delivery. For example, the OPSEU responded to the governments' Passport program with this statement:

> The government is handing dollars to people with disabilities and their families and telling them to go it alone, rather than funding an equitable system of support for those with developmental needs. The Passport program lets agencies – and for-profit organizations – skim off the 10 percent of the funding for administration, opening the door to private organizations to make money, both off people with disabilities and off the people who support them (2015, para 9).

Similarly, the CUPE Research report (2015) identifies waitlists and the non-performativity of the government's transformational promises for people accessing developmental services in Ontario, pointing out that citizenship, defined by the MCCSS as disabled people having the "freedom to

choose" the services and supports they access, is undermined by acute underfunding in the sector. This means that people are constrained by what they can afford in terms of services, and that they are forced to accept whatever opens up on a waitlist.

In addition to organizing against government austerity by demanding higher wages and better working conditions, care workers are also known to engage in more guerilla forms of resistance. "In this form of social unionism, protecting clients against the negative effects of government austerity and improving the provision of care are central to worker activism" (Courtney & Hickey, 2016), p.79). In their study, the authors found that many unionized care workers engaged in unpaid labour as a way to resist government austerity, shield the people they supported from the consequences of austerity, and protect the bonds of care work; while also understanding that this a mechanism of exploitation and extraction of labour from care workers. Every care worker I know engages in this form of defiance in an ongoing way. We have spent days off in hospital waiting rooms, nights off the clock in emergency rooms, taken paperwork home, spent sleepless nights accompanying people when they have been scared or unwell, come in early for shifts and left late, hugged people in secret, held their hands in secret, sneaked forbidden treats in on our own dime, bought clothes and crafts and trinkets ODSP won't pay for, and done so much invisible, unvalued, and taken-for-granted care, because we care about the folks we support and are convinced that they deserve care. This includes those of us who are abusive and neglectful. If people accessing agency-based services are cared for at all, it is not because of the settler state, but despite it.

One of the absences in the social unionism examples of the homecare workers and developmental services workers is collaboration with people experiencing care. In Cranford et al. (2018), the authors reported mixed opinions of homecare workers about client involvement. While

alliances with seniors' organizations were pursued, there was a general hesitancy to center these collaborations on the grounds of it being unethical or immoral to deeply engage seniors. In Courtney and Hickey (2016) the authors describe union activism among developmental services workers as advocacy for clients, with no mention of workers and clients being accomplices. Firstly, describing care workers as advocates undermines and erases self-advocates. Secondly, these efforts at social unionism are described as demonstrating client-centred solidarity, and yet they reveal a lack of self-advocate client involvement as a consequence of ongoing paternalism, ageism, and ableism. This can be understood as suppression of militancy by a politics of safety, as theorized by Wang (2012):

> "When an analysis of privilege is turned into a political program that asserts that the most vulnerable should not take risks, the only politically correct politics becomes a politics of reformism and retreat, a politics that necessarily capitulates to the status quo while erasing the legacy of Black Power groups like the Black Panthers and the Black Liberation Army (Wang, p.163)

While Wang's example specifically discusses how Black and PoC folks are assuaged to be risk aversive, I believe this also holds true for disabled folks, which includes elders and people labelled with developmental disabilities. I have thought of agitating with the people I am in care relationships with many times, but always reign myself back in because I am worried that they have more to lose than I do, and loss is guaranteed. When care workers engage in guerilla resistance and get caught, the people accessing care have their freedoms, which are called 'privileges' in the camp, restricted or revoked, and care workers are reprimanded for insubordination and compromising client safety. When, as care workers, we encourage violent resistance, the people we support are medicated and/or threatened with the cops, hospitalization,

and loss of their place in the group home. These consequences make care workers risk aversive, but our reluctance to risk is what maintains the status quo. We don't ask the people we care with what they are willing to risk to dismantle the system and liberate themselves. I know it is a question I have never asked. If I did, perhaps we could strategize risk management, and plan for ways to take care of each other outside of the camp. When I watched Crip Camp[48] the scenes documenting the occupation of the Health, Education, and Welfare offices in San Francisco in 1977 made me angry with myself. Angry, because I have never troubled my ableism which has prevented me from envisioning resistance against group homes in ways that necessitate the people I care with putting themselves at risk and compromising their safety and comfort.

Before any revolution or occupation care workers and people labelled with developmental disabilities must establish ways to organize together. Cranford et al. (2018) recommend critical political education for clients and care workers, to build leadership; and a deep understanding of interlocking oppressions, their emergence in care relationships, and how they obstruct worker-client solidarity. Although successful examples are sparse, incarcerated people have attempted to form unions in living memory. For instance, the Canadian Food and Allied Workers union (CFAW) Local 240 in Guelph, Ontario, a union of meat cutters in the 1970s, employed by a private business operating out of the Guelph Correction Center. The union included both incarcerated and non-incarcerated members. What can we learn from CFAW and other prison union efforts internationally? It might be useful to understand if sheltered workshop workers, those with and without cognitive labels, would like to unionize. This might lead to a precedent for collaborative social unionism among people incarcerated in group homes and care workers in developmental services. Ideally, I can dream that even those incarcerated in group homes who are not wage

workers in the capitalist definitional sense could be represented by the union-turned-alliance/coalition for abolition.

Embodied unionism

Kelly Fritsch states that "the question remains: how might the disruption of being foster an anti-capitalist ethics of difference that benefits both disabled people and their care-givers?" (p.10). Value-based union organizing might be a starting point towards abolition. Social unionism and increased bargaining power in the capitalist labour market is not an endpoint, because again, "we cannot dismantle the master's house with the master's tools" (Lorde, 1984). The language of reform only serves to abate abolition, and as such, justice. Ben-Moshe (2020) cites Avery Gordon's definition of abolition – "the core of abolition is its refusal to wait" (p.114), and further explains that, "Abolition is not merely about closure of prisons or institutions; it is a revolutionary framework that transforms the way we analyze and understand forces that shape our histories and every-day lives" (p.117). The Disability Justice movement[49], which grounds my personal approach to care, is an abolitionary movement which does offer lots of visionary and actionable possibilities in its principles, which are intersectional and anti-capitalist, and center collective access, liberation, and interdependence. However, as I have nothing to add to the brilliant discourse on this revolutionary movement by DJ scholars, elders, and doulas, I would like to engage Fritsch's (2010) theory of intercorporeality as an abolitionary way of understanding my be-ing which stretches my imagination beyond accessibility, interdependence, and freedom:

> Rather than thinking about the rights that the disabled person has to her independence or the rights the attendant has as an employee, thinking through a relational assemblage created in moments of intimate care displaces what we think we know about these shared moments and forces us to examine the ways in which bodies are produced together" (p.6)…

Becoming is aimed at neither the emancipation of a collectivity nor an aggregate of subjects with a shared identity struggling to gain political and economic rights, as the disability rights movement might desire. Rather, the aim is the transformation and transgression of the status of identity together (p.7).

This invitation to engage care relationships as embodied relationality has helped me understand my care relationships in a deeper, less contentious way. While I believe I have encountered and resisted this relational embodiment in all of my care relationships, my care bond with X is the most palpable experience I can recount. It seemed that in order for X to not be distressed, particularly in shared spaces, we needed to be fused together, arms linked, X encircled in my embrace, exchanging words and touches of affirmation:

Me (rubbing X's back): "You are doing such a good job X!"

X (kissing me on the head): "Me happy! I like you Banina, I like you".

X's distress would usually involve swearing, some self-directed actions like hand biting and jumping, and some form of non-consensual physical violence directed at those around them. I always thought of being enmeshed with X as part of their accompaniment as a loss of my self, because our entanglement did not happen with my willing consent. While our intimacy usually felt good for me, there were many times when I did not want to cuddle X or be kissed by them, and could not refuse their affection, because I understood X as needing to possess me to feel well, and I understood myself as being paid to care for them in this way. Depending on how understaffed we were for the day, when paired with X we did most of the day's activities together – we ate together, peed together, got dressed together, and were mad together. If we unfused – if I gave someone else my attention, if I needed a few moments to myself, or if I was reluctant to move in a direction that X wanted to go – X would always express what I understood as abandonment and

anger and would get in a physical fight with someone else in the house. Further, the longer X and I lived together, and we lived together for 4 and a half years, and the closer we became, the more X would demand my attachment, even when I was not accompanying them. If X saw me engaging in intimacy with another person, they would usually direct anger at the other person, and I started avoiding intimacy with others in X's presence as a consequence. While I love X dearly and they have loved me profoundly, our union/assemblage was exasperating and overwhelming for me. I felt that a care relationship with X involved my submission, my dissolution, and the gradual erosion of my self in order for X to have a sense of self. Most other assistants caring with X reported similar struggles and frustrations. I never considered that X was showing me a new way of be-ing, one in which a loss of my individual self, which doesn't exist to begin with, was actually a way to transcend the limitations of my self and embody a more liberating way of be-coming. I wonder how thinking about embodiment as described by Fritsch would have transformed my relationship with X for the both of us, for the soluble, emulsifying, smelting us. While I often felt like I had to submit my self to X's will, this was not always the case. There were times when X took care of me/us. One memory I hold as a defining moment in our relationship is a time when I was accompanying X at a prayer gathering and was feeling so mad, unwell, and distraught that I wasn't able to be present to X. Instead of demanding my attention which I had come to expect from them, X consoled me and tried to soothe me with the words – "shoo don't cry" and lots of tender holding. X didn't seem to feel displaced by my lack of presence, they were present for us. They stayed by my side for the entire prayer service, which is usually not something I was taught to believe they could do unless their attendant was actively 'attending' to them. Following that experience, I was more vulnerable with X in shared spaces when I was feeling unwell and accessed them to anchor me when I felt chaotic. X usually responded with intimacy and care. I wonder what

would have happened if I had let X steer us more often, not just when I was running empty and felt like I had nothing left to give. I wonder how we could have navigated us if we negotiated our power imbalances and embodiment in an ongoing way, centering symbiosis and access intimacy[50], and de-centering our selves in favour of a mutual, consensual, unsolidified, transubstantiating be-coming. I wonder if I would have felt less possessed by X and if relinquishing control with X would have liberated our intermingling kinetics. What if we had found a way to create an embodiment together that was less push-and-pull more reverberating matter? It has been over 2 years since X and I lived together, and there are times when I grieve the parts of me I have lost, the parts of me that were X. I'm still amazed at the parts of X that are still me, ways of be-ing (or be-coming?) that are now 'second nature'. I will close with Fritsch's (2010) invitation to invent care as follows:

> The point is not to ignore inequitable social relations but to highlight that in assemblages of becoming we can create new ways of being that do not reinforce inequitable relations… The emphasis, then, is placed on not what you can do for me but rather what we can create together (p.10).

Conclusion

The oppression and liberation of people labelled with developmental disabilities and their care workers is inextricably entangled in the settler state's carceral care industrial complex, facilitated by legal mechanisms like SIPDDA and QAM. In my experience as a care worker and in my research, I also understand these sites of violent relations as spaces and encounters of collective access and care, resistance to body-mind homogeneity, with profound potential for abolition through flexible collectivities[51] (Green and Ellison, 2014) and flexible solidarity[52] (Collins, 2017). For example, there have many occasions when I was unwell at work or the only

staff scheduled during a shift, and the people labelled with disabilities I was caring with recalibrated their needs to support each other and myself in response. At other times, I have had to be in solidarity with neglectful and/or abusive super-exploited racialized migrant care workers who were surviving multiple intersecting oppressions, while remaining in solidarity with the white people labelled with developmental disabilities we were caring with. This form of dynamic solidarity and collective capacity building is full of nuance, creativity, and loving labor, which care workers and people labelled with developmental disabilities intuitively engage in their intermingling with each other all the time.

I believe that disabled people and people labelled with developmental disabilities and care workers have not always had the verbal vocabulary for disability justice principles like interdependence, access, and solidarity, but our body-minds have instinctively and imperfectly always communicated in the language of DJ. I think that this is also true for intercorporeality as imagined by Fritsch (2010). While I did not welcome it and have experienced care workers and the people we support resist embodied relationality, I have also witnessed us lean in to it. We have shifted, synchronized, and harmonized gaits, moods, sleep cycles, access, gestures, stims, manipulations, lies, and violence as processes of be-coming and resisting in our daily lives. We have done the bulk of the groundwork for abolition. I am convinced that when people labelled with developmental disabilities and care workers radically accept that we belong to and with each other we can navigate be-coming in a way that is no longer defined by the settler state's monopoly on violence.

Abolition isn't just about what we want to destroy, it is also about building worlds in which we can thrive, in a sense, it is science fiction. Walidah Imarisha states, "Whenever we try to envision a world without war, without violence, without prisons, without capitalism, we are

engaging in speculative fiction. All organizing is science fiction" (2015, p.19). Conversely, Pickens (2019) cites Butler to explain that "the unmooring of time, space, and culture in science fiction prompts the necessary tumult required to reimagine the world" (p.13). Morris (2012) describes Black speculative fiction writers as Afrofuturists and defines Afrofuturism as "an epistemology that both examines the current problems faced by blacks and people of color more generally and critiques interpretations of the past and the future" (p.153). I understand the collective wisdom of these authors as follows: Science fiction can be disability justice and disability justice is science fiction. The term "intercorporeality" seems like a cosmic idea right out of a science fiction novel. In fact, Morris' (2012) description of Butler's 2005 novel "Fledgling" synergizes extraordinarily with Fritsch's (2010) aforementioned work on the intimate assemblages of attendant care. For example, consider the following two excerpts:

> Fledgling radically imagines **identity**, kinship, and **intimacy** through nonmonogamous **queer** human-vampire **hybrid** families that have a **variety of configurations**, yet also **troubles** any easy notions of a vampire utopia by ambivalently regarding the concepts of **free will** and symbiosis (Morris, 2012, p.148).

> In the interaction between a disabled person and an attendant, both bodies extend into one another, displacing the limits of their assumedly contained **sovereign** selves. In relation, both the disabled person and the attendant experience a leaking of their **identities**, a **mingling of their sexualities**, and multiple **intimate** slippages of their bodies as the attendant participates in the daily work of feeding, bathing, shopping, facilitating sex, and numerous other activities. The **assemblages** formed in such interactions have **ethical implications** for how we come to understand bodies, labour, and care (Fritsch, 2010, p.3).

While they are addressing very different contexts, both passages reimagine identity, sovereignty, intimacy, and assemblages in fluid ways that move towards similar futures – ones in which QTBIPOC and disabled lives can flourish in post-white supremacist worlds. I conclude this MRP by embracing my understanding of care work with people labelled with developmental disabilities and other disabled folks as science fiction because I am so burnt out from having our visions of worlds in which care does not happen under the carceral conditions of the settler state repeatedly and violently undermined as unreasonable and impossible. These dreams are all I have left some days when it comes to care work and the folks I care with and for.

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Appendix A: List of Acronyms Used

BSP – Behaviour Support Plan
BTC – Behaviours that Challenge
CIC – Care Industrial Complex
CUPE – Canadian Union of Public Employees
DSO – Developmental Services Ontario
ESA – Employment Standards Act
ISP – Individual Support Plan
MCCSS – Ministry of Children, Community and Social Services
MIC – Medical Industrial Complex
NUPGE – National Union of Public and General Employees
ODSP – Ontario Disability Support Program
OPSEU – Ontario Public Service Employees Union
PCCP – Person centered care and planning
PIC – Prison Industrial Complex
PRN – Pro re nata (as needed)
QAM – Quality Assurance Measures
QTBIPOC – Queer, Trans, Black, Indigenous, People of Color
SEIU – Service Employees International Union
SIPDDA – Services and Supports to Promote the Social Inclusion of Persons with Developmental
Disabilities Act

Appendix B: Letter of Misconduct

Fig. 1 My letter of misconduct

L'ARCHE ██████

Dear Sabine,   April 7th, 2020

Re: **Complaint Process and Allegations of Misconduct**

Further to our discussion in recent weeks, L'Arche ████████ is committed to ensuring high quality supports and the health, safety and wellbeing of our Core Members and all of our assistants. This means that we take allegations of abuse and misconduct extremely seriously.   We have legal obligations to have processes in place to investigate such allegations and a substantive obligation to determine the validity of the allegations and to address and report any abuse or misconduct if the allegations are substantiated through the investigation process.

As you are aware, in or around December – February you made a number of allegations of misconduct, neglect and/or abuse as against the House Leader at ██████ House ████████████ and against ████████████ at ██████ House. You also alluded to additional abuse and misconduct by other assistants but did not share their names. These allegations are very serious and if proven to be true would have consequences for their continuing employment, as well as reporting requirements to the Ministry of Children, Community and Social Services. As such we asked you to provide details of your allegations. In response, you refused to provide any details and indicated that you don't agree with our policies and supported a statement from another assistant that they "don't believe in forms". In addition, you subsequently denied making allegations against any other employee of L'Arche Toronto. These denials are patently false and directly contradict the verbal allegations (to the effect that several staff that you refused to name were engaging in abuse and misconduct) made by you on Feb 25th/ March 10th, 2020 when meeting with ████████ ██████ and ████████████
Executive Director   Member of Management

Sabine, L'Arche ████████ absolutely welcomes, and indeed requires, assistants to report allegations of abuse, neglect, and harassment. Assistants bringing forward allegations of this nature in good faith will be protected from retaliation or reprisal for having down so. However, where an assistant brings forth allegations that are not made in good faith, or refuses to follow procedures to substantiate allegations they have made, this may be a serious disciplinary offence warranting corrective action, up to and including termination for just cause.   False or unsubstantiated allegations against a co-worker have serious consequences for the co-worker and L'Arche, causing damage to reputation, careers, poisoning the work environment, and emotional distress all around.

Given your refusal to complete the required paper work in relation to the allegations you have made (an act of insubordination and misconduct in itself), as well as your retraction of certain allegations you have made in previous discussions (which indicates dishonesty now or in the past) we are providing you with a written warning. Should you engage in further misconduct, including but not limited to: a) making allegations against co-workers other than in good faith; b) making dishonest statements in the course of an inquiry into allegations of misconduct; c) poisoning the work environment; or d) refusal to follow appropriate procedures and complete required forms as directed by your employer, you may be subject to further discipline, up to and including termination for just cause. We trust that will not be necessary.

Sabine, we value you as an employee and sincerely hope that we can move past this episode to establish a positive working relationship as between you and your co-workers and you and the Leadership Team moving forward.

Sincerely,

██████████

████████████ / **Executive Director**

Notes

[1] I use the term settler state as informed by King, "With regard to language, we moved fluidly between the terms colonial, settler colonial, and white settler state to explain social relations in what we now know as Canada and the US" (2013, p.201). Please see King, T. J. (2013). *In the Clearing: Black Female Bodies, Space and Settler Colonial Landscapes* [Doctoral Theses]. University of Maryland. See also Snelgrove, C., Dhamoon, R.K. & Corntassel, J. (2014). Unsettling settler colonialism: The discourse and politics of settlers, and solidarity with Indigenous nations, *Decolonization: Indigeneity, Education & Society, 3* (2), 1-32. http://www.corntassel.net/Unsettling.pdf.

[2] I use the term "heteropatriarchy" as informed by King (2013) who cites Andrea Smith (2006) to identify the violence of patriarchy as intertwined with the violence of compulsory heterosexuality. While I could not trace the precise roots of the term "cisheteropatriarchy", I circulate cissexism as informed by Julia Serano (2007), and understand "cis" in "cisheteropatriachy" as identifying heteropatriarchal violence as inextricable from anti-trans violence.

[3] I use the term body-mind as informed by Eli Clare (2017) to acknowledge that bodies and minds are inseparable in rejection of the doctrine of cure, which circulates an understanding that they are in fact, separable. Such an ideology pedestalizes the mind over the body, and this supremacy is harmfully leveraged as the foundation of personhood.

[4] In SIPDDA, "cognitive functioning" means a person's intellectual capacity, including the capacity to reason, organize, plan, make judgments and identify consequences" (S.O. 2008, c. 14, s. 3 (2)).

[5] In SIPDDA, "adaptive functioning" means a person's capacity to gain personal independence, based on the person's ability to learn and apply conceptual, social and practical skills in his or her everyday life" (S.O. 2008, c. 14, s. 3 (2)).

[6] In the Homes for Retarded Persons Act, "retarded person" means a person in whom there is a condition of arrested or incomplete development of the mind as verified by objective psychological or medical findings, and whose best interests would be served by admission to an approved home" (R.S.O. 1990, c. H. 11, s. 1)

[7] See Pengra, L.M. & Godfrey, J. G. (2001). Different Boundaries, Different Barriers: Disability Studies and Lakota Culture. *Disability Studies Quarterly, 21* (3), 36-51. https://dsq-sds.org/article/view/291/331

[8] Edouard Onesimus Seguin was a 19th century French educationist who concerned himself with the education of children labelled as "idiots". Owen and MacFarland (2002, p.27) cite the National Institute on Mental Retardation (1981, p.5) in their documentation that The Paris Academy of Science declared Seguin to have "solved the problem of 'idiot education'" in 1844. In 1846 Seguin published a book titled *Traitment Moral, Hygiène, et Education des Idiots* (The Moral Treatment, Hygiene, and Education of Idiots and Other Backward Children). Following political disturbances in France, he relocated to the United States, where he became the first president of the Association of Medical Officers of American Institutions for Idiotic and Feeble-Minded Persons (which later became the American Association on Mental Retardation) in 1876 (Owen & MacFarland, 2002).

[9] Samuel Gridley Howe was also a 19th century educationist. In 1845 he headed a commission for the Commonwealth of Massachusetts to investigate "idiocy". Howe's commission published a report in 1848, with an appendix documenting the "causes of idiocy". Later, Howe founded the Massachusetts School for Idiotic and Feeble-Minded Youth, where he was briefly joined by Seguin in his work. Howe identified moral degeneracy and hereditary factors as causes for "idiocy" (Howe & Miller, 1993, p.587).

[10] Alfred Binet was a French psychologist credited with inventing intelligence testing with Théodore Simon, in 1905 (Minton, 1998). The Binet-Simon intelligence test was used by eugenicists like Henry H. Goddard, as a basis to diagnose large numbers of children as "feeble-minded" and institutionalize them (Baker, 2015).

[11] In SIPDDA's General regulation, "Standardized intelligence tests "means a test that is recognized as a standardized test because of its standardization, norms, reliability and validity" (O. Reg. 276/10, s.1).

[12] In SIPDDA's General regulation, "Habilitative support "means support where the objective of the support is to enable the person to acquire, retain and improve skills and functioning related to activities of daily living in the areas of self-care, communication and socialization" (O. Reg, 276/10, s.2 (2)).

[13] Intensive support residences are 'homes' where a maximum of 2 adults labelled with developmental disabilities reside and can access supports and services from an agency on a full-time basis (Ministry of Children, Community and Social Services, 2009).

[14] Supported group living residences are 'homes' where a minimum of 3 adults labelled with developmental disabilities reside and can access services from an agency (Ministry of Children, Community and Social Services, 2009).

[15] Host family living residences are 'homes' where adults labelled with developmental disabilities reside, with families that are not their own. They can receive support and services from the families. The families are financially compensated by agencies for the services they provide (Ministry of Children, Community and Social Services, 2009).

[16] Supported independent living residences are living arrangements where adults labelled with developmental disabilities can reside independently but receive some supports and services from agencies (Ministry of Children, Community and Social Services, 2009).

[17] The Huronia Regional Center was opened in 1861 in Couchiching Beach Park (Orilla) as one of the first institutions to incarcerate people labelled with developmental disabilities in Ontario. At the time, it operated under the name of the Convalescent Lunatic Asylum. In 1870, it changed its name to the Hospital for Idiots and Imbeciles. Around 1891 it changed its name again to the Hospital for the Feebleminded. In 1926 it was renamed The Ontario Hospital. It was renamed again during the 1930's as the Ontario Hospital School. Its name was changed one last time to the Huronia Regional Centre in 1974. At its 'peak' the institution's incarcerated population totalled 2,600 people in 1968. The name changes are significant because they highlight that hospitals and schools are also carceral institutions. The Huronia Regional Centre was closed in 2009, as part of the Huronia Class Action suit by survivors against the province. It is estimated that between 1876 and 2009 more that 50,000 children and adults labelled with developmental disabilities were incarcerated in the province's 16 institutions. While I use the term **incarcerated** in this note, as well as in notes 18 and 19, I think it is a significant omission of the truth that the MCCSS website does not (MCCSS, 2018).

[18] Rideau Regional Centre was opened in 1951 in Smith Falls as the Ontario Hospital School. It was renamed Rideau Regional Hospital School and again in 1974 as the Rideau Regional Centre, revealing similar trends in rebranding through name changes as Huronia. At its 'peak' the institution's incarcerated population totalled 2,650 people. It was closed in 2009 (MCCSS, 2018).

[19] Southwestern Regional Centre was opened in 1961 in Chatham-Kent as the Ontario Hospital School for Retarded Children at Cedar Springs. Incarcerated residents of Huronia were transferred to this detainment facility when it reached capacity. In 1971 its incarcerated population totalled 937 people. This institution was closed in 2008 (MCCSS, 2018).

[20] According to the Employment Standards Act, "An individual who performs work in a simulated job or working environment if the primary purpose in placing the individual in the job or environment is his or her rehabilitation" can be paid less than minimum wage (S.O. 2000, c.41. s. (5)). This pertains to people labelled with developmental disabilities working in sheltered workshops.
On November 22nd, 2017 Kathleen Wynn's Liberal Government passed Bill 148 also known as the Fair Workplaces, Better Jobs Act. This legislation removed the aforementioned exemption, requiring sheltered workshops to pay its workers a minimum wage as a consequence. Doug Ford's PC government exploited the lack of transition funding and consequent closure of sheltered workshops by championing these worksites as a benefit for people labelled with developmental disabilities. On November 21st, 2018 his government passed Bill 47 also known as the Making Ontario Open for Business Act. This legislation has indefinitely delayed the repeal of the exclusion in the ESA, which was scheduled to be repealed on January 1st, 2019.

[21] The use of the term "fungible" in this work is borrowed from its theorizing by Black women scholars Hartman (1997, 2007), King (2013), and Bilge (2020).

[22] The Medical Industrial Complex as informed by Mia Mingus is the system of medicalized healthcare under capitalism. "It is a system about profit, first and foremost, rather than "health", wellbeing and care. Its roots run deep, and its history and present are connected to everything including eugenics, capitalism, colonization, slavery, immigration, war, prisons, and reproductive oppression" (Mingus, 2015, para 3).

[23] Peter Sandiford was a twentieth century English educational psychologist who became a Canadian settler in 1913, as part of an appointment to the College of Education at the University of Toronto. A member of the Canadian National Committee for Mental Hygiene and early educational eugenicist, Sandiford was a leading advocate for intelligence testing in public schools in Canada; promoting Anglo-whiteness as superior intelligence, and racialized people as prone to being "mentally defective". He was a primary voice in propaganda surrounding the inadmissibility of "mentally defective" immigrants in the 1920's (Thomson, 2018).

[24] Harry Ambrose Tanser was a Superintendent of Schools in Chatham, Ontario, and published the dissertation in 1939 titled *The Settlement of Negroes in Kent County, Ontario, and a Study of the Mental Capacity of Their Descendants.*

[25] Drapetomania was a mental illness invented in 1851 by the slaveholder Samauel Cartwright, who was regarded as a physician and a professor at the University of Louisiana. He combined two Greek words, one meaning "runaway slave" and the other meaning "insane" (Bennet & Calman, 1999), to label Black people resisting slavery as mentally ill

[26] Dysaesthesia aethiopica is another mental illness invented by Cartwright to pathologize enslaved people performing their tasks in a way that he understood to be 'half-asleep' (Esch & Roediger, 2009).

[27] Hysteria was invented as a moral and emotional derangement in women in the 19th century, one that could be regulated by operating on female reproductive organs. This resulted in the practice of gynecological surgeries on

women labelled as insane. "In the case of gynecological operations on insane women the journals revealed that Canada actually led the field as represented by the efforts of the London Asylum" (Mitchinson, 1980, p.132).

[28] In the QAM regulation:

> "behaviour support plan" means a document that is based on a written functional assessment of the person that considers historical and current, biological and medical, psychological, social and environmental factors (a bio-psycho-social model) of the person with a developmental disability that outlines intervention strategies to focus on the development of positive behaviour, communication and adaptive skills (O. Reg. 299/10, s. 15 (2))

[29] See Submission to UN Special Rapporteur on the Right to Housing for her next report to the UN General Assembly, 72nd Session (2017). *Meeting Canada's Obligations to Affordable Housing ans Supports for People with Disabilities to Live Independently in the Community: Under Articles 19 and 28, Convention on the Rights of Persons with Disabilities And under Articles 2 and 11, International Covenant on Economic, Social and Cultural Rights.* https://cacl.ca/wp-content/uploads/2018/05/Canada-Right-to-Housing-for-Persons-with-Disabilities-May-15-2017.pdf

[30] SIPDDA's QAM regulation makes the following provisions for intrusive behaviour interventions:

> 1. Physical restraint, including a holding technique to restrict the ability of the person with a developmental disability to move freely, but does not include the restriction of movement, physical redirection or physical prompting if the restriction of movement, physical redirection or physical prompting is brief, gentle and part of a behaviour teaching program.
> 2. Mechanical restraint, which is a means of controlling behaviour that involves the use of devices and equipment to restrict movement, but does not include any restraint or device,
> i. that is worn most of the time to prevent personal injury, such as a helmet to prevent head injury resulting from seizures or a device to safely transport a person in a motor vehicle,
> ii. that helps to position balance, such as straps to hold a person upright in a wheelchair, or
> iii. that is prescribed by a physician to aid in medical treatment, such as straps used to prevent a person from removing an intravenous tube.
> 3. Secure isolation or confinement time out in a designated, secure space that is used to separate or isolate the person from others and which the person is not voluntarily able to leave.
> 4. Prescribed medication to assist the person in calming themself, with a clearly defined protocol developed by a physician as to when to administer the medication and how it is to be monitored and reviewed (O. Reg. 299/10, s. 15 (4)).

[31] The Judge Rotenberg Center, founded in 1971 as the Behaviour Research Institute in Canton, Massachusetts, is an institution of children and young adults labelled with intellectual disabilities, notorious for its practice of aversive behaviour modification therapies, including electric shock therapy. Following years of advocacy by self-advocates like Shain Neumeier and Lydia X.Z. Brown, the U.S. Food and Drug administration published a ban on electrical stimulation devices used for self-injurious or aggressive behaviour in March 2020 (Brown, 2020).

[32] Walker (2012) describes "neurominority" as "a good, non-pathologizing word for referring to all the people who aren't neurotypical" (p.233)

[33] Walker describes "neurodivergent" to mean "having a brain that functions in ways that diverge significantly from the dominant societal standards of "normal"" (2014, para 23).

[34] L'Arche is an international federation of non-profit agencies which monetize ableism against people labelled with developmental disabilities and capitalizes on the poverty and displacement of global south care workers through white supremacist globalization. L'Arche was founded in the 1960's by the late serial rapist and white saviour Jean Vanier. In Canada there are currently 31 L'Arche agencies, most operate group homes with a live-in model for care workers, and several operate day programs and sheltered workshops. L'Arche Canada is LMIA exempt as part of the International Mobility Program: Canadian Interests – Charitable or religious work [R2059d0] (exemption code C50). According to this exemption "L'arche, which relies on people to live full time in a group home with people who have developmental disabilities workers in the homes are remunerated, but they are committed to *taking care* of the people who have developmental disabilities *on an almost 24-hour basis*" (my emphasis).

[35] The Passport program is directly funded by the MCCSS under section 11 of the MCSS Act and section 9 of SIPDDA, to provide funding to people labelled with developmental disabilities for classes, support workers, day programs, etc. Passport funding can be accessed by applications to one's local DSO. Passport funds may be disbursed directly to the individual, to a transfer payment agency for services rendered to the individual, or a combination of direct funding and payment to agency.

[36] NOC 4212 is the National Occupation Classification code i.e. labor statistics group for Community and Social Service Workers. Each digit communicates information about the entire code. The first number (4) relays that the

sectors the workers are in – eductation, law, social and government services. The second number (2) indicates the workers are expected to have some college education or skill training. The last two numbers (12) exist to distinguish this NOC group from similar ones. The following are some categories of workers that fall under this NOC group: Aboriginal outreach worker, addictions worker, community development worker, crisis intervention worker, developmental service worker to name a few (HRSDC, 2011).

[37] Zero-hour contracts are those by which workers are contracted with no guaranteed hours. This is quite common in Ontario's developmental services, in which many workers are only given respite or relief contracts, which require them to work shifts on an as needed basis, with the possibility of shifts being shifts or losing shifts at notice as short as 2 hours (Standing, 2011 and personal experience).

[38] ABA is prominently funded and featured as fundamental to the Ontario Autism Program's clinical framework as stated on its website. See Ministry of Children and Youth Services. (2019, October 4). *Ontario Autism Program: behaviour plan budget instructions*. https://www.ontario.ca/page/ontario-autism-program-behaviour-plan-budget-instructions

[39] E.A. Ross was a racist. See Solomos, J., & Collins, P. H. (2010). *The SAGE handbook of race and ethnic studies*. Los Angeles: SAGE. In this work they cite Frazier (1949) and Hofstadter (1967) to describe the violence of sociologists like Ross, "their social Darwinian, cultural evolutionary and eugenicist perspectives added further layers of obfuscation that served to rationalise the discriminatory practices employed against African Americans and other so-called 'inferior races'" (p.135).

[40] J.B. Watson was a prominent eugenicist and was a founding member of the Eugenics Research Association (Yakushko, 2018, p.3).

[41] See Developmental Services Ontario. (2017, November). *Developmental Service (DS) Compliance Inspection: Indicator List*. https://www.mcss.gov.on.ca/documents/en/mcss/developmental/EN_DS_Indicator_List.pdf

[42] Behaviours that challenge are defined in the QAM regulation as:

> behaviour that is aggressive or injurious to self or to others or that causes property damage or both and that limits the ability of the person with a developmental disability to participate in daily life activities and in the community or to learn new skills or that is any combination of them (O. Reg. 299/10, s. 15 (2).

[43] On its website The Mandt System describes itself as a holistic evidence-based training to mitigate workplace violence. It has been operating since 1975. While I experienced this system as non-intersectional and ableist, I experienced it as less violent than CPI. See The Mandt System. *About Us.* https://www.mandtsystem.com/about-us/

[44] According to their website The Crisis Prevention Institute (CPI) was established in 1980 in the US settler state. It claims to teach non-violent crisis intervention which is obviously a lie since it is very violent. I have been taught physical restraint procedures as part of this training, which just reinforces how permissive violence is rebranded as non-violence. See Crisis Prevention Institute. *About Us.* https://www.crisisprevention.com/en-IE/About-Us

[45] While there is significant heterogeneity in definition, generally speaking polypharmacy is a term used to describe the prescription of multiple medications to a patient, which may or may not coincide with a patient being characterized by multi-morbidities. This means that in the cases of some patients and their needs, 'appropriate polypharmacy' is used to describe their circumstances, while others who are indiscriminately being prescribed too many drugs might only have the term 'polypharmacy' used in reference to them (Masnoon, 2017).

[46] See Davis, A. Y. (1998, Oct 31). Masked racism: Reflections on the prison industrial complex; what is the prison industrial complex? why does it matter? *Colorlines, 1*, 11. http://ezproxy.library.yorku.ca/login?url=https://www-proquest-com.ezproxy.library.yorku.ca/docview/215541848?accountid=15182

[47] The revolt of 1857 is a crucial point in Indian history because it emphasizes the colonial imperialist strategy of "divide and rule". At the time of the revolt, the East India Company represented British presence in the subcontinent. The company had built armies of conquest, which primarily comprised of Indian soldiers. While there were arguably many causes that lead up to this uprising, one that Indian soldiers in the Bengal army rallied around was their opposition to the Enfield rifle. The cartridge for this newly introduced rifle was greased with pig and cow fat and need to be bitten off before it was loaded into the gun. This disrespected the religious beliefs of both Hindu and Muslim soldiers from different regions. The revolt was unsuccessful, and the British Crown took assumed control of the Company's territories as a consequence. After this, the British we careful to avoid another mutiny, which they ensured by engaging in what Farooqui (2015) describes as military ethnography i.e. recruiting and enlisting soldiers based on stereotypical fictions about race, ethnicity, caste, and religion, ascribing superior martiality to people from the northern states in favour of lighter skin, wheat consumption, and proximity to whiteness. The Crown actively promoted "divide and rule policy" in tandem, instructing its officers to stoke antagonism and rivalry on the basis of invented racial martial groups between different soldiers and armies from different communities. This strategy abated any resistance to the Crown, because soldiers in these armies were preoccupied by communal hostility and aspiring to whiteness (Farooqui, 2015).

[48] See Lebrecht, J. & Newnham, N. (2020). *Crip Camp* [Film]. Higher Ground Productions, Rusted Spoke, Little Punk, Just Films, Ford Foundation.

[49] See Sins Invalid. (2019). *Skin, Tooth, and Bone: The Basis of Movement is Our People A Disability Justice Primer*. Berkeley, CA: Sins Invalid.

[50] See Mingus, M. (2015, February 6). *Medical Industrial Complex Visual.* Leaving Evidence. https://leavingevidence.wordpress.com/2015/02/06/medical-industrial-complex-visual/ While this is a complex idea best understood by reading and sitting with the work, briefly, it may be understood as, "that elusive, hard to describe feeling when someone else "gets" your access needs. The kind of eerie comfort that our disabled self feels with someone on a purely access level" (Mingus, 2011, para 4).

[51] As informed by Green and Ellison, "flexible collectivities are those that are capable of operating across normativizing and violative configurations of race, gender, class, sex, and sexuality" (2014, p.222).

[52] Patricia Hill Collins explains flexible solidarity as follows: "Historically, Black women intellectual-activists developed forms of political action that were characterized by a *flexible solidarity,* one where alliances within African American communities have been grounded in ongoing relationships of compromise and contestation" (2017, p.1469).