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Symposium Keynote Address

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Symposium Keynote Address: Decarcerating Disability

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LIAT BEN-MOSHE: This talk is based partially on my book, "Decarcerating Disability,"[1] which came out during early COVID-19, and let me just tell you that it's a very interesting thing to do during a global pandemic. So, I'm really looking forward to the conversation because there's not a lot of in-person interaction that we get to have during the pandemic.

The goal of the talk today is to allow for an analysis in which disability and madness are prominent to the analysis of incarceration and analysis of decarceration and abolition specifically. Today, I'm going to focus on lessons from deinstitutionalization. Basically, how it happened. I'm going to do that very briefly. The book is very long so I'm just going to focus on one or two things which is the role of lawsuits and exposés particularly lawsuits, since this is, you know sponsored by a Journal of Law—two journals of law actually, I'm sorry—combined. So, the first one is the role of lawsuits in creating deinstitutionalization and I will also explain what deinstitutionalization is, and secondly, the difference between reform and abolition. Then I'm going to talk a little bit about carceral ableism and sanism, I'm going to explain all the terms and lastly, I'm going to continue the conversation that started this morning in the first panel around alternatives to incarceration and its critiques.

I. MAD/CRIP OF COLOR CRITIQUE OF INCARCERATION AND DECARCERATION

[1] LIAT BEN-MOSHE, DECARCERATING DISABILITY: DEINSTITUTIONALIZATION AND PRISON ABOLITION (2020).

So, in all my work over the years, I and many others have tried to broaden what gets to be defined as incarceration and decarceration. Incarceration happens in various locales. We should look at incarceration as a type of logic and not a place; it's something that happens in nursing homes, in prisons, in institutions to people labeled as intellectually, developmentally, or psychiatrically disabled, in immigration facilities and much more, of course.

But the point of this work, which connects prison work and abolition work to the work of disability and mad studies, is that medicalization is a related conduit to criminalization in that they both entail surveillance, policing, and confinement. The point of it is to help us view radical mental health and disability justice and organizing as carceral abolition issues and vice versa, so people who care about abolition of prison should really understand more about madness and disability. And people who care about disability rights, disability justice, mad pride, mad movements, and anti-psychiatry should really care more about abolition and anti-prison work. The rest of my time here today is to convince you of that…

So, what I'm going to offer today, and this is what I offer in the book, is a mad or crip of color critique of incarceration and decarceration. The words "mad" and "crip" are words that have been reclaimed by people who self-identify as such. Often people think that I mean mad like angry, which could be, but it's mad as in crazy. So people have reclaimed the word "mad" as an identity, a political kind of designation, understanding their mental health difference is not a deficit, but a form of identity and culture. The same with "crip," which is usually people with physical disabilities, but not only, who have reclaimed that word to designate a political kind of convergence, identity, and culture.

Mad or crip of color critique of incarceration and decarceration, though, is not just about people who identify or politicize as disabled or mad people or even people of color who are caught up in these systems, although it's

really important to recognize the high number of disabled people, especially young disabled people of color in carceral systems.

My point in offering this analysis is that it centers the experiences of disability, ableism, and sanism in criminal, racial, and social justice movements by connecting the work of prison abolitionists and theorists to disability and madness.[2] Through disability and madness, we can understand how criminalization entails the construction of race, especially Blackness, and the construction of disability, especially mental difference, the construction of those identities as dangerous and in need of correction. The idea is to then combat this coalitionally, that what we really need is intersectional struggles for abolition and liberation.

So, what do we gain and what do we lose when we talk about incarceration and disability together? Discussing mass incarceration and decarceration without referring to disability avoids understanding disability as a critical analytical category so, there are all fields of study that are led by the disabled and mad people, fields of study that are called disability studies and mad studies. Sometimes they're together and sometimes they're apart. But, they view disability as an identity, as a form of a culture, as something that has a history, and not all of us who are disabled identify as disabled. I have been disabled for most of my life, but it took me a long time to understand disability politically. Disability studies and mad studies are not just sources of knowledge or scholarship that come from mad and disabled people, but they also look at disability and madness analytically.

Secondly, if we don't understand mass incarceration and decarceration through the lens of disability and madness, then we sidestep disability, as well as madness, as a way to view the world, as a lived experience.

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[2] For a definition of ableism, *see* Talia Lewis, *Working Definition of Ableism–January 2022 Update*, TL'S BLOG (Jan. 1, 2022), https://www.talilalewis.com/blog/working-definition-of-ableism-january-2022-update; for a discussion of sanism, *see* Michael L Perlin, *On Sanism*, 46 SMU L. REV. 373 (1992).

What I hope this talk does, especially for people who are legal advocates and people who are new to this, is it gives people some disability and madness competence. For example, if we take a crip or mad of color critique of incarceration we will notice that both disability studies, mad studies, indigenous studies, and critical prison studies all look at rehabilitation critically. All of these fields look at rehabilitation as a form of assimilation, as a way to normalize people, as a way to revert people into normative expectations as opposed to changing the expectations, the environments, the culture, and so on. If people are interested in these indigenous perspectives, I highly recommend the work of scholars like Luana Ross.[3] Luana Ross looks at the law as a settler colonial weapon and as tool of cultural erasure and genocide. So, from that work and the work of many others, rehabilitation, which was something that was done in order to "civilize people," particularly indigenous people; for example, kidnapping children in what was called the "boarding school movement," which was very prevalent in Canada, but also existed in the U.S. or I should say, on this side of Turtle Island. The idea behind this analysis is to understand the that the desire to correct, to fix people, has a very eugenic route to it. The desire to fix or correct people through medical, surgical, and chemical treatments, and also through segregation, incarceration, and the "child welfare system," which is basically kidnapping children. Correction, by either literal correction industry or medical correction—the idea is to normalize people to fit particular norms regarding bodily function, behavior, and appearance. I'm just giving you one example. There are literally infinite examples of what happens when we use a crip or mad of color analysis. What happens when we look at things through this kind of intersection, all critical understanding of incarceration, what do we gain? Then, what do we lose if we don't?

[3] LUANA ROSS, INVENTING THE SAVAGE: THE SOCIAL CONSTRUCTION OF NATIVE AMERICAN CRIMINALITY (2010).

Lastly, discussing mass incarceration and decarceration without referring to disability really sidesteps a whole additional way to inform policy and activist resolutions to social problems like incarceration. Put another way, even though I've been disabled most of my life, I was politicized as disabled much later on; I became more knowledgeable of anti-psychiatry movements, neurodiversity movements, and so on later on. I didn't know that these movements have a history, I didn't know that they have activists and ancestors, and after I uncovered this with my research, I try to highlight these instances.

II. Genealogy of Deinstitutionalization as Abolition

Deinstitutionalization is one of many histories of resistance of disabled and mad people resisting their own confinement. When I and other abolitionists talk about abolition, one of the critiques we often hear is that, "Okay, fine, I understand incarceration is terrible but abolition doesn't really offer us any specific alternatives." Or people often say it represents a utopian vision of the world that surely can't happen in the current circumstances. Critics say it's very unrealistic and we should wait until the proper conditions and alternatives are in place. I hear very often that this "would only work in much smaller countries, and this could never work in places like the U.S. or Canada, this can only work in Sweden or Norway. Surely it can't happen here."

Well, learning from deinstitutionalization really changes this discourse and these critiques because the abolition of carceral enclosures is not a utopian dream for the future. It's something that has already happened and is happening in the U.S. and in Canada in the form of the abolition or deinstitutionalization of mental health in the field of intellectual and developmental disabilities. It has resulted in massive closures of residential institutions and psychiatric hospitals. This is not to say the closures are total abolition or complete and we can all go home. Absolutely not; but surely, we can learn lessons from this massive closure of carceral facilities, about how to connect it to prison abolition as well as lessons about what we

should not do if we want to move to a more radical, evolutionary vision of the world.

When I say "deinstitutionalization," the traditional definition is "the transition of people with psychiatric and or intellectual or developmental disabilities from residential state institutions and hospitals into community living." The second part of this more traditional definition, which I totally agree with, is that it's not just the transition of people, but also the closure of these large, mostly state-sponsored or funded institutions and hospitals for disabled people. But what I want to add to the definition of deinstitutionalization is that it's not just a process, it's a logic, and it's a movement. In fact, it's more than one movement. It's something that people fought for, including a lot of disabled people, mad people, their allies, physicians, nurses, policy people, lawyers, and so on. They fought for it and for the most part, they won, in the sense that a lot of these facilities have closed. We can talk more about some of the problems you know that occurred with that, but surely, we can learn from that as well, so deinstitutionalization is not just something that happened but it's something to learn from.

In my book, I tried to chart a genealogy of deinstitutionalization, and here I just want to say two points about it. The first is that it happened, and in a lot of states in the U.S., it's still happening. Some states have closed very few institutions. Currently, around fifteen states in the United States no longer have large residential institutions for people with intellectual disabilities so deinstitutionalization and the closure of these institutions have been a major policy trend in most states, not all, in the past few decades. The second thing is that there were actually two kinds of deinstitutionalization. When I say deinstitutionalization, people usually think of psychiatric disabilities, but there are actually two kinds: deinstitutionalization in psychiatry and deinstitutionalization in the field of intellectual disability. These did not happen at the same time, the

deinstitutionalization of intellectual disability happened about fifteen years later, but it's really important to remember that these two things happened.

But, instead of learning from the lessons of deinstitutionalization for decarceration and for abolition of prisons, deinstitutionalization is often blamed for the rise of prisons. People often blame the closure of psychiatric hospitals and say, "Oh, psychiatric hospitals closed leading to people in the streets and people ending up in jails and prisons, it's a revolving door." So, these two phenomena, the rise of incarceration and decline of institutions, disability institutions, are seen as one leading to the other; they're pitted against each other, and I want us to resist that with all our might, and instead push for building coalitions that resist all sides of confinement. Prisons are not the new asylums. Demographically it's not true and it's not true in terms of the timing of when those two things happened. We really need to interrupt this discourse because by painting deinstitutionalization as the culprit for the rise of "crazy" people in prisons and jails, we then don't talk about how prisons and jails are maddening places. Then we forget the state violence and instead blame those who fought for people with psychiatric disabilities to not be incarcerated in psychiatric facilities for the rise in imprisonment. It's very obvious that there are a lot of disabled and mad people in prison and jail. But let's not also forget that the places themselves are disabling and maddening.

This discourse around "new asylums," of jails becoming bigger because psychiatric hospitals closed, really dissuades us from understanding deinstitutionalization as a logic, as a mindset, and as a movement, as I have suggested. Institutionalization, mad people tell us, is not the solution for dealing with mental differences, it's the problem. So, if you want to deal with the fact that there are so many people with mental health differences in jail, we should abolish jail, we should not put people back in mental health facilities, which are also carceral.

If we don't listen to people who are mad or disabled, we will hear a totally different story about this. We will hear the story of the failure of

deinstitutionalization that then led to the rise of mad people in jails, that we need more mental health jails and psych hospitals, but mad people will tell you that's not what we need.

Secondly, deinstitutionalization is not just a policy change, although it was also that, it's also meant to be an ideological shift in the way that we react to differences among us. So, the failure here was a failure of policy, failed purposely. Deinstitutionalization was the biggest decarceration movement in U.S. history.

So, why then vilify it now? Deinstitutionalization had started to happen in the late 50s in mental health and in the 70s in the field of developmental disabilities, why are we still talking about deinstitutionalization now? The reason is that the stakes are very high in this kind of vilifying narrative of the new asylums.

So, I just want to do a very fast kind of overview of the narrative and I'm going to try to problematize for you some of this narrative while I talk about it. There was, in the 60s, a complete change in federal programs and policies. Until 1965, we didn't have things like Medicare and Medicaid in the U.S., so we didn't have waivers; for example, how to use federal money for disability benefits outside of an institution. This was meant to decrease the reliance on institutionalization and psychiatric hospitalization. Unfortunately, one of the things that also happened, not necessarily the intention, is that it created an institutional bias in which the money goes to the place, not the person. There's a lot of activism of disability rights organizations, currently too, that try to change that so the money goes to the people and not to the place.

Another important factor in deinstitutionalization that I think would be of interest to people today is this idea that psychopharmaceuticals, particularly Thorazine, led to the ultimate deinstitutionalization, particularly in psychiatric hospitals. There's this myth that Thorazine was discovered sometime in the 50s and it was utilized in psychiatric hospitals so the patients could be let free because they could just take medications and be

fine in their own homes. Of course, everything I just said is inaccurate and oppressive and I'll suggest why.

First of all, this is only discussed as a factor in psychiatric hospitals, even though Thorazine was used incredibly pervasively in institutions for people with intellectual disabilities and in places like Willowbrook, for example, a very notorious institution. One of the physicians there (William Bronston) said that almost 100% of the people there were on Thorazine at the height of institutionalization. But I've never seen in the literature, that discussed as something that liberated people with intellectual disabilities out of institutions, and it was used very liberally in those places. So what is it then about Thorazine that makes it such an interesting kind of hook, for us to hang deinstitutionalization on?

Judith Swazey says why.[4] She wrote a really interesting book about the genealogy of Thorazine and she shows that it was really a cost-effective measure of institutionalization. People use it in psych facilities not to liberate people, they use it to make people docile so they would be able to go to group therapy and other forms of therapy and they would be quiet in the big wards. This is the height of institutionalization. It was not meant as a liberatory type drug in any way, nor was it even advertised as such by the company that made it.

So again, why is Thorazine the narrative for deinstitutionalization? It's because it fit within this "scientific" discourse of psychiatry at that time. We didn't always have bio psychiatry like we have now. Bio psychiatry in the U.S. arose in a particular time and, in order to justify itself as a science, psychiatry had to do various things. One of the things was to cement mental illness as an entity. You may be either relieved or surprised to learn that mental illness is not an entity, it's a manufactured entity. People have been mad all the time and people have been crazy since the dawn of time, but the

[4] JUDITH P. SWAZEY, CHLORPROMAZINE IN PSYCHIATRY: A STUDY OF THERAPEUTIC INNOVATION (1974).

idea of *mental illness* arose in a particular historical time under a particular historical context (as Foucault eloquently shows). And so, psychiatry had to kind of cement mental illness and it had to cement itself as the curator of said illness, and this was done through the story of Thorazine.

We really have to be critical of this narrative of how deinstitutionalization happened because, again, the result is that it pits mad and disabled knowledge against abolition and decarceral movements.

III. INSTITUTION AND PRISON PUBLIC INTEREST LITIGATION DROVE REFORM, NOT ABOLITION

The other leading factor, or what people say was the leading factor to deinstitutionalization, and this is true not just in psych hospitals, but also in institutions for people with intellectual and developmental disability labels, was institutional reform litigation. Basically, class action lawsuits that were much more prevalent in the 60s and 70s, but I'll also give a current example. In essence, what happened in those lawsuits is that in advocating for the rights to habitation and other rights they tried to establish for people who were incarcerated in these facilities, they mandated institutions to—or they tried to mandate institutions to—increase the quality of care. This was very novel and was really smart. The idea was that if we make institutions really expensive, the state won't be able to keep them open and, in essence, they will be forced to close. I talk a lot in my book about whether this was an abolitionist strategy or reform strategy or something in between. But the idea was that many of these institutions were already dilapidated at the time that new ideologies like community living, the developmental model in disability, and all of these new theories and professional knowledge were starting to take hold and appear in court at the same time that institutions were really getting costly to maintain. So the idea was, let's push it further legally and try to get them closed. And this is in fact what led to a lot of these spaces getting closed initially because of people like Reagan, who was then the governor of California, very famously compared psych hospitals to hotels and threatened to close every psychiatric hospital in the

state of California because they are so costly. He ended up not closing all of them, but came close, and of course never established anything in their place, which was the point of community mental health and one of the points of deinstitutionalization.

At the same time, one of the factors that led to deinstitutionalization and the rise of incarceration was neoliberalism. Neoliberalism meant cutbacks to any kind of federal welfare programs, education, and anything that's helpful for the citizenry that is considered too expensive because it's much more important to balance budget and to prioritize things. So, cuts in social services, while at the same time, governments increase spending on corrections and punishment. This has been the case since Reagan was president and even before, when he was governor, so from the end of the 70s until right now. Until today, and probably tomorrow, the policy that we have is to cut back on social services, while at the same time federally funding punishment and corrections, and this is what led to the rise in incarceration. It's an evisceration of housing, an evisceration of any kind of health care, a refusal to create health care for all, a refusal to fix the educational system. In some ways, these cutbacks led to de facto closure of facilities, a lot of it came from austerity of these neoliberal measures.

There were a lot of lawsuits and particularly exposés during and after World War II. There were conscientious objectors in World War II, meaning people who didn't serve in the army, who instead got sent to select facilities and institutions for people with intellectual disabilities and exposed the living conditions in those spaces.[5]

These lawsuits and exposés (in the 1960s and 1970s) exposed the horrid conditions in which people were institutionalized or incarcerated. They were shock and awe campaigns on TV and in popular magazines. They really brought the plight of those institutionalized and incarcerated into

[5] STEVEN J. TAYLOR, ACTS OF CONSCIENCE: WORLD WAR II, MENTAL INSTITUTIONS, AND RELIGIOUS OBJECTORS (2009).

national headlines at that time. The exposés and the lawsuits certainly had a big cumulative effect; they brought to the public imagination the horrid conditions of institutions, which then led to calls for reforms. People were thinking about concentration camps, and they were seeing people with disabilities. It had a political polarization and exposing effect. It also brought those who were institutionalized and their allies together in these lawsuits and, to this day, that's a really big power of legal advocacy and class action lawsuits. It often starts with whistleblowers within facilities and then it catches fire and really starts movements or cements movements.

For example, the seeds of self-advocacy started from a lot of people that were deinstitutionalized, people with intellectual disabilities who wanted to get their friends out. A lot of the early leaders were people who were initially institutionalized who met other people with intellectual disabilities inside and wanted to basically break them free.

This is lesson number one. These kinds of exposé- and lawsuit-driven reforms certainly resulted in a change in the degree of squalor of the institution. But guess what happens? What happened was not abolition. What happened was reform, and this is what activist and abolitionist Rachel Herzing calls "Tweaking Armageddon."[6] You can't tweak a catastrophe. The critique was to the conditions of confinement, but not the rationale of confinement. Questioning the efficacy of services does not lead to eroding the legitimacy of imprisonment, segregation, and caging people.

So, this is lesson number one: if you say stuff is bad, people are going to say okay let's make it better and guess what? They make it better and they don't abolish it. The institutions lagged behind decades after the lawsuits that sought to close them down. The lawsuits did not seek to actually abolish these places, they just sought some relief for their clients. I'm not

[6] Rachel Herzing, *Commentary: "Tweaking Armageddon": The Potential and Limits of Conditions of Confinement Campaigns*, 41 SOC. J., 190–95 (2014).

blaming them for doing that, but the cumulative effect was then decades added to these spaces of confinement being alive and financed by the state.

I want to end with a second lesson using an example and then give a quick summary. The second lesson is a current example of decarceration through the Court. This is in a case called *Coleman/Plata v. Schwarzenegger*.[7] Schwarzenegger was then the Governor of California. It's two cases that were combined in 2009 and they charged that the presence of so-called mentally ill people in prison was not an aberration, but an integral part of the current prison system, meaning that overcrowding and the current conditions in prisons were unjustifiable, so the lack of mental health services in prison is a human rights violation. And mass incarceration is not a temporary condition, which is what the State of California tried to tell the Court, and what the lawyers and advocates of the plaintiffs were able to show is that in fact, it was not a temporary thing. It's actually a thing that's been around for decades and it's not going anywhere so something has to be done, and something has to be done in terms of mental illness and disability. So, in that sense, it was a successful lawsuit because the plaintiffs won and the judges ordered California to reduce the number of prisoners to 137% capacity in two years, which is a reduction of approximately 40,000 people, which is a lot for California. So if anybody's looking at kind of numbers of incarcerated people and then there's like a dip, it's because of *Coleman/Plata*, which is great. The case really put mass incarceration itself on trial according to Jonathan Simon,[8] who is a prominent legal scholar at Berkeley, you can read his book about this case, it's so fascinating. But you know, of course, being me, I want to kind of end with a cautionary tale, then, about okay, what are the consequences of this for disabled and mad people and for activism?

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[7] Plata v. Schwarzenegger, 603 F.3d 1088 (9th Cir. 2010).

[8] JONATHAN SIMON, MASS INCARCERATION ON TRIAL: A REMARKABLE COURT DECISION AND THE FUTURE OF PRISONS IN AMERICA (2014).

So, disability and madness, in these cases that I just described, the cases that highlight the conditions in prisons and institutions, are often understood as a deficit, something in need of treatment and correction. So yes, this is a useful strategy in the sense that it brought to the public imagination, the condition of incarceration in institutions. People didn't necessarily know there were these institutions, people didn't know what was going on inside facilities. Now they know, but that knowledge only led to reform, not necessarily to abolition. What they saw was people with disabilities in horrid conditions and that caused them to also think of people with disabilities as these very incapable beings living in these spaces and they constructed them in their minds as either pitiful or dangerous.

The second thing that it did, is that it also attached disability and madness to individual people. It didn't let people see that what is actually happening is state violence of imprisonment and institutionalization itself. Prison is a technique of disablement, of getting people to be disabled and mad. It's a form of state violence. But that is not always or necessarily what you saw in these lawsuits and in these exposés.

And lastly, with the *Coleman* case, that strategy implied that regular incarceration—not the overcrowding part—is not enough to be litigated or be outraged about, but only the excess of it is, and this has really been, in my opinion, the unfortunate part of mental health and prison litigation in the last few decades. The idea is, under specific conditions, people should not be incarcerated—they're too young, the prison is not gender-responsive, we can't have trans people here, we can't have gay people here, we can't have mentally ill people here. But what about everybody else? None of this actually questions the legitimacy of actual prisons.

The legitimacy of prisons as a logic, the legitimacy of institutionalization as a logic, it only questions that those specific people shouldn't be in there, so everybody else is thrown under the bus. To me, strategies that are based on ableism and sanism cannot also be the frameworks that will set us free, (and let give you some brief definitions: Ableism is the oppression faced by

people due to disability, which constructs disability as inferior. And sanism is an oppression of mad people, due to the imperative to be seen or rational or you know "not crazy," "not mentally ill," and so on.)

IV. The Afterlife of Deinstitutionalization

To conclude, where do we go from here? I want to take this cautionary tale about deinstitutionalization and litigation and about the various factors that were used in deinstitutionalization to talk about what's going on right now, the afterlife of deinstitutionalization. What can we learn from that? What we can learn is very much related to the two panels that preceded me in this important symposium, about carceral expansion via treatment or corrections. This is what I call *carceral ableism* or *carceral sanism*. It's the practice and belief that people with disabilities need special or extra protections in ways that often expand and legitimate their further marginalization and incarceration. What does that mean? It means things like mental health jails, we can't just have people who are mad in regular jails, surely, we need special jails, The rise of mental health jails, mental health courts, drug courts, sex work courts, saying that people need to be psychiatrically confined instead of imprisoned in jail, these are all pathways for carceral expansion through what people think is treatment or alternatives. So, it's the usage of pathologization of disability, mental health, and so on, and protection from unruliness meaning, "We got to protect ourselves also from disability and madness; it's dangerous." And, of course, when I say that, this is very connected to racism, particularly in the originating anti-Black racism, and it's used as justification for carceral expansion.

In closing, I told you a lot about cautionary tales, but what actually is one of the lessons we could use that led them to deinstitutionalization? Not just as "let's close down facilities" which some of it happened, like I said, because of neoliberalism. What led to deinstitutionalization not just as facility closure by as abolition? what did that is a change in social attitudes toward disability and mental difference. And I hope that we don't take that

away when we resist this backlash against deinstitutionalization to say it failed, it left people in the streets. What people wanted was to change how we treat each other and how we treat difference, what failed was by design, neoliberal policies that took money from human services and needs and instead put it into corrections.

A lot of what happened, in my mind, is the huge knowledge base and movement base of anti-psychiatry, consumers, survivors, ex-patient movement, parent movement, professional organizations, and self-advocacy movements that ultimately pushed for abolition. It pushed for abolition and the pendulum between abolition swung through a lot of the 60s and 70s, but you can find these revolutionary strands woven all throughout. People who always told us that what we need to question is the legitimacy of the institution as an institution; the residential institution, the psychiatric hospital, that's what we need to question. But it's not about reforming it.

So, I just want to end with this call to again, when people say, "People with various mental health differences or disabilities need medical help treatment, they don't need incarceration." I want to end with this question, "Does anyone need incarceration?" Can we not pit ourselves against each other? And I want to add that we need to fight, not only against carceral expansion, which I think a lot of activists understand that we need to fight against, but we need to really fight against treatment, also *outside* of prisons. So, what I'm saying is, we can't just fight against mental health jails, we need to fight against psychiatric hospitals and psychiatry, we need to fight against the power of professionals in the I/DD (intellectual and developmental disability) field, we need to fight against group homes and nursing homes taking away people's autonomy and a right to sexuality and ton of other things. So it's really important to understand those two things as connected and to push for freedom for all from all carceral spaces.

To understand disability and madness is something that broadens our conceptualization of incarceration, we need to learn from the histories of carceral abolition, including deinstitutionalization and we need a lot of

collaboration between disability, mad, and neurodiverse self-advocates and activists and prison and police abolitionists. Thank you.