



# MONTHLY REVIEW

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## Disablement, Prison, and Historical Segregation

by [Jean Stewart](#) and [Marta Russell](#)

*Topics:* [Incarceration](#) , [Inequality](#) , [Political Economy](#) , [Race](#)

The story of disablement and the prison industrial complex must begin with a trail of telling numbers: a disproportionate number of persons incarcerated in U.S. prisons and jails are disabled. Though Census Bureau data suggest that disabled persons represent roughly one-fifth of the total population, prevalence of disability among prisoners is startlingly higher, for reasons we will examine later. While no reliable cross-disability demographics have been compiled nationwide, numerous studies now enable us to make educated estimates regarding the incidence of various disability categories among incarcerated persons. Hearing loss, for example, is estimated to occur in 30 percent of the prison population, while estimates of the prevalence of mental retardation among prisoners range from 3 to 9.5 percent.

Rates of learning disability are spectacularly high among prisoners; in studies conducted among incarcerated juveniles, learning disabilities have been estimated to occur in up to 55 percent of youth nationwide; in one single-state study, 70 percent of youth qualified for special education. As for mental disabilities, in California anywhere from one-sixth to one-fourth of prisoners are believed to have diagnosable “serious mental disorders.” Most

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are writers and disability activists. They would like to thank Helene Knox and Ray Grott for their input on this paper.

stunning of all is a four-state study which examined juveniles imprisoned for capital offenses; virtually 100 percent of those studied were multiply disabled (neurological impairment, psychiatric illness, cognitive deficits), having suffered serious central nervous system injuries resulting from extreme physical and sexual abuse since early childhood.<sup>1</sup>

Why are so many prisoners in the United States disabled? Genetic determinists like to attribute the high prevalence of disability among prisoners to inherited deficiencies. For instance, James Watson of Cold Spring Harbor Laboratory holds that “we perhaps most realistically should see [a person’s handicap] as the major origin of asocial behavior that has among its many bad consequences the breeding of criminal violence.”<sup>2</sup> In opposition to this view, we propose the alternative approach forged by Marx: a material analysis of the economic and social forces of capitalism.

The structure of capitalist America plays a central role in the life of any group, including that of people with disabilities. Given the historic segregation of disabled persons not only from American society but from the accumulation process, disabled people living in the so-called free world have a grim commonality with their disabled compatriots behind bars. Institutions in general, including prisons, have functioned to support the accumulation of capital and the social control of surplus population, including the reserve army of unemployed left adrift by an economic system which dictates that large numbers of workers must be unemployed.

The prison population is not a cross-section of America; prisoners are poorer and considerably less likely to be employed than the rest of the population, and poverty in America is inevitably linked to a higher prevalence of disability. Neither quality health care, nor safe, adequate housing, nor nutritious food has been available to poor people. Environmental racism, the siting of toxic waste dumps and other poison-emitting industries in low-income, mostly non-white neighborhoods, has a devastating impact: not only are poor children exposed to lead and other toxins, resulting in high rates of developmental and learning disabilities; they also drink poisoned water and breathe poisoned air, leading to extreme prevalence of asthma and other respiratory illnesses and cancers. Poor people often live in neighborhoods plagued by drug and alcohol abuse, leading to physical and psychological damage, including fetal alcohol syndrome, and marked by violent crime, leading to spinal cord injury, traumatic brain injury, and other disabilities.

As Christian Parenti explains in *Lockdown America*, capitalism, the creator of poverty, simultaneously needs and is threatened by the poor. In order to manage and contain its surplus populations and poorest classes, American capitalism has developed paramilitary forms of segregation, containment, and repression.<sup>3</sup> Not coincidentally, it has created the social condition which we are calling “disablement” by excluding disabled persons from full

participation in society through segregation, containment, and repression. It is this theory of disablement which we intend to explore here.

## Historical Segregation and Social Control

Let us not be lulled into thinking that disabled persons living outside of prisons have autonomous lives. Institutional life, whether in a prison, hospital, mental institution, nursing home, or segregated “school” (and many receive no schooling), has been the forced historical reality, not the exception, for disabled persons.

Unlike race or gender, disablement is not generally thought of as the outcome of capitalist social power relations; rather, it tends to be viewed as a matter for medicine to cure or control. Our medical and social welfare institutions have historically held disablement to be an individual problem (a personal tragedy). They blame a disabled person’s inability to participate fully in the economic life of our society on their physiological, anatomical, or mental limitations rather than on economic or social forces.

Disability activists and theorists, however, have laid a materialist groundwork for understanding disability oppression. If we trace how work evolved under capitalism, we can observe its effects on the disabled population. While one cannot claim that working-age disabled persons in pre-capitalist societies had achieved full integration and economic well-being, many occupied a niche in small workshops and family-based production, where they could contribute according to their ability. Economic historians Karl Polanyi and E. P. Thompson point out that early capitalism required a major shift in both the social organization of work and the concept of human labor. As human beings were gathered into the “dark satanic mills” to accomplish the sacred task of capital accumulation, circumstances arose which became barriers to disabled people’s survival. Nondisabled workers had value because, as bosses pushed them to produce at an accelerating pace, they generated higher profits. But as work required increasingly precise mechanical movements of the body repeated in quick succession, disabled individuals were less capable of performing the tasks required of factory workers, and thus were viewed as of lesser value. Newly enforced factory discipline, time-keeping, and production norms replaced the slower, more self-determined and flexible work pattern into which many disabled persons had been integrated. Disabled workers were increasingly excluded from paid employment on the grounds that they were unable to keep pace with the new, mechanized, factory-based production system.<sup>4</sup>

Thus “the operation of the labour market in the nineteenth century effectively depressed handicapped people of all kinds to the bottom of the market.”<sup>5</sup> Industrial capitalism commodified the human body, creating both a class of proletarians and a class of “disabled” whose bodies did not conform to the standard worker physique and whose

labor-power was effectively ignored. Over time, as disabled persons came to be regarded as a social problem, it became justifiable to remove individuals with impairments from mainstream life and segregate them in a variety of institutions, including workhouses, asylums, prisons, colonies, and special schools.

At the same time as it has marginalized and segregated disabled people in institutions, industrial capitalism, in its grinding push toward productivity at any cost, has caused disabling accidents and conditions to occur at an unprecedented rate. Viewed in this light, black lung, brown lung, asbestosis, and a host of other deadly illnesses are the direct offspring of capitalism, along with a chilling litany of incidents in which factory workers have been paralyzed, burned, blinded, deafened, lost limbs, lost physical or mental function, or have otherwise been rendered disabled. Today, Repetitive Strain Injury debilitates hundreds of thousands of mostly high-tech workers, accounting for 66 percent of all reported work-related illnesses in 1999.

While capitalism shunted disabled persons out of the worker pool and into institutions, the medical industry pathologized traits such as blindness, deafness, and physical and mental impairments that have naturally appeared in the human race throughout history. In the Foucaultian sense, medicalization and institutionalization became means of social control, relegating disabled persons to isolation and exclusion from society; the combination met capitalism's need for discipline and control. Michael Oliver explains:

[the institution] is repressive in that all those who either cannot or will not conform to the norms and discipline of capitalist society can be removed from it. It is ideological in that it stands as a visible monument for all those who currently conform but may not continue to do so: if you do not behave, the institution awaits you.<sup>6</sup>

Institutions of all descriptions thus became formidable, formalized containment devices. It is now the disability rights movement's primary revolutionary goal to reverse this trend.

The impact on disabled people of this kind of segregation has been profound. They are the least likely to be employed, the most likely to be impoverished and undereducated. Only a third of working-age disabled individuals are currently employed, compared to more than 80 percent of the nondisabled population. One-third (34 percent) of adults with disabilities live in households with an annual income of less than \$15,000, compared to 12 percent of those without disabilities—a 22-point gap which has remained virtually constant since 1986. Disabled persons are twice as likely not to finish high school (22 percent versus 9 percent). A disproportionate number of disabled persons report having inadequate access to health care (28 percent versus 12 percent) or transportation (30 percent versus 10 percent).<sup>7</sup> Of course, one must acknowledge that disabled people live on the economic

margins of all societies throughout the world, not merely in capitalist countries. But nowhere else are we witness to the jarring disconnect between a society's vast wealth and its refusal to provide more than the barest means of survival for its most vulnerable citizens.

## Capitalist Accumulation and Unemployment

Social control does not tell the complete story of disabled peoples' segregation and ensuing institutionalization. By placing the focus on "cure," and by segregating "incurables" into the administrative category of "disabled," the medical industry bolstered capitalist business interests and shoved less exploitable workers with impairments, or those who obstructed capital accumulation, out of the workforce.

Ten years after passage of the Americans with Disabilities Act (ADA), the unemployment rate of disabled people has barely budged from its chronic 65–71 percent. This appalling figure remains steadfast despite a growing U.S. economy, a low aggregate national official unemployment rate (4.2 percent), advances in technology which have expanded the range of jobs disabled workers can perform, and a poll showing that over 70 percent of working-age disabled persons say they would prefer to have a job. According to a recent study, while many Americans reaped higher incomes from an economy that created a record number of new jobs during seven years of continuous economic growth (1992-1998), the employment rates of disabled men and women continued to fall.<sup>8</sup>

When Congress enacted the ADA, it specified three major goals: elimination of arbitrary barriers faced by disabled persons; an end to inequality of opportunity; and a reduction in unnecessary dependency and unrealized productivity. However, by failing to acknowledge that capitalism produces disablement, the ADA has not fully confronted economic discrimination. Whether their fears are real or perceived, U.S. employers express concerns about increased costs incurred by providing accommodations (e.g., interpreters, environmental modifications), anticipate extra administration costs when hiring nonstandard workers, and speculate that a disabled employee may increase worker's compensation costs in the future. If they provide health care insurance at all, employers anticipate elevated premium costs for disabled workers. Insurers and managed care health networks often exempt pre-existing conditions from coverage or make other coverage exclusions based on chronic conditions, charging extremely high premiums for the person with a history of such health care needs. Employers, in turn, tend to look for ways to avoid providing coverage to cut costs. In addition, employers characteristically assume that they will encounter increased liability and lowered productivity from a disabled worker.

There is a strong correlation between disability onset and employer firings. Data from the Equal Employment Opportunity Commission (EEOC), the agency responsible for monitoring

employment discrimination under civil rights statutes, show that the most prevalent (53.7 percent) cause of complaints filed by disabled workers is involuntary termination upon disablement, while another third involve an employer's failure to provide reasonable accommodation.

Not surprisingly, U.S. courts traditionally support business interests. Studies show that in the first eight years after passage of the ADA, defendant-employers prevailed in more than 93 percent of reported ADA employment discrimination cases decided at the trial court level. Comments Ohio State University Law professor Ruth Colker: "Only prisoner rights cases fare as poorly."<sup>2</sup>

## Sentenced to Hard Labor

At the same time that U.S. capitalists close their doors to disabled workers, their drive to maximize profits in today's global economy leads them to abandon even their non-disabled employees, relocating factories overseas where wages are as little as twenty cents per hour, child labor is legal, and workers are not provided benefits or health care. They have also rediscovered that they do not have to go so far afield.

If relocation of factories to developing countries has produced lavish profits for the capitalist class, little can compare to the windfall generated in recent years by an even more lucrative worker pool: prison labor. Not only are prisons posited as a primary solution to the country's social problems, but prisons are among the fastest-growing industries in the United States. Workers earn as little as twenty-two cents per hour, and companies avoid the added costs of shipping and infrastructure enhancement required when they operate in poorer countries. Not coincidentally, Occupational Safety and Health Administration laws do not apply to the prison industry, with the result that materials used in prison manufacturing are often toxic and dangerous when handled without adequate protection. For example, urethane foam used in furniture production by California's Prison Industry Authority at Tehachapi Prison is cut to size in unventilated shops, posing a potentially lethal health threat to prisoners. When the foam is cut with power saws, tiny particles are dispersed into the air. Trapped inside human lungs, these particles are carcinogenic, causing a condition similar to asbestosis. Urethane foam also produces a lethal gas if accidentally ignited.

In a grotesque sidebar to this story, state agencies, schools, hospitals, and libraries are forced under California law to buy these prison-made chairs and couches, despite the foam's clearly printed warning. Though the California Furniture Association does not approve the use of this foam in furniture, the Prison Industry Authority ignores the danger.

What we have is a billion-dollar manufacturing industry that legally utilizes slave labor, has little overhead, is unregulated by state and federal workplace safety or labor laws, provides no health insurance or benefits and no sick pay for its employees, includes hazardous materials in the construction of its products, forces customers to buy those products under penalty of law, and prohibits its workers from organizing. “There has not been a larger pool of ‘free labor’ since the end of the Civil War.”<sup>10</sup>

## Commodification and Institutional Power

Although disabled people have been excluded from the labor force through economic discrimination and compulsory unemployment, one should not assume that these millions have been ignored as a source of profits. The “unproductive” ones, those who do not provide an able body to create surplus value as laborers, shore up U.S. capitalism by other means. By clever capitalist alchemy, disablement has been spun into big business. One corporate approach to nonproductivity, institutionalization in a nursing home, evolved from the cold realization that financing “Medicaid funds 60 percent, Medicare 15 percent, private insurance 25 percent” guaranteed a source of entrepreneurial revenue. When a single impaired body generates \$30,000- \$82,000 in annual revenues, Wall Street brokers count that body as an asset which contributes to, for example, a nursing home chain’s net worth. Though transfer to nursing homes and similar institutions is almost always involuntary, and though abuse and violation of rights within such facilities is a national scandal, it is a blunt economic fact that, from the point of view of the capitalist “care” industry, disabled people are worth more to the Gross Domestic Product when occupying institutional “beds” than they are in their own homes.<sup>11</sup>

Such commercial enterprises are staffed by a hierarchy of professionals who depend upon the class of disabled persons to survive. Oliver writes:

[under capitalism] the production of the category of disability is no different from the production of motor cars or hamburgers. Each has an industry, whether it be the car, fast food, or human service industry. Each industry has a workforce which has a vested interest in producing their [sic] product in particular ways and in exerting as much control over the process of production as possible.<sup>12</sup>

This observation is critical to disabled people’s liberation and will be revisited later. Who controls the services, what those services are and where they are rendered are major issues in disabled people’s struggle for self-determination, a struggle which has become increasingly formidable as government and corporations dismantle the social contract.

## The Neoliberal Shift, Deinstitutionalization, and Incarceration

To better understand the relationship between disability and prison, it is instructive to focus on the treatment of those who are mentally ill.<sup>13</sup> In the second half of the twentieth century, the dominance of the mental health institution began to decline as the capitalist economy underwent restructuring. Economic stagnation and low profits, the fiscal crisis of the seventies, were met with Reaganomics, i.e., tax cuts for corporations and the wealthy, an attack on labor, deregulation of health and safety regulations and cuts in state spending on education, welfare, and social programs, including those institutions housing people with mental illnesses.

Deinstitutionalization, as it related to those who had been labeled mentally ill, was a government policy change driven by cost-cutting motives. Spending by the fifty states on treatment for people with mental illness, for instance, was lower by a third in the nineties than it was in the fifties; fewer than half of Americans diagnosed with schizophrenia receive adequate services today. When the awful snake pits of neglect and abuse we called “mental institutions” were closed, necessary new structures and solutions, including community housing, employment services (a vital component for populations experiencing severe labor market discrimination), and other appropriate programs designed and run by disabled individuals themselves, were never put in place.

Instead, GOP revolutionaries of the 104th Congress, falsely blaming the deficit on the welfare state and entitlements, attacked the social safety net. The 1990’s crackdown on federal disability and welfare benefits and state reductions to General Relief and Medicaid further expanded the scope of damage to deinstitutionalized people who had been diagnosed with mental illness, many of whom found themselves destitute the moment they were discharged from the hospitals.

Because the states had abandoned their social contract with deinstitutionalized people labeled mentally ill, many were left stranded on the streets, caught up in the revolving door between homelessness and prison. At present, an overwhelming number of jail inmates with mental illness were homeless. For instance, of the approximately 2,850 mentally ill people in New York City jails on any given day in 1996, 43 percent were homeless. The vast majority were not violent or dangerous; they have been jailed for petty theft, disturbing the peace, and other “crimes” directly related to their illness. Increasingly, the judicial system punishes such people for their “quality of life” misdemeanors by slapping them with jail sentences—670,000 of them in 1996. At any given moment, 40 percent of all Americans with serious mental illness are estimated to be in jail or prison, comprising from 10 to 30 percent of all inmates. The Center on Crime, Communities & Culture concludes that in many jurisdictions, jails have become the primary “treatment” provider for poor people with mental illnesses.<sup>14</sup>

This “criminalization of mental illness” has its roots in the U.S. capitalist health care system and the growth of the prison industry. The great majority of “mentally ill” people in New York jails and prisons, for instance, are Medicaid recipients or have no insurance at all. To qualify for Medicaid, low-income individuals must be extremely debilitated and indigent (which many achieve by spending down savings), and they must stay indigent.

Adding insult to injury, mental health parity does not exist in the private U.S. insurance system. For instance, private long-term disability plans, most of them employer-sponsored, provide benefits to eligible recipients with “physical disorders” through age sixty-five, while they impose duration limits of twenty-four months or less on benefits to eligible recipients with “mental disorders.” In defending its refusal to provide mental health parity, the insurance industry claims the extra coverage would place a demand on the for-profit system which would cause everyone’s premiums to skyrocket. In order to protect its profit margin, the corporate health care industry denies this segment of the population treatment and services.

The rise of managed care, now the dominant paradigm among hospitals and physicians, has also had a debilitating effect. In the name of cost containment, payment mechanisms have shifted; hospitals and doctors are now paid a flat fee, instead of receiving payment for individual services rendered. Because of financial incentives for physicians and hospitals to keep costs low, people who have been hospitalized for “mental illness” are often discharged in three weeks, ready or not, without a discharge plan that would provide them with crucial community support.

People with so-called mental illnesses are generally deemed to have little or no production value. Their unemployment rate is the highest among the disabled population at 80 percent, and disproportionately high within the incarcerated population. Perhaps the term “social junk,” as coined by criminologist Steven Spitzer, best describes how society views this cast-off segment of the population. People labeled “mentally ill” experience harsh discrimination in many arenas, among them housing, employment, and health insurance. Increasingly they have become a part of what Christian Parenti calls “a growing stratum of surplus people’ [who, because they are not] being efficiently used by the economy must instead be controlled and contained and, in a very limited way, rendered economically useful as raw material for a growing corrections complex.” Thus the old “snake pit” mental institution is being replaced with yet another institution, the prison, where incarcerated “social wreckage” contributes to the GDP by supporting thousands of persons associated with expanding and maintaining the prison industry.

Mental health advocacy groups rightly point out that people with mental illness rarely belong in prison. Jail diversion and discharge planning, they say, are key to stopping the “revolving door” of repeated hospitalizations and incarcerations. They recommend ongoing

community treatment and support services, all grossly underfunded now, to mend the broken system.

The psychiatric social change movement, comprised of survivors of the mental health industry, is wary of solutions that may lead to forced hospitalization, involuntary psychiatric drugging (psychiatric medicine is not a science and damage is often done by inappropriate drugs), and forced electroshock, all of which have been a part of the corporate psychiatric model. The World Bank now has a “mental health division” to promote corporate psychiatry globally! In thirty-seven states, people living in their own homes can be court-ordered to take psychiatric drugs even though many experience toxic reactions to such treatment. Six states have “at-home” drug deliveries. The shattered mental-health system has largely depended upon one or another form of incarceration and forced treatment, whether in hospitals or prisons. In their efforts to end the involuntary imprisonment of so-called mentally ill persons, grassroots social change groups are concerned that one destructive institution not be replaced with another. The focus must be on human rights (including the right to refuse treatment), empowerment, and alternatives such as community and peer support.

## Oppression Behind Bars

We have shown that American capitalism, in its failure to incorporate disabled people into its social fabric, instead shunts them into prisons and other institutions. Not surprisingly, once behind bars, prisoners with disabilities face even greater abuse and discrimination than they had encountered on the outside. For example, throughout the United States, guards are known to confiscate from inmates with disabilities whatever will be most acutely missed: wheelchairs, walkers, crutches, braces, hearing aids, glasses, catheters, egg crates (special mattresses designed to prevent skin breakdown and aid circulation), and medications.<sup>15</sup> Prisoners who require personal care or assistance—for example, quadriplegic inmates who need help with eating, dressing, bathing, etc.—are simply ignored; they go without meals and are forced to urinate on themselves in the absence of bathroom assistance. Because of architectural barriers, physically disabled inmates are unable to access dining halls, libraries, work and recreational areas, and visiting rooms, not to mention the toilets, sinks, and beds in their own cells. Blind prisoners are unable to read their own mail or research their cases in the prison law library because they are not provided with readers or taped/Brailled materials. Deaf prisoners are denied interpreters, making it impossible for them to participate in work programs, counseling, alcohol and substance abuse programs, medical appointments, and their own parole and disciplinary hearings. Disabled prisoners are routinely denied enrollment in work furlough programs, sometimes significantly lengthening their periods of incarceration.

All of the above are violations of the Americans with Disabilities Act which, under the Supreme Court's 1998 ruling in *Yeskey (Pennsylvania Department of Corrections et al. v. Ronald R. Yeskey)*, applies to state prisons. In addition, psychological abuse of disabled prisoners by guards—for example, the moving-around of furniture in the cell of a blind prisoner, or verbal taunts over a loudspeaker —have been documented in prison after prison throughout the country. Also rampant is medical abuse; across the United States, prisoners with treatable disabling conditions die as a result of medical neglect. Both psychological and medical abuse are clear violations not only of the Eighth Amendment to the Constitution (injunction against cruel and unusual punishment) but of various international human rights statutes.

It is ironic that the institution which most dramatically exemplifies American society's failure to humanize disability not only cranks out furniture and license plates but manufactures disability as well. The harshness of prison life disables people. Inadequate or absent medical care, poor nutrition, violence, and extremes of heat, cold, and noise inside prison, not to mention the lack of sensory, emotional, intellectual, and physical stimuli, all lead directly to acute or chronic physical and psychological disabilities.

Prison overcrowding accelerates the disabling process. Humans who are packed into spaces designed for one-third the number of people actually residing in them are bound to find themselves in more frequent, and more disabling, violent confrontations. Guards working in such environments resort to violence more readily. Overcrowded prisons provide an even poorer standard of physical and mental health care, and almost universally produce depression, sometimes acute, as well as a panoply of other immobilizing psychological disorders. Additionally, they provide a ripe environment for the flourishing of gangs and gang violence, resulting in permanent injuries.

Disability is also a byproduct of the correctional system's obsessive infatuation with security and control. Isolation units, sensory deprivation cells, and other instruments of torture such as cattle prods and stun guns generate mental breakdowns and exacerbate pre-existing illness.

The prison labor industry, as has been mentioned earlier, is entirely unregulated by workplace safety and health standards, resulting in dangerous work environments. AIDS and Hepatitis C epidemics, unchecked by even the most basic, humane medical intervention, have wrought havoc on the prison population. Finally, as we lock up prisoners for longer and longer periods due to mandatory minimum sentencing laws, the prison population is aging; with age comes disability.

## Stopping the Capitalist Juggernaut

In twenty-first century America, the prison industrial complex is a multi-billion-dollar capitalist juggernaut, devouring everything in its path. The United States spends far more on corrections than it spends on higher education, locking up more than 700 people per 100,000 population, while most “enlightened” countries incarcerate fewer than one hundred citizens per one hundred thousand. In some American inner cities, the rate of incarceration is twenty-five hundred to three thousand per one hundred thousand. In 1995, the prison population topped one million; since then it has grown at a rate of 8.5 percent a year.

Syndicated columnist Anthony Lewis, commenting on proposed legislation that would give the states \$10.5 billion to build more prisons, observed: “Once the states have made the investments in such prisons, there will be an inevitable urge to fill them. Sentences will tend to get longer.” U.S. District Judge Wilkie Ferguson Jr. continues this line of thought:

Corrections facilities are being contracted to private corporations for both construction and operation. The private companies are required to operate the prisons at 7 percent below government cost estimates. These firms encourage purchase of their stock by projecting growth in earnings, to be paid mostly from tax dollars. Their rosy projections assume increased incarcerations. Companies that do business with prisons also foresee growth. So there is already a powerful profit incentive in keeping prisons at maximum occupancy.<sup>16</sup>

With such economic forces as these at work, we should not be surprised that prisons are overcrowded, that mandatory minimum sentences are enjoying unprecedented judicial popularity, and that disabled inmates are dying of abuse and neglect while their complaints fail to register even a blip on the capitalists’ Richter Scale.

Clearly a well coordinated, activist, collective, and social-change oriented response is required. Those who are concerned about disability rights, civil rights, prisoners’ rights, and human rights must join together and mobilize to put pressure on the prison system. Concomitantly, we must call for a drastic social and economic restructuring of the organization of work. We must create a social order based on equality, an order that does not punish those who cannot work, that does not make “work” the defining measure of our worth, and that offers counter values to the prevailing productionism which only oppresses us all.

## Notes

[A complete set of notes to this article may be obtained from the *Monthly Review* office. Please contact the assistant editor [or using our contact form](#)]

1. Dorothy Otnow Lewis, "Neuropsychiatric, Psychoeducational, and Family Characteristics of 14 Juveniles Condemned to Death in the United States," *American Journal of Psychiatry* 145, no. 5 (May 1988), 584-89.
2. James D. Watson, "President's Essay," Cold Springs Harbor Laboratory 1996 Annual Report, 14.
3. Christian Parenti, *Lockdown America* (London: Verso, 1999), 238.
4. . See Vic Finkelstein, *Attitudes and Disabled People: Issues for Discussion* (New York: World Rehabilitation Fund, 1980); Michael Oliver, *The Politics of Disablement* (New York: St. Martin's Press, 1990); Marta Russell, *Beyond Ramps* (Maine: Common Courage Press, 1998); and Joanna Ryan and Frank Thomas, *The Politics of Mental Handicap* (New York: Penguin, 1980).
5. Pauline Morris, *Put Away* (London: Routledge & Kegan Paul, 1969).
6. Michael Oliver in R. Flynn and R. Lemay, eds., *A Quarter Century of Normalisation and Social Role Valorization*: (Ottawa: University of Ottawa Press, 1999).
7. Louis Harris, *The 2000 National Organization on Disabilities/Harris Survey of Americans with Disabilities* (New York: Louis Harris & Associates, 2000). See also the 1998 Report.
8. Peter Budetti, et. al., *Ensuring Health and Security for an Aging Workforce* (Kalamazoo, MI: W.E. Upjohn Institute for Employment Research, 2001).
9. Ruth Colker, "The Americans with Disabilities Act: A Windfall for Defendants," *Harvard Civil Rights —Civil Liberties Law Review* 34(1999), 99, 100.
10. "When Punishment is the Crime: The Privatization of Prisons," *Out of Time* 31 (Feb. 1996), 3.
11. 1.9 million disabled Americans are incarcerated in nursing homes; 150,257 children and adults are locked down in mental institutions; 77,618 children and adults are hidden away in state-owned institutions for people with mental retardation and other developmental disabilities. See Russell, *op. cit.* ,96-108.
12. See Oliver, note 6 above.
13. The authors wish to credit the psychiatric survivors' movement for a large body of literature examining America's social policies with regard to people who have been labeled "mentally ill." Among its sharpest commentary has been the movement's critique of language; analysts point out that such terms as "the mentally ill" are highly charged, pejorative cultural constructs. They observe that such labels have been assigned to them by an entrenched power structure, relying for its authority on the DSM—the Diagnostic & Statistical Manual of Mental Disorders—a reference book that has repeatedly and justly been challenged for the subjectivity and bigotry underlying many of its socially constructed "diagnoses." Psychiatric survivors point out that throughout history, individuals who have been identified by the dominant class as "mentally ill" have in many cases been iconoclasts and mavericks whose behavior has been provoked by social

injustice. In a paper which examines the situation of people who have been incarcerated—whether in prisons, nursing homes, or mental institutions—we particularly want to avoid the assumption that those labels which have been used to justify incarceration are appropriate or just. Readers are referred to Support Coalition International of Eugene, OR: [www.MindFreedom.org](http://www.MindFreedom.org) and to its newsletter, *Dendron News*.

14. Heather Barr, "Prisons and Jails" *Hospitals of Last Resort: The Need for Diversion and Discharge Planning for Incarcerated People with Mental Illnesses in New York*, A research brief from the Center on Crime, Communities & Culture, 1999.
15. Jean Stewart, "Life, Death & Disability Behind Bars," *New Mobility* 9, (June 1998). See also Jean Stewart, "Inside Abuse: Disability Oppression Behind Bars," *The Disability Rag* 15, (Nov./Dec. 1994).
16. U.S. District Judge Wilkie Ferguson Jr., "Prisons: An American Growth Industry," *Miami Herald*, April 9, 1995.

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