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Philosophy of Disability, Conceptual Engineering, and the Nursing Home-Industrial-Complex in Canada

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Shelley Lynn Tremain has a Ph.D. in philosophy and initiated the field of philosophy of disability. She has published widely on a range of topics including (feminist) philosophy of disability; Foucault; biopolitics; genetic technologies; ableism; and underrepresentation in philosophy. Tremain is author of *Foucault and feminist philosophy of disability* (University of Michigan Press, 2017), the manuscript for which won the 2016 Tobin Siebers Prize for Disability Studies in the Humanities, and editor of two editions of *Foucault and the government of disability* (University of Michigan Press 2005, 2015), an interdisciplinary collection of work on disability and Foucault that was recently translated into Korean. In 2016, Tremain was the recipient of the Tanis Doe Award for Canadian Disability Study and Culture. Tremain has been at the forefront of efforts to increase the diversity of philosophy, especially with respect to employment of disabled philosophers, mentorship of disabled students, and attention to critical philosophical work on disability. She coordinates BIOPOLITICAL PHILOSOPHY, the philosophy blog that focuses on issues of underrepresentation in philosophy and which is home to Dialogues on Disability, the groundbreaking and critically acclaimed series of interviews that she conducts with disabled philosophers.

ABSTRACT

In this article, I indicate how the naturalized and individualized conception of disability that prevails in philosophy informs the indifference of philosophers to the predictable COVID-19 tragedy that has unfolded in nursing homes, supported living centers, psychiatric institutions, and other institutions in which elders and younger disabled people are placed. I maintain that, insofar as feminist and other discourses represent these institutions as sites of care and love, they enact structural gaslighting. I argue, therefore, that philosophers must engage in conceptual engineering with respect to how disability and these institutions are understood and represented. To substantiate my argument, I trace the sequence of catastrophic events that have occurred in nursing homes in Canada and in the Canadian province of Ontario in particular during the pandemic, tying these events to other past and

current eugenic practices produced in the Canadian context. The crux of the article is that the COVID-19 pandemic has thrown into vivid relief the carceral character of nursing homes and other congregate settings in which elders and younger disabled people are confined.

KEYWORDS
carceral, conceptual engineering, nursing home-industrial-complex, philosophy of disability, structural gaslighting

Naturalization and Structural Gaslighting in Philosophy

This article is a novel contribution to philosophy of disability that critically examines the catastrophic COVID-19 pandemic-related events that have unfolded in nursing homes, long-term care residences, supported-living facilities, and other institutions in which elders and younger disabled people are confined. It constitutes a novel contribution to philosophy of disability insofar as it examines the COVID-19 catastrophe that has taken place in certain residential institutions whose existence philosophers (including philosophers of disability) have hitherto variously disregarded, condoned, and even promoted. Nevertheless, the argument of the article may in some ways seem familiar because it extends my genealogical investigations of the ways in which disability is naturalized in philosophy, that is, expands my philosophical analyses of how an individualized and medicalized conception of disability is naturalized in (for example) bioethics, ethics and political philosophy, philosophy of mind, and feminist philosophy (Tremain, 2017).

By the end of the article, I will have (1) indicated how this naturalized and individualized conception of disability informs the notable indifference of philosophers to the predictable COVID-19 tragedy that unfolded in these institutions; and (2) argued that philosophers must engage in conceptual engineering with respect to how the ontological status of disability, vulnerability to COVID-19, and the character of these institutions themselves are understood and represented. In other words, in addition to its contribution to the burgeoning subfield of philosophy of disability, the article thus comprises contributions to social metaphysics, social epistemology, and critical genealogy, as well as articulating a metaphilosophical intervention into discussion about underrepresentation in philosophy. Throughout the article, I will refer to these institutional congregate settings in various ways, primarily using the unfashionable term *nursing home* to refer in general to these institutional settings rather than the more upbeat phrase *long-term care facility*. For I contend that the latter phrase is a misnomer, a euphemism designed to conceal the archaic and barbaric character of these institutions. My recuperation of the former term – that is, *nursing home* – is thus intended to make explicit that these institutions are outdated and should be rendered obsolete. As I will show, these places are neither "homes" nor sites of "care" (Tremain, 2020b).

Disability and its naturalized foundation, impairment, are typically represented in philosophical and popular discourses as naturally disadvantageous human characteristics, attributes, or properties that certain people embody or possess, that is, generally represented as self-evident, natural, and politically neutral phenomena that science and medicine can

accurately represent. In recent years, however, an increasing number of philosophers have challenged this individualized and medicalized understanding of disability, helping to consolidate a subfield of philosophy that I initiated and to which I gave the name "philosophy of disability." For example, some of these philosophers of disability assume the tenets of a dominant model of disability that I refer to as "the British social model of disability" (BSM), arguing that, although impairments are prediscursive and hence politically neutral human characteristics, disability is a pervasive form of social disadvantage imposed upon "people with impairments." As one early proponent of the BSM put it, disablement is nothing to do with the body, but impairment is nothing less than a description of the body (Oliver, 1996, p. 25). In other words, as I explain in detail in other contexts, the BSM is structurally and theoretically analogous to both the feminist sex–gender distinction and its predecessor, Claude Lévi-Strauss's nature–culture distinction (Lévi-Strauss, 1949/1971; Tremain 2001, 2010, 2015, 2017).

Like Oyèrónkẹ́ Oyěwùmí (1998), Judith Butler (1999), Talia Mae Bettcher (2013), and other feminist thinkers who challenge the prediscursive and universal status conferred upon the category of sex in the sex–gender distinction and the category of nature in the nature–culture distinction, I have worked to denaturalize impairment, the putatively prediscursive foundation of the BSM's impairment–disability distinction. In the terms of the latter distinction, impairment is the ontological analogue of nature and sex in the former distinctions as disability is the ontological analogue of culture and gender in the initial distinctions. In *Foucault and feminist philosophy of disability* (2017) and numerous articles, I argue, contra the BSM, that both impairment and disability are socially constructed, invented rather discovered, made rather than found, emerging as new kinds of conceptual objects from a historically specific style of reasoning – namely, the "diagnostic style of reasoning" (Tremain, 2017, p. 65). By drawing on Michel Foucault's ideas about (among others) genealogy, historical contingency, and the productive character of modern (bio)power, I have argued, in short, that disability is a historical construction all the way down, is a *dispositif* (to use Foucault's term), a complex apparatus of force relations that produces impairment as its naturally (i.e., prediscursive) disadvantageous foundation to camouflage its own thoroughly contingent political motivation (Tremain, 2017, p. 6). An aim of my research is therefore to indicate how this apparatus of power – that is, the apparatus of disability – has been naturalized within philosophy to bring impairment into being as that kind of thing.

Philosophers generally do not regard this sort of critical examination of disability and its production as philosophically defensible and pertinent to research and teaching in social metaphysics and social epistemology; nor do they, generally speaking, appreciate the critical importance of philosophy of disability but rather remain resolute that philosophical inquiry about disability is appropriately and adequately conducted in the subfield of bioethics, a contestable subfield that both rationalizes and legitimizes eugenic practices. In Canada, for example, philosophers and bioethicists have played a fundamental role in the creation of a culture of eugenics within the discipline of philosophy itself and in Canadian society at large, both influencing the development and promulgation of some of the ableist legislation that I discuss below and ensuring that specialists in philosophy of disability (especially disabled philosophers of disability) do not enter the ranks of professional philosophy in Canada.

Indeed, more and more bioethicists in Canada and abroad dedicate considerable effort to the task of reconfiguring bioethics in ways that safeguard their own disciplinary, professional, and institutional jurisdiction over philosophical claims about disability. Thus, one (but only one) dimension of my philosophical writing and activism in the profession has been designed to show how the naturalizing and individualizing ideas upon which these practices of confirmation bias rely are inextricably entwined with decisions about which conceptual-analytical inquiries philosophers should pursue and how, as well as judgments about faculty searches and hiring practices, journal submissions, curricula, conference lineups, and tenure and promotion. In other words, social metaphysics and social epistemology of impairment and disability must consider how claims that naturalize these ostensibly "biological" phenomena emerge; in what contexts these claims are mobilized and advanced; and for what social, economic, institutional, professional, and political purposes.

In this article, therefore, I do the following: first, I scrutinize claims made about COVID-19 outbreaks in nursing homes, psychiatric hospitals, and other institutions in which older people and younger disabled people in Canada in particular are segregated; second, I point out that disability is naturalized and depoliticized in care discourses about how these institutions are situated with respect to the pandemic; and third, I argue that philosophers must engage in radical conceptual engineering that construes disability as an apparatus of power, one of whose mechanisms is "the nursing home-industrial complex," as I refer to it (Tremain, 2020c). An aim of my argument in what follows (though not its primary aim) is to identify an additional context in which we can recognize that the naturalized ontological status attributed to disability and its conceptual objects is always already political, that is, one of my aims is to show that the prevalent understanding of what disability is does not exist apart from nor prior to the social power relations that are alleged to merely respond to disability. Rather, both the ontology of disability and the ontological status of disability are mutually constitutive and reinforcing with the power relations that circumscribe them. Hence, this article implicitly comprises an argument for the erosion of the artifactual distinction between theoretical philosophy and applied philosophy.

The naturalization of an individualized and medicalized conception of disability in philosophical and other discourses about nursing homes and other institutions in which elders and younger disabled people are put is a form of structural gaslighting. Nora Berenstain defines *structural gaslighting* as "any conceptual work that functions to obscure the nonaccidental connections between structures of oppression and the patterns of harm that they produce and license" (Berenstain, 2020, p.734). Philosophers partake in structural gaslighting, Berenstain asserts, when they invoke epistemologies and ideologies of domination that actively and routinely disappear and obscure the actual causes, mechanisms, and effects of oppression. My argument is that the epistemologies and ontologies of domination in philosophy that persistently naturalize disability repeatedly sabotage attempts to improve the situation and professional position of disabled philosophers, in part because these epistemologies and ontologies facilitate the reconstitution within both the discipline and profession of deeply entrenched prejudices according to which disabled people are defective, unreliable, and suboptimal and thus not viable colleagues.

Against the individualized and medicalized conception of disability that prevails in philosophy, I maintain that disability is an apparatus of power, in Foucault's sense. The structural gaslighting about nursing homes – which the individualized and medicalized conception of disability bolsters and reproduces – is one strategy of this apparatus of disability. The exclusion of disabled people from the profession of philosophy and from other positions of epistemic authority is another strategy of this apparatus. As Foucault explained it, an apparatus is an ensemble of discourses, institutions, scientific statements, laws, administrative measures, and philosophical propositions mobilized in response to a perceived social need in a particular historical moment (Foucault, 1980, p. 194). The perceived social requirement to which the historically and contextually specific apparatus of disability responds – including by and through consolidation and expansion of the nursing home-industrial-complex – is biopolitical normalization.

Conceptual Engineering and the Nursing Home-Industrial-Complex

Philosophers have largely ignored the oppressive social, economic, and political features of and circumstances that surround nursing homes, assisted-living centers, and other congregate settings in which older people and younger disabled people are placed, preferring to understand and represent these settings as politically neutral sites of care, love, and benevolence rather than understand and represent them as carceral environments that enable the segregation and management of certain populations deemed to be unproductive and disposable. According to a *New York Times* report in late September of 2020, 479,000 residents and staff of 19,000 nursing homes in the United States were infected with COVID-19 by mid-September 2020, while more than 77,000 residents and staff of these institutions had, by that time, died of the coronavirus. Residents and staff of nursing homes located in predominantly Black neighborhoods of US cities were disproportionately represented among these fatalities (Serwer, 2020; Center for Disease Control and Prevention, 2020). By October 27, 2020, 84,136 COVID-19 deaths had occurred in nursing homes in the United States and 537,446 COVID-19 cases were recorded in these institutions, figures that do not account for the COVID-19 deaths and cases in group homes, psychiatric hospitals, and other institutions in which older people and younger disabled people live. Nevertheless, philosophers have had little to say about these COVID-19 deaths and cases and the conditions that precipitated them.

For example, Ben Bramble (2020), in his online, open access book, *Pandemic ethics*, which was published in the summer of 2020 to much acclaim amongst philosophers, makes only two passing references to nursing homes. To take another example, "Feminist responses to COVID-19 and pandemics," a special issue of the *APA Newsletter on Feminism and Philosophy* (Freeman, 2020) published in the fall of 2020, does not include an article that addresses the thousands of COVID-19 cases and deaths in nursing homes and other "care" institutions whose precariously employed and underpaid workforces are both gendered and racialized. To be sure, one of the articles in this special issue of the newsletter mentions that COVID-19 has swept through these institutions and refers, in general, to the endangerment of front-line workers, a reference presumably meant to include personal support workers

(PSWs) and other nursing home staff. However, an article that comprehensively unpacks the systems of inequality that underwrite the thousands of COVID-19 cases and deaths that have occurred amongst both nursing home residents and staff is noticeably absent from this feminist philosophy publication.

These gaps in feminist philosophical analyses about the pandemic both manifest and reproduce the critical limitations of dominant strains of feminist philosophy and the long-standing epistemic biases of this subfield according to which disability and age(ism) are not central to its subject matter and class is not a pressing consideration for economically privileged feminist academics. Yet in Canada, for example, more than two-thirds of the residents in nursing homes are women, with racialized and newcomer senior, elder, and disabled women constituting a growing sector of nursing home residents (Armstrong & Rochon, 2021). In short, nursing homes and other so-called long-term care institutions should be recognized as a social and political feminist concern, that is, feminist philosophical analysis of the COVID-19 pandemic ought to encompass examination of how and why COVID-19 has run rampant through these institutions globally, decimating their gendered and racialized resident and staff populations. Instead, philosophers, including feminist philosophers, have depoliticized these institutional cases and deaths and seem to take for granted that the bulk of them are attributable to a natural property or characteristic inherent to elder and younger disabled populations themselves. Indeed, these cases and deaths, philosophers seem to imply, are in some sense unavoidable and thus are neither ethically nor politically troubling, nor even philosophically interesting (also Schwartz, 2020).

As these exclusions indicate, furthermore, not even philosophers who advance proposals about how society should respond to COVID-19 have interrogated the relationship between the outbreaks in these institutions and the insidious nature of the institutions. This refusal on the part of (feminist) philosophers to closely examine the social, economic, and political circumstances and contexts in which these COVID-19 cases and deaths occurred has enabled the ageist, ableist, classist, sexist, and racist conditions that precipitated the infections and fatalities in these institutions to remain obscured and unchallenged, including the ableist neoliberal socioeconomic conditions that made possible the very existence of the institutions. Hence, the argument of this article calls upon philosophers to pursue a form of conceptual (re)engineering with respect to nursing homes; that is, to acknowledge that nursing homes, so-called long-term care facilities, supported-living facilities, and other institutions in which elders and younger disabled people are confined constitute the fulcrum of a massive network of governmentality that I call "the nursing home-industrial-complex."

This revision of our perceptions and understandings of nursing homes and their functions could be described as a process of "semantic amelioration." Semantic amelioration, as Sally Haslanger (2020) defines it, involves the expansion and improvement of the resources available to us with which to understand phenomena. To illustrate this definition, Haslanger points to the movement from an understanding of the concept of race as a biological kind to an understanding of the concept of race as a sociohistorical kind. Haslanger notes that the distinct conceptual schemas available in the respective historical milieus in which these disparate understandings of the metaphysical status of race have circulated constitute divergent understandings of the concept of race. With my own terms of reference, I want to argue that the

conceptual schema that currently generates perceptions and understandings of nursing homes and other congregate settings in which elders and disabled people are put is a historically contingent mechanism of the apparatus of disability; that is, the conceptual schema that construes these institutions as paradigmatic sites of care and love, rather than as the linchpin of an industrial complex of governmentality, is an artifact, a historically contingent mechanism of the apparatus of disability and other apparatuses with which disability is entwined.

The idea of an "industrial complex" has a distinctly American lineage with multilateral implications. On January 17, 1961, during a televised farewell speech broadcast into the living rooms of a predominantly white middle-class America, President Dwight D. Eisenhower introduced the idea of an industrial complex by invoking the term *military-industrial-complex*. Eisenhower's use of the term *military-industrial-complex* was intended to warn this sector of the American public about "the unprecedented conjunction of an immense military establishment and a large arms industry." Eisenhower was especially concerned about the potential of the arms industry to influence government policies and budgets, that is, concerned about the potential of American arms manufacturers and manufacturers of other military-related items to coerce the US government to finance military aggressions abroad in ways that would serve their own economic interests. In other words, Eisenhower coined the term *military-industrial-complex* to articulate the concern that the more money that could potentially be made at home from military aggressions abroad, the more that military aggressions abroad would be made, and the more money at home and wars abroad that were made, the more influence that American manufacturers of military-related items would wield over elected US government officials in the states in which the items would be produced.

After Eisenhower, Angela Davis, Ruth Wilson Gilmore, and other members of the US-based prison-abolition collective Critical Resistance, coined the term *prison-industrial-complex* to refer to the system through which prisons have become a mechanism of racial segregation in the United States and a primary source of profits for many American manufacturers and multilateral corporations (Kushner, 2019; also, Ciurria, 2020). Likewise, I use the term *nursing home-industrial-complex* (Tremain, 2020c) to refer to an expansive neoliberal economic network that comprises nursing homes and other so-called "care" facilities, medical clothing and linen suppliers, health-care and administrative temp agencies, professional associations and trade unions, housekeeping and laundry service contractors, prepared-food companies, medical equipment manufacturers, pharmaceutical corporations, and other entities that benefit fiscally from the ageist and ableist segregation of senior and disabled populations in nursing homes and other institutions, with powerful nursing-home lobbies informing the decision-making and actions of governments, universities, and even financial institutions themselves. Indeed, the boards of directors of nursing homes and other so-called care facilities are for the most part made up of the CEOs of financial institutions and their legal representatives rather than disabled scholars and activists, as well as other community advocates for elders and younger disabled people.

In short, the nursing home-industrial-complex has increasingly come to hold the coercive economic influence over elected officials about which Eisenhower had forewarned. Note, for example, that the term *nursing home-industrial-complex* aptly describes the relationship between the American nursing-home industry and US politicians, as was evident

when, in the summer of election year 2020, US Republican Senator Mitch McConnell initiated legislation that would grant legal immunity to the owners of American nursing homes for liability related to COVID-19 deaths and any other fatalities that occur on their premises (Pauly, 2020). By July 2020, twenty-two American states had adopted such immunity laws, beginning with the state of New York, thanks to a clause deeply embedded in Governor Andrew Cuomo's annual budget (Sapien and Sexton, 2020). Early in the pandemic Cuomo had groomed a national image of himself as the governor who led New York State out of the pandemic; this image has been persistently undermined, however, due to the revelation that early in the pandemic he issued a directive that barred nursing homes from rejecting infected applicants and that returned nursing home residents hospitalized with COVID-19 to the nursing homes from which they had been sent even before they had recovered from the virus. This directive from the Governor of New York likely resulted in the deaths of thousands of New York State nursing-home residents (Vielkind, 2020; Cunningham-Cook, 2021). Indeed, on January 28, 2021, New York State Attorney General, Letitia James, reported that Cuomo's administration had in fact undercounted by the thousands the number of the state's nursing-home residents who had died of COVID-19-related causes (McKinley and Ferré-Sadurní, 2021).

As a mechanism of the apparatus of disability and, ultimately, neoliberalism, the nursing home-industrial-complex traverses the borders of the United States, extending far beyond them, with the nursing-home industry now an integral part of the economies of Australia, Canada, France, Hong Kong, Italy, the Netherlands, South Africa, South Korea, Sweden, and the United Kingdom, while seeking new markets in Latin America, the Caribbean, India, and elsewhere. Indeed, nursing homes and other congregate settings in which elders and younger disabled people in Italy live – that is, the residential sites of the nursing home-industrial-complex in Italy – constituted the initial epicenter of the catastrophic events that occurred in the country early in 2020, although the international news media, enthralled by the utilitarian (eugenic) rationing and triage protocols that Italian hospital staff employed at the time, paid little attention to this formative structural aspect of the COVID-19 disaster that took place in this jurisdiction (Privitera, 2020).

COVID-19 and the Nursing Home-Industrial-Complex in Canada

Since early March 2020, discourses about COVID-19 cases and deaths in North American nursing homes and other institutions in which elders and disabled people are put have unraveled in the North American mainstream press and on social media. In the terms of these discourses, the COVID-19 cases and deaths in these institutions have been largely naturalized and medicalized, represented as an inevitable consequence of a "vulnerability" inherent to the residents of the institutions, due to their age or an apparently intrinsic characteristic now commonly identified as "an underlying condition" or, in more technical terms, "a co-morbidity." Only sporadically has the succession of COVID-19 outbreaks in North American nursing homes been attributed to the very nature and functioning of the institutions themselves, including their carceral rationale, their architectural design, the scarcity of supplies and resources that beleaguers them, the isolation and disciplinary

regimes that characterize them, their socially marginalized character, and the precarious, unskilled, and transient nature of the labor that sustains them, all of which elements constitute the individualizing and totalizing power and economic bottom line of the nursing home-industrial-complex (Tremain, 2020c, 2020d).

By late April 2020, more than 1,000 of the 1,350 COVID-19 deaths that had, by that time, occurred in the Canadian province of Quebec were tied to nursing homes. In May 2020, the Progressive Conservative government of the province of Ontario issued a call to the Canadian Armed Forces to assist with the emergency in Ontario nursing homes, following the lead of the government of Quebec which had already done so a month earlier (Brewster, 2020). For, by May, the situation in Ontario nursing homes had likewise spun out of control, with a rising number of COVID-19 cases and deaths amongst residents and staff, most of the latter of whom were racialized and newcomer women. By June, that is, only a month later, more than 80 percent – that is, more than 6,000 – of the total number of COVID-19 deaths in Canada by that time had occurred in nursing homes, with nursing homes in Quebec the hardest hit (Tremain, 2020b). From mid-summer of 2020 on, Canada distinguished itself internationally as the country with the highest ratio of COVID-19 fatalities in nursing homes to total COVID-19 fatalities. At the end of September 2020, COVID-19 deaths in nursing homes accounted for at least 82 percent of the close to 9,500 COVID-19 deaths in Canada by that time, with almost 2,000 of these deaths occurring in nursing homes throughout Ontario. On October 9, 2020, more than 60 nursing homes in Ontario were in lockdown due to COVID-19 outbreaks. By mid-October, in the Canadian capital city of Ottawa, Ontario, alone, 30 nursing homes were in the grip of outbreaks, leading to the deployment in these institutions of more than 600 Red Cross workers. By October 20, 2020, there were outbreaks in 87 nursing homes in Ontario. By November 14, that is, less than a month later, that number had climbed to 100, with 26 nursing-home outbreaks in the capital city of Ontario, namely, Toronto. By October 24, 2020, almost a fifth of the COVID-19 deaths in Canada by that time had occurred in Ontario nursing homes, a figure that does not account for COVID-19 deaths in other Ontario institutions in which elders and younger disabled people are incarcerated.

Despite these ghastly figures, however, Ontario's neoliberal Progressive Conservative premier, Doug Ford, consistently refused to launch a comprehensive and transparent public inquiry into the circumstances surrounding these COVID-19 cases and deaths, forming instead an independent commission to which his government continuously failed to provide adequate information (Editorial, 2020; Carter, 2021; D. Harris, 2021a). In addition, Ford and his (former) Minister of Long-term Care, Merilee Fullerton, repeatedly ignored expert advice according to which more COVID-19 testing of nursing home staff and provision to them of paid sick days and full-time hours with increased wages would reduce the spread of the virus by part-time staff who work in multiple locations to scrape together a liveable wage and are compelled to do so even when sick (Francis, 2021). Instead, Ford and various members of his government have frequently admonished the people of Ontario to be better team players who should "stay home," "wear masks," "practice social distancing," and "wash their hands," effectively downloading to individual Ontarians full responsibility for the catastrophic transmission of the virus in nursing homes (Danisch, 2021).

This "responsibilizing" (Brown, 2015, pp. 48–61) of the people of Ontario has deflected the attribution of culpability from both the Ford government's ongoing reluctance to prioritize people's lives over the economy and nursing-home corporations, the shareholders of which have accrued enormous profits throughout the pandemic that the Canadian federal government has supplemented with millions of dollars in pandemic relief. Indeed, for-profit nursing homes and so-called long-term care institutions in Ontario and other provincial jurisdictions are, first and foremost, lucrative real estate investments with substantial returns on these investments, which various levels of government in Canada both subsidize and protect (Spindel, 2020). On November 16, 2020, for instance, Ford's provincial government voted unanimously in favor of Bill-218, which, like the legislation that McConnell initiated in the United States, ensures retroactive legal immunity to nursing homes (and, hence, nursing-home corporations) against lawsuits brought forward due to COVID-19 deaths that occur on their premises.

Mike Harris, the current Chair of the Board of Directors of Chartwell, the largest owner of and operator of private, for-profit nursing homes in Canada, is a close advisor to Premier Ford and is, himself, a former Progressive Conservative premier of Ontario. Bill Davis, also a former Progressive Conservative premier of Ontario (1971–1985), is on the Board of Directors of Revera, another for-profit nursing home corporation in Canada, and is Honorary Chair of the Advisory Board of Ryerson University's Institute on Aging, illustrating the entwinement of the university with business and government in the nursing home-industrial-complex in Canada. Indeed, Harris, the Chartwell corporation for whose board directorship he receives CA$250,000 annually, his holdings in Chartwell of an estimated CA$7,000,000, and Chartwell's relationships with provincial governments across Canada are integral elements of the nursing home-industrial-complex in Canada, with ads for Chartwell retirement residences running during commercial breaks on the government-owned Canadian Broadcasting Corporation (CBC) radio and television stations. When Harris served as Ontario's premier from 1995 to 2002, his neoliberal government, like Ford's, slashed public spending on health care and other social services, relaxed regulations and public oversight of nursing homes, and significantly expanded privatization of these institutions by redirecting provincial public funding to privately owned, for-profit nursing-home corporations (Malek, 2020; Warnica, 2021; D. Harris, 2021a). In short, Harris's Progressive Conservative provincial government institutionalized the minimalist state across a variety of sectors that previous Liberal governments of Ontario had only haphazardly initiated (Noorsumar, 2020).

Most COVID-19 deaths in Ontario have indeed occurred in private, for-profit nursing homes (Stall et al. 2020; Roy & Huynh, 2021; Warnica. 2021; CBC Radio, 2021), resulting in public outcry and demands for the federal government of Justin Trudeau's Liberals to "take control of long-term care," although funding and oversight of nursing homes in Canada fall under the jurisdiction of the provincial governments, not the federal government. This public outcry and these demands became more insistent, nevertheless, after military medical personnel deployed in more than a dozen Ontario nursing homes with outbreaks during the first wave of the pandemic (roughly, March–August 2020) released a whistleblower report about health and safety violations in several of the facilities, almost all of which are for-profit

nursing homes. The violations included: cockroach and rodent infestations, verbal abuse of residents, dirty linen or no linen on residents' beds, inadequate cleaning and sanitizing of residents' rooms, fecal contamination, inedible food served to residents, force-feeding residents to the point of audible choking, lack of personal protective equipment, lack of hygiene, understaffing, and lack of staff training with respect to infection control. The story that the military reports did not tell is that abusive and neglectful conditions have been pervasive in these institutions for decades (also Till, 2020).

When a resurgence of outbreaks and deaths in nursing homes and so-called long-term care institutions occurred across the Greater Toronto Area (GTA) during the second wave of infections (roughly, November 2020–February 2021), medical personnel from local acute-care hospitals were recruited to enter the facilities, with new demands made for Ford's government to reinstate the Canadian Armed Forces and Canadian Red Cross within these institutions. These demands were bolstered with public protest and community activism when reports emerged according to which residents of the institutions were malnourished and dehydrated, that residents were banging on walls to get assistance from nursing-home staff, that as many as 50 residents were under the care of one PSW, and that residents who had tested positive for COVID-19 continued to occupy rooms with residents who were not infected with the virus (Tremain, 2020b; S. Harris, 2021b).

Let me underscore that the sorts of infractions identified in Ontario facilities during the first and second waves of the pandemic are not unique to the "unprecedented" circumstances of the pandemic, as Ford and others in his neoliberal Conservative Government have both insisted and denied. On October 22, 2020, in fact, the CBC's consumer watchdog program, *Marketplace*, aired a segment in which it reported that 85 percent of the approximately 640 nursing homes in Ontario had, over the previous five years, repeatedly broken laws with reported incidents of abuse and neglect of residents, failing to provide residents with enough food and water, over-medicating residents, and medical errors, including distribution of the wrong medication. As David Common, the host of the *Marketplace* segment, pointed out, furthermore, an astonishing 30,000 such infractions had occurred in these institutions during this five-year period with no repercussions for any of these places (Pederson et al., 2020; Ireton, 2020). Although it is generally assumed that every nursing home has a core staff of doctors and nurses, supplemented by the institution's own PSWs, nothing could be farther from the truth. Nursing-home staff typically consult doctors virtually or by telephone and staff nurses themselves are few and far between on any given shift inside these institutions (Tremain, 2020b).

On January 5, 2021, there were outbreaks in more than one-third of the nursing homes in Ontario, with close to 1,000 nursing home-related deaths occurring during the previous three months (Front Burner, 2021) and close to 3,000 nursing home-related deaths having occurred since the outset of the pandemic (Draaisma, 2021). In the first three weeks of January 2021, furthermore, several hundred more deaths of nursing-home residents in Ontario were added to the tally. By this time, however, many family members of Ontario nursing-home residents – under the leadership of Vivian Stamatopoulos, whose grandparent lived in a nursing home for several months – had begun to vociferously protest and organize against the outbreaks and living conditions in Ontario nursing homes, especially for-profit nursing homes. Hitherto barred from many facilities due to infection-control

measures and thus unable to provide vital care to their parents, grandparents, or other relatives and friends, these family members and advocates were now apprised of the economics of understaffing in these institutions, the benefits of paid sick days, and the hazards with respect to COVID-19 that the shared accommodations of older nursing homes pose; in addition, they were now somewhat more cognizant of the forms of social ostracism and isolation that nursing homes constitute. Nevertheless, these family members and friends of Ontario nursing-home residents have continued to believe that transition to public ownership of all nursing homes in Canada, when combined with increased funding, better staff training, and national nursing home standards, will resolve the widespread abominations that prevail in these institutions (e.g., Warnica, 2021; also, McQuaig, 2020).

In other words, the seeming necessity of nursing homes and their covertly carceral character have remained uncontested and uncritically accepted by this cohort of family members, friends, geriatricians, and other advocates of nursing-home residents. Furthermore, the modest challenges to the nursing home-industrial-complex – under the Twitter hashtag #JUSTICE4LTC – that these family members and advocates have advanced are concentrated, more or less exclusively, on the mistreatment of (so-called) seniors and elders in for-profit nursing homes and "long-term care" facilities, neglecting attention to, or even acknowledgment of, the younger disabled residents in these (and other) institutions, a divisive neglect compounded by the lack of political analyses of systemic disability, ableism, and eugenics in the public statements – including the Twitter hashtag #SENICIDE – that Stamatopoulos, geriatric physicians, and other advocates have made to the mainstream press, on social media, and in other venues. Indeed, these family members and other advocates for "seniors" in nursing homes have largely reproduced pervasive misconceptions about the character of nursing homes and other so-called long-term care institutions, misconceptions according to which these institutions are first and foremost sites of care, kindness, and concern, the dire current (and past) conditions of which are contingent features of them that can be improved or eliminated. When, for example, on February 12, 2021, the mainstream press in Toronto (Espinosa & Talbot, 2021) reported that door handles had been removed from the living quarters of COVID-positive residents in a Verve-owned retirement and assisted-living residence in southern Ontario, Stamatopoulos and other advocates for elders expressed astonishment and outrage. While this outrage was justified, the astonishment that accompanied it was rather hyperbolic given that almost all nursing homes and so-called long-term care institutions in Canada include a section ("locked unit") from which residents cannot freely exit.

When the news broke on January 29, 2021, that Chris Gladders, a 35-year-old disabled Ontario man, had accessed a medically assisted suicide (MAiD) on the previous day in part due to the squalid living conditions of the privately owned, for-profit institution in which he had been placed, his death went virtually unacknowledged by these family members of senior and elder nursing-home residents and other opponents of private, for-profit "long-term care" facilities in Ontario and across Canada. Even André Picard (2021), the health columnist at one of Canada's leading national newspapers and author of a book on "long-term care" homes and the pandemic, seemed not to notice this event or at least not its significance nor recognize the more general eugenic impetus that links nursing homes and

MAiD. Disabled scholars and activists have, however, repeatedly attempted to draw attention to the connections between the neoliberal agenda of the Ford government and other provincial governments; nursing homes, supported-living facilities, and other institutions in which disabled people and elders are confined; and the history of ableist, racist, and eugenic government policies and practices in Canada, including the Canadian federal government's policies and practices of extermination and assimilation of First Nations, Métis, and Inuit peoples. Indeed, when in late February 2021, the news broke that Jason Kenney, Conservative Party Premier of the Canadian province of Alberta, had followed Cuomo's lead by ordering the transfer of COVID-positive people from hospitals to nursing homes and other "long-term care" institutions (Dickson, 2021), scholars and activists were provided with additional concrete evidence of the ways in which ableism, ageism, and the nursing home-industrial-complex in Canada operate to construct older people and younger disabled people as disposable.

Only about 60 percent of nursing homes and so-called long-term care facilities in Ontario operate on a for-profit basis; however, many of the remaining facilities in Ontario are managed and operated by, that is, outsourced to, privately owned nursing-home corporations – such as Chartwell, Extendicare, Revera, Sienna, and Southbridge – licenced to do so under contracts with the Ontario provincial government (Roy & Huynh, 2021; Warnica, 2021). Indeed, this state of affairs likely goes some distance to explain why 85 percent (not merely 60 percent) of Ontario nursing homes and other "care" institutions have been repeatedly cited for abuse and neglect of residents, as well as medical error. Although funding for nursing homes in Canada falls under the jurisdiction of the various provincial governments, a significant portion of this funding derives from federal government transfers to the provinces (Warnica, 2021; also Stall et al., 2020). It is important to note, therefore, that, at present, the Canadian federal government allocates to the operation of nursing homes and so-called long-term care institutions in Canada only 30 percent of the money that the governments of other Organization for Economic Cooperation and Development (OECD) countries allocate for these institutions (Sinha, 2020; CBC Radio, 2021).

By the end of January 2021, more than 14,000 residents of nursing homes in Canada had died COVID-19-related deaths. Although the collection of COVID-19-related data for group homes and supported-living centers (the congregate settings in which most institutionalized younger disabled people are segregated) has been sparse throughout the pandemic – manifesting the myriad ways that the federal and provincial governments of Canada have in general neglected disabled Canadians since the outset of the pandemic – the issues with respect to staffing and crowded living quarters are similar across all these institutional settings. By February 4, 2021, 1,195 outbreaks had occurred in Ontario nursing homes since the outset of the pandemic and, in addition, 459 outbreaks had, during this period, occurred in Ontario group homes and the other Ontario institutions in which most institutionalized disabled people have been placed (*Canada Tonight*, 2021). Nora Loreto, an independent journalist who has diligently collected data throughout the pandemic on the number of outbreaks and deaths in all residential settings across Canada, reported on February 6, 2021, that 14,867 of the 20,702 COVID-19 deaths in Canada by that time had occurred in 1,484 of these institutional settings (Loreto, 2021a).

Loreto emphasizes the fraught nature of the data (personal communication). In Canada, as Megan Linton and Allen Mankewich (2021) point out, no disaggregated data has been released on the impacts of the pandemic on disabled people. This "statistical dearth," Linton and Mankewich argue, has set the stage for a vaccine rollout that largely left behind many people who should have been prioritized in the process. Indeed, whether it be COVID-19 vaccines, data collection, financial supports, or housing and food security, disabled Canadians, a sector of the Canadian population that has disproportionately died from COVID-19, have been systematically and consistently left out of the Canadian government's policies and planning during the pandemic. As Loreto puts it, "Of all the systemic issues that have been exacerbated by COVID-19, none has been more significant than ableism. Ableism," Loreto writes, "is the thread that has run throughout every aspect of this pandemic" and explains why Canada's response to it has been negligently inadequate (Loreto, 2021b). For Loreto, the COVID-19 deaths in nursing homes and other institutions across Canada in which elders and younger disabled people are segregated is tantamount to mass murder. I call it neo-eugenic biopolitics.

On January 13, 2021, Extendicare was hit with a CA$300 million class-action lawsuit stemming from COVID-19 deaths on its premises and, on the same day, Chartwell, Extendicare, and other nursing home corporations in Canada, along with provincial governments and the Canadian federal government, were hit with a CA$500 million class-action lawsuit, alleging negligence on the part of these nursing-home corporations and culpability on the part of the various branches of government (Perkel, 2021). In the early hours of January 26, 2021, furthermore, Doctors for Justice in Long-term Care, a group of more than 200 Ontario doctors and researchers issued an open signed letter with a list of nine demands for the Ford Ontario provincial government, in which they dismissed the Ford government's pronouncements about the "humanitarian crisis" in Ontario nursing homes as "empty words" and its treatment of the crisis as "reactionary," calling for (among other things) an end to for-profit nursing homes (Doctors for Long-term Care Justice, 2021; Paling, 2021).

Yet even well-kept, adequately staffed, publicly owned and operated nursing homes and so-called "care" facilities cannot be the dedicated response to the question of how societies should provide care to elders and younger disabled people. On the contrary, such apparently genteel institutions should rather be recognized as the window-dressing of the nursing home-industrial-complex, which is a carceral network of power that operates in the service of ableism, ageism, and racism, while underwriting a neoliberal socioeconomic and political environment in which productivity and profit are steadily prioritized and elders and younger disabled people are devalued, disenfranchised, and deemed disposable. Nursing homes and other institutions that segregate elders and younger disabled people (whether for-profit or non-profit), though not the direct cause of certain ways of treating these people, do institute and expand the scope of the ableist and ageist practices and technologies of normalization that brought the institutions into being in the first place. Indeed, government-owned and operated nursing homes are no more ideal alternatives to privately owned, for-profit nursing homes than government-owned and operated prisons are ideal alternatives to privately owned, for-profit prisons, the latter of which institutions also operate in the service of forms of power that disenfranchise and render disposable certain populations, especially racialized, Indigenous, disabled, poor, and trans populations.

COVID-19 and Vulnerabilized Populations

The COVID-19 outbreaks that have occurred in nursing homes and similar congregate settings across Canada and globally are not due to an inherent characteristic of elders and younger disabled people, that is, not due to an inherent vulnerability of the older and younger disabled populations who live in these institutions that public ownership of them, better funding of them, and adequate staffing of them would have controlled or even prevented. Rather, the thousands of COVID-19 cases and deaths in nursing homes and other so-called care institutions across the world, like the thousands of COVID-19 cases and deaths in prisons, are testament to both the vile nature of the institutions themselves and the carceral function that they increasingly serve in contemporary society. As Joseph Stramondo (2020) has argued, residential institutions where disabled people live should be defined in terms of the power relations that structure them and circulate within them: whether disabled people live in them with or without control of the types of support and care that they receive, whether they live in them with or without control of when these types of support and care are provided, where they are provided, and by whom they are provided.

Nursing homes and other so-called care facilities in which older people and younger disabled people are put, insofar as they are "total institutions" (Goffman, 1961, p. xiii), do not enable such discretionary acts or even allow for the possibility of their execution. "In a total institution," Erving Goffman noted, "minute segments of a person's line of activity may be subjected to regulations and judgments by staff" (p. 38). In his classic 1961 text, *Asylums*, Goffman explained the idea of a "total institution" in this way:

> *A total institution may be defined as a place of residence and work where a large number of like-situated individuals, cut off from the wider society for an appreciable period of time, together lead an enclosed, formally administered round of life. Prisons serve as a clear example, providing we appreciate that what is prison-like about prisons is found in institutions whose members have broken no laws. (p. xiii)*

As total institutions, nursing homes and other congregate facilities (both for-profit or public) in which elders and younger disabled people are segregated constitute significant mechanisms of government, where the term *government* should be understood in the sense that Foucault adopted, that is, should be understood to refer to "the conduct of conduct," to any mode of action, more or less considered and calculated, that is bound to structure the field of possible actions of oneself or another (Foucault, 1982). In nursing homes, Sara Luterman (2020) remarks, "[residents] depend on and are at the mercy of the staff. [Nursing home residents] do not choose with whom they live or what activities they can do on a given day." On the contrary, Luterman writes, referring to the totalizing impetus and capacities of the nursing home-industrial complex, nursing homes and other institutions that confine elders and younger disabled people "allow for an economy of scale. Feeding, washing, and otherwise seeing to the needs of elderly and disabled residents all at once is more efficient than addressing those needs on an individual basis. But this efficiency," Luterman asserts, "comes at the expense of human dignity." Nursing homes (whether for-profit or non-profit), with their scheduled bath days and bowel days, wake-up times and bedtimes, frugal meal

planning and food rationing, locked wards, visitor restrictions, and other signposts of carceral logic are formulated upon asymmetrical relations of power that require compliance and homogeneity to ensure that their elder and younger disabled resident populations are rendered manageable. Indeed, the "handling of many human needs by the bureaucratic organization of whole blocks of people – whether or not this is a necessary or effective means of social organization in the circumstances – is the key fact of total institutions," according to Goffman. People in total institutions are moved to action in "blocks" in this way, Goffman pointed out, so that personnel whose primary activities are observation and surveillance can more efficiently supervise them (Goffman, 1961, pp. 6–7; Mitchell & Snyder, 2015, p. 38).

To put the point another way, residents (captives) of nursing homes are deprived of "freedom of non-domination" (Anderson, 2018, p. 91; Pettit, 2014, in Putnam, 2021), are the subjects of and subjected to the arbitrary power of nursing-home staff and the machinations of the nursing home-industrial-complex; that is, people confined in nursing homes and other "care" institutions are subject to a form of power that can be exercised over them at any given time, on any given day, at the behest or whim of any staff member of the institutions, a form of power that implicitly depends upon a certain obedience and deference from these residents/captives, as well as abrogation of privacy and self-determination from them. Complaints and reports of (for instance) rough or otherwise harsh treatment, of undesirable or inedible food, of unwashed clothing, of missing personal property, of breaches of privacy, or of sexual and physical abuse can (and do) result in reprisals from nursing-home staff and administration. In short, insofar as nursing homes and other so-called long-term care facilities in which elders and younger disabled people are confined require of them (and their advocates) a certain docility, these spheres of domination contribute to the production of the carceral archipelago of modern societies, though they are not widely recognized and acknowledged as doing so. Indeed, claims to the contrary, that is, claims according to which nursing homes and similar institutions are sites of care and love constitute acts of structural gaslighting.

Foucault (1977) introduced the term *carceral archipelago* to refer to the ways in which forms of power that condition the management and organization of the modern prison have come to characterize the management and organization of contemporary society more generally, that is, beyond the prison. With the term *carceral archipelago*, Foucault was concerned to elucidate how social space beyond the prison has become increasingly partitioned with barriers, borders, boundaries, and checkpoints through totalizing and individualizing disciplinary mechanisms – such as classification, registration, ranking, and surveillance – whose apparently mundane implementation and exercise render populations governable, keeping some people within certain spaces and between certain walls, while keeping other people out of the spaces and beyond the walls. In the carceral archipelago, as Foucault envisioned it, institutions (such as nursing homes) and other entities and sites not usually associated with the prison, with the carceral, and with the punitive, are in fact "islands" of the carceral whose architecture, routines, schedules, and purposes mirror the physical and conceptual design and functions of the prison. As Foucault sardonically asked, "Is it surprising that prisons resemble factories, schools, barracks, hospitals, which all resemble prisons?" (Foucault, 1977, p. 228).

Throughout this article, I have aimed to show that the COVID-19 pandemic has thrown into relief the ways that nursing homes and other long-term "care" facilities are like, rather than unlike, prisons. Jonathan Marchand, a disabled activist, captured this understanding of nursing homes and so-called care facilities when, in testimony to the Canadian Senate Standing Committee on Legal and Constitutional Affairs during its deliberations on the expansion of MAiD, he stated: "I'm appearing before you from what I consider my medical prison cell, a long-term care facility in Quebec. I oppose Bill C-7 because death with dignity doesn't exist without life with dignity" (Marchand, 2021). In his statement to the Senate Committee, furthermore, Marchand succinctly and provocatively underscored what other disabled activists and scholars have also repeatedly pointed out, namely, that disabled people are compelled to access MAiD due to systemic ableist and racist discrimination against them, lack of community care and other community supports, poverty, medical bias, and lack of accessible housing, that is, due to systemic social problems that ought to be addressed through political change and transformation rather than incarceration and eugenics. Indeed, nursing homes, so-called long-term care facilities, and other institutions in which older people and younger disabled people are confined, like prisons, must be abolished. That is, the nursing-home-industrial-complex, like the prison-industrial-complex, must be dismantled, replaced with adequately funded, culturally and ethnically appropriate home care, accessible housing, financial stability, and other government and community supports and services where people live (Wallace, 2020).

Many feminist philosophers (e.g., Kittay, 2020b; Butler, 2004) and some disability theorists (for instance, Ben-Moshe, 2020), rather than embark on a path of sustained critical examination of the concept of vulnerability, have worked to redeem the allegedly prediscursive status that is customarily ascribed to vulnerability and simultaneously disparaged. The apparent self-evidence of the ontological status of vulnerability is, however, an artifact of structural gaslighting; hence, the concept of vulnerability, too, should be the target of a feminist project of conceptual engineering. Rather than a prediscursive inherent human trait, vulnerability is a contextually specific social phenomenon whose politically potent and artifactual character could be recognized and acknowledged if feminist philosophers (among others) were to take up Foucault's idea of "eventalization" (Foucault, 2003, p. 249).

Foucault's term *eventalization* refers to a breach of self-evidence that exposes the singularity of a given practice or state of affairs. Eventalization (as a kind of conceptual engineering) aims to show that things are not as necessary as they seem. As Foucault remarked, "It wasn't as a matter of course that mad people came to be regarded as mentally ill; it wasn't self-evident that the only thing to be done with a criminal was to lock him up; [and] it wasn't self-evident that the causes of illness were to be sought through the individual examination of bodies" (Foucault, 2003, p. 249; Tremain, 2017). The edifying character of genealogical inquiry notwithstanding, nevertheless, one need not search for these sorts of historical exemplars of eventalization in the distant past. Consider, for example, that efforts to defund the police which gained momentum throughout North America and across the globe in the summer of 2020 were acts of eventalization designed to undermine the allegedly self-evident necessity of these "islands" – namely, police forces – of the carceral archipelago. To take another example, consider the now decades-old movement to abolish prisons as a set of

coordinated acts of eventalization that refuses assumptions about the seeming necessity of the modern prison (Kushner, 2019). As Rinaldo Walcott (2021) has pointed out, contemporary ideas about abolition are founded on the history and logic of the movement to end slavery in the Americas, the first abolition movement. Walcott thinks that when people understand that the contemporary abolition movement is built upon this history and logic, then they can appreciate that contemporary abolition is not limited to abolition of the prison-industrial-complex and police, but rather encompasses "the abolition of property and the redistribution of the Earth's resources in a more equitable way," all goals that to many people have seemed too idealistic or even preposterous. Indeed, Walcott has described the philosophy of contemporary abolition thus:

> *An abolitionist philosophy says that we need to redistribute resources so that everyone has adequate housing, so that everyone is housed. You need livable wages, so that people who are working are not poor and precarious. It means everyone being able to have access to great, thorough health care . . . And we believe that when all of those things are put in place, that people will live fundamentally different kinds of life, and that we'll be building the foundation and more towards the abolition of police and abolition of the prison culture that we have, and beginning the process of moving towards seriously redressing and redistributing the Earth's wealth and bounty, as opposed to what we have now. (Walcott, 2021)*

Activists and authors who implicitly engage in a form of conceptual engineering to advance these abolitionist endeavors argue that no one is illegal, but many people are illegalized; that no one is a criminal, but many people are criminalized. Likewise, I have argued that no one has a race or a disability, but people are racialized and disabled. No one is "a vulnerable," to use Eva Kittay's (2020a) term, but many people – including elders, disabled people, and prisoners – are made vulnerable, that is, are *vulnerableized* (Tremain, 2020a, 2020c, 2020d; Chung, 2021).

Contra the implications of racist medicine, epidemiology, and popular discourse that have circulated throughout the pandemic, residents and staff of nursing homes located in predominantly Black and Brown neighborhoods of American cities are not disproportionately represented among COVID-19 cases and deaths because Black and Brown people are somehow innately vulnerable to contracting COVID-19 in ways that white people are not (Kolata, 2020; Serwer, 2020; Center for Disease Control and Prevention, 2020). No one is more naturally vulnerable ("at increased risk," "high risk," etc.) of contracting COVID-19 than anyone else nor is anyone (or because no one is) more naturally immune to contracting the virus than anyone else. Black, Brown, Indigenous, and disabled people (which are by no means mutually exclusive groups) are, rather, disproportionately vulnerableized to COVID-19 by (among other things) the service-sector jobs in which many of them are employed; by the crowded nursing homes, prisons, and other carceral institutions in which many of them are segregated; and by the proximate relations to personal assistants and other service providers that are routine features in the daily lives of many of them.

The naturalization of vulnerability and risk in the context of discourse on COVID-19 – which has typified medical, philosophical, bioethical, mainstream media, and legislative responses to the pandemic worldwide – is both individualizing and totalizing. The ableist and

racist naturalization of vulnerability and risk in the context of COVID-19 is individualizing, insofar as it attaches vulnerability and risk to the bodies of certain subjects, ensuring that they will be regulated and disciplined by virtue of this individualization and, in most cases, will be enlisted to become *self*-regulating and *self*-disciplining. In addition, this naturalization of vulnerability and risk in the context of COVID-19 is totalizing, insofar as it creates "risk groups," statistical subpopulations whose respective natural(ized) gradations of susceptibility to the virus cover over the systemic structural and institutional mechanisms (e.g., the nursing home-industrial-complex) and apparatuses (e.g., the apparatuses of disability and race) that breed transmission of COVID-19 amongst marginalized people, fostering their vulnerability to it and thus positioning them under increased scrutiny, surveillance, quarantine, and other forms of control. Seldom has this naturalization of vulnerability and susceptibility to COVID-19 led to increased social assistance; to the expansion of paid sick leave; to job, housing, and food security; or to the other forms of economic and institutional change that would systematically and socially distance vulnerabilized people from the virus.

A comment that African American feminist legal scholar Dorothy Roberts recently made about the futility of care ethics for work on prisons and so-called child welfare systems also captures the futility of a care ethics approach (with its attendant naturalized assumptions about disability, vulnerability, and risk) to nursing homes and other institutions in which elders and younger disabled people are incarcerated. As Roberts put it, "You can't fix prisons (or [so-called] foster 'care') by training their agents to be more caring. The very logic and design of these systems are antithetical to care" (Roberts, 2020a, 2020b; also, Maynard, 2017). I want to argue, likewise, that the eugenic logic of neoliberalism, which provides the impetus for the nursing home-industrial-complex, makes a mockery of care and concern. To quote Roberts again, "The only way is abolition" (Roberts, 2020a; also, Luterman, 2020). In short, nursing homes and other institutions that confine older people and younger disabled people must no longer be regarded as necessary and inevitable features of modern social existence to which there are no alternatives (Seniors for Social Action Ontario, n.d.). Rather, we should regard up-scaled regulation, renovation, and public ownership of nursing homes and other institutions in which elders and younger disabled people are put as a kind of gentrification of apparatuses of power, gentrification designed in large part to ease the minds of the community-at-large about the segregation and dehumanization that these institutions facilitate; in other words, gentrification that effectively expands the scope of apparatuses of power and the systemic injustices that they constitute and comprise (Tremain, 2020c, 2020d).

DEDICATION

This article is dedicated to the memory of my father, Robert Frederick Tremain, who died in a Chartwell-owned nursing home on December 9, 2013.

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