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Nursing Home Abolition: Prisons and the Institutionalization of Older Adult Care

Eva Boodman

William Paterson University

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Biography

Eva Boodman is Visiting Assistant Professor of Philosophy at William Paterson University. Her current research focuses on normative approaches to the ways that institutions like schools, prisons, nursing homes, and social service organizations reproduce or mitigate structural racism. Her other projects use feminist ethics, critical race theory and Latinx philosophy to contend with questions of identity, responsibility, and complicity.

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Abstract

This article uses a prison abolitionist model to argue for nursing home abolition. By looking at the development of care institutions during the nineteenth century great confinement of the poor, and the example of black women paroled into forced domestic work at the beginning of the twentieth century, I show that both prisons and nursing homes shape citizenship as participation in a paid, able-bodied, white workforce that finds its condition of possibility in the violent exploitation of people of color in sectors like care work. Because prisons and nursing homes share this historical connection and political rationale, a similar framework can be applied to each: that of abolitionism. The prison abolitionist model shows us that the US needs a transformative approach to older adult care that goes beyond deinstitutionalization. As scholar Ai-Jen Poo writes, creating a society that cares for its elders will require us, as prison abolition does, to “rethink everything – how we live, how we work and play, and especially how we organize our family and community life: how we take care of each other across generations” (Poo 2015, 40). This paper makes the case for that radical re-conception of care by critiquing the carceral legacy of nursing homes.

Keywords

Prisons, Nursing Homes, Abolition, Domestic Work, Race, Citizenship

Introduction

Over the course of the twentieth and twenty-first centuries, mass incarceration in the United States has separated vast numbers of people from their communities and loved ones. Concurrent with this racialized civic death, another vast removal is taking place: the widespread institutionalization of older adults. While there are obvious and important differences between the “prison boom” and the “elder boom”, and between penal and older adult care institutions, both share a role in normalizing civic participation as white and respectable, in opposition to the disposability and exploitability of racialized, gendered, and aging bodies. During the era of U.S. “crimmigration”—the criminalization of migrants, many of whom represent demographics engaged in care work—the relationship between care work and prisons is of particular urgency. By looking specifically at the example of black women paroled into forced domestic work at the beginning of the twentieth century as a precedent for the highly classed and raced care environments we know today, we can see that both prisons and nursing homes normalize citizenship as participation in a paid, able-

bodied, white workforce that finds its condition of possibility in the violent exploitation of black people and people of color in sectors like care work. Because prisons and nursing homes are both sites of this kind of normalization, a similar framework can be applied to each: that of abolitionism. The prison abolitionist model shows us that the U.S. needs a transformative approach to older adult care that goes beyond deinstitutionalization. As care work scholar Ai-Jen Poo has put it, creating a society that cares for its elders will require us, as prison abolition does, to “rethink everything – how we live, how we work and play, and especially how we organize our family and community life: how we take care of each other across generations” (Poo 2015, 40).

The paper begins by describing the current “elder boom” – a term used to describe the rise in the number of older adults – and documenting the problems with the nursing home model of older adult care, both in terms of quality of and access to care, and in terms of labor conditions for care workers. I focus specifically on nursing homes over other kinds of institutional older adult care, both because a fuller, comparative analysis of different institutional models of older adult care would be too much for one paper to take on, and because of those different models, nursing homes have the closest historical and institutional link to prisons in the nineteenth century great confinement. Nursing homes originated in the almshouses of the nineteenth century, which housed older adults alongside those considered mentally ill, vagrant, deviant, or otherwise unable to work. Significantly for the purposes of exploring the connection between nursing homes and prisons, the nineteenth century also saw a movement led by white, church-affiliated women to differentiate older adult care based on “ethnic background”, motivated by the concern that “worthy individuals of their own ethnic or religious background might end their days alongside the most despised of society” (Foundation Aiding the Elderly 2018) – a concern the obvious racism of which reveals the assumption that only those who are respectable and worthy (read: white) are entitled to quality care. The beginning of the paper rejects the widespread use of nursing home care on historical and ethical grounds, motivating the need for alternative models that center community care as part of a widespread agenda for social change that goes beyond deinstitutionalization.

The second section of the paper links nursing home labor to slavery and Southern parole laws that forced black women into domestic labor in what Sarah Haley has called the domestic carceral sphere (Haley 2016, 35). Emphasizing the connection between nursing home labor and violent racial exploitation through penal care work not only makes the relationship between prisons and nursing homes obvious; it also begins to set up the argument that nursing home abolition and prison abolition are not

only related in theory, but should be part of a broader political agenda that reimagines security and care beyond the reliance on institutions that continue to racialize care. The third section suggests that both prisons and nursing homes shore up the boundaries of the state by defining who is entitled to civic participation (versus civic death) according to racialized notions of respectable work. The remainder of the paper moves from these historical and political connections to then use some established tenets of the prison abolitionist approach to sketch a preliminary theory of nursing home abolition. Rather than making specific policy suggestions or outlining what nursing home abolition would look like in practice, I use the analogy between prison and nursing home abolition to motivate further discussion and connection between the movement for decarceration, and the movement for community-based older adult care, and to support the idea that, given the historical connection between prisons and nursing homes, decarceration and nursing home abolition are both necessary for true community elder care.

1. The Elder Boom

By 2050, the number of individuals over the age of sixty-five in need of long term care is projected to grow to 27 million. The network of supportive services like meal programs, affordable homecare, and high-quality senior living communities is unprepared for this unprecedented increase in our aging population. As Baby Boomers age, some are calling this massive increase in the number of people over the age of sixty-five an “elder boom”, which could, if it is not approached with new models, result in a massive crisis.

While nursing home care is widely accepted and might be thought to adequately meet the needs of a growing number of older adults, this is far from the case. Nursing homes are not desirable or reliable care settings. Recent studies show that ninety percent of older adults of all groups want to age at home, or “age in place”, and the reasons for this are clear; nursing home conditions are often deplorable for both residents and workers. In addition to this, the cost of institutional care makes it an untenable option: institutional care comes out to about \$84,000 per person, per year. This price tag means that those who are middle-class do not qualify for often sub-par Medicaid-subsidized nursing home stays, but also cannot afford to leave work in order to care for a loved-one full time, or to pay for residential care that will meet their own care needs or those of an aging loved one. Activist-scholar Ai-Jen Poo, founder of the U.S. campaign Domestic Workers United and the author of *The Age of Dignity* (2015),

describes the elder boom as an impending national crisis: in today's economy, it no longer works to expect family members to leave their jobs to care for aging loved ones full time. Home care seems to be the solution, but while twenty-seven million people will soon be needing care, there are currently only three million home care workers in the entire industry –nowhere near enough to care for all those who need it.

Granted, not all institutional care is made equal, and it may be helpful to make some general distinctions between some of the different forms of long-term care in the US, a context characterized by intense and complex forms of inequality linked to race and class, and neo-liberal ideologies that support private, deregulated care industries alongside an often under-funded public sector. On one end of the care spectrum there are retirement communities which often have independent living sections. These are referred to as private pay, since individuals pay for care out-of-pocket, and in these kinds of facilities support staff are present to help with medication adherence, cooking, cleaning, etc. Older adults who require more assistance with what are called Activities of Daily Living or ADLs, often move into assisted living facilities, and those who require consistent care and monitoring will move into nursing care. Nursing care may also have some number of beds designated for subacute rehabilitation, for example where an older adult would stay while recovering from a surgery. A private pay retirement community will have the fewest regulations and oversight, while a Medicaid (government) -funded nursing facility is subject to more intense state regulation. Nursing homes can be either public or private; for-profit, or non-profit. In the United States, two thirds of nursing homes are investor owned, for-profit institutions (Comondore and Deveraux et al. 2009, 1). While some academic studies tend to show that for-profit nursing homes provide lower-quality care, a large proportion of those studies “showed no significant difference in quality of care by ownership”. In their study on the quality of care in private and public nursing homes, Comondore, Deveraux et al. find that “in the long term care market, in which funding is often provided by the government at fixed rates, both for-profit and not-for-profit facilities face an economic challenge that may affect staffing and other determinants of quality of care” (Comondore and Deveraux et al. 2009, 14). What studies like theirs suggest is that nursing homes themselves operate in a manner and context that is not conducive to providing quality care – regardless of who funds or owns the facilities.

Nursing homes, then, are not working. Poo shows that the current model for older adult care, which assumes nursing home institutionalization, is dysfunctional in terms of providing care to those who need it and compensating those who tend to provide that care – and often with lethal results. In spite of some efforts to improve and reform

conditions, Poo writes, widespread neglect and abuse still occur. According to her, “people confined in institutions, especially those with dementia and other cognitive disabilities, are often physically or chemically restrained, and many are administered antipsychotics”, despite the fatal danger these pose to people with cognitive degeneration. Facilities are often understaffed, especially at night, which makes preventable ailments like malnutrition, dehydration, bedsores, dental and gum disease, and infections common. Conditions for nursing home workers are often deplorable: their work is undervalued, under-supported, and inadequately compensated. The majority of institutionalized older adults die within two years of their arrival (Sidell 1997).

Why do it this way if it doesn't work? Poo writes that the reliance on institutionalization comes in part from the “fear and discomfort with which we approach aging, illness, disability, and death” in US society, which have led us to put ‘older people somewhere we can't see them: in institutions’ (Poo 2015, 30). While the “crip” and disability rights movements in the United States have had some successes in the decades-long fight against institutionalization as a discriminatory form of exclusion and marginalization, the movement to create pathways to deinstitutionalization for older adults has not had much political traction until very recently – even though the analyses developed by disability studies apply just as well to the marginalization, warehousing, and social expulsion of older adults. That disability studies analysis which applies so well to the mass institutionalization of elders is heavily informed by the analyses developed by “carceral” studies, which take their cue from French philosopher Michel Foucault to look at the “normalizing” role of institutions like prisons, hospitals, mental health facilities, and reform and residential schools. Warehousing elders, to be sure, doesn't function in the same way as mass incarceration does. For one thing, mass incarceration and detention in the United States has a primary racializing function that nursing home institutionalization does not; though the histories of penal institutions and crime and punishment in the United States are complex, it is a widely accepted view that post-slavery racialized punishment (like convict-leasing and chain gangs) was the historical condition of possibility for mass incarceration as we know it today.

Nonetheless, racialization and valuations of who was worthy of civic participation were significant in the nineteenth century advent of nursing homes as institutions independent from poorhouses. The very first eldercare institutions assumed those entitled to care to be white and in need of protection and isolation from the other more “degenerate” populations housed in the almshouses. The nineteenth century, then, saw a race and class division in older adult care institutions, where those who

shared the “ethnicity” of white women’s groups were “worthy” and could benefit from demographically targeted care, to the exclusion of just about everyone else housed in nineteenth century institutions. While this might seem to support the claim that present day nursing homes are the legacy of an option meant for those with racial privilege (rather than analogous to the prison), I cite the history of older adult care institutions in order to show that divisions in older adult care and caregiving had a role in the racialization of care work and the entitlement to care in a way that has continued into the present.

While I cannot trace the history of older adult care in the U.S. in its entirety here, a couple of milestones are important to note. The nineteenth century church-organized nursing homes described above served only a very small number of people, and in fact, did not last long. By the 1930s, a movement to save money and to abandon “dreaded” almshouses, where conditions were deplorable, succeeded in replacing older adult care both in almshouses and other church-based institutions with small pensions so older adults could support themselves at home – a desirable solution in present-day debates, but impracticable without non-monetary forms of care support. Those who resided in almshouses or other public institutions, however, were not eligible for these pensions, and had to pay for care in private institutions. Significantly, the exclusion of poor and non-white older adults housed in poorhouses from this pension program was the reason for the passing of Social Security legislation. In the 1960s and 1970s the number of both private and public nursing homes grew significantly due to the passage of Medicare and Medicaid, and the increasing stimulation from the private care industry. By 1979, seventy-nine percent of all institutionalized elderly persons resided in commercially run homes (Foundation Aiding the Elderly 2018), many of which provided substandard care. These institutions were “labeled ‘warehouses’ for the old and ‘junkyards’ for the dying by numerous critics” (Ibid.). Representative David Pryor is said to have proclaimed in his attempt to initiate legislative reform in 1970 that nursing homes were ‘halfway houses between society and the cemetery’ (Ibid.).

While this dire picture may not describe each and every institutional care environment for older adults, the advocacy group Foundation Aiding the Elderly (FATE 2018) writes in their history of nursing homes that

the development of the modern-day industry reflects its historical roots. [...] In their initial policies, New Dealers were anxious to sever the connection between old age and pauperism. In barring all residents of public institutions from receiving pensions, however,

they clearly underestimated the proportion of elderly persons who required residential support. [...] The problems that face long-term care for older adults are clearly tied to their historical development. In shutting the almshouse door, policymakers gave birth to the modern nursing-home industry (FATE 2018).

In this sense, nursing homes can be thought of as an outgrowth of the poorhouse, a carceral institution inspired by Bentham's panopticon that was to serve as the model of the prison and other penal institutions.

Against this historical backdrop, it becomes easier to make sense of recent statistics in nursing home demographics. Since 1999, the number of "minority residents" in nursing homes has increased more rapidly than the minority population overall, and the rise in the number of black nursing home residents has risen by the same amount that the white population has declined (Feng, Fennell, Tyler, Clark and Mor 2011). These numbers indicate – in concert with the historical precedent set in the nineteenth century – that racialized minorities have unequal access to home and community-based alternatives to nursing home institutionalization, making race an intersecting factor in the warehousing of older adults. It's evident that nursing homes do not currently have the dramatic racializing role that prisons have as a result of the racialization of crime in the United States. Nonetheless, the institutionalization of elders and the institutionalization of criminalized people in the United States do share a common political logic for who deserves care, and a documented historical connection, which, I argue, has important implications for the way we approach contemporary older adult care. In order to understand this shared logic, we'll have to take an intersectional look at who is being institutionalized, and who is doing the labor of caring for those both inside and outside of institutions.

2. Slavery, Parole, and the Enforcement of Domestic Work

Since the 1980s, the number of incarcerated people in the U.S. has increased from about 50,000 to over two million. Beyond those incarcerated in correctional facilities, one in twenty adults – or eight million people – are under some form of carceral state control, including parole, probation, and other forms of state supervision and surveillance (Gottschalk 2015, 1). The result for most of those who have contact with the criminal punishment system is "civil death", the denial of basic civil liberties and social benefits including access to housing, education, work, government benefits, political participation, and even access to one's children (Ibid.). While there are a

number of different explanations for the rise and persistence of mass incarceration in the U.S., I follow scholars who understand it *not* to have been caused by an objective rise in crime, but by the historical racialization of criminality; the transformed legacy of slavery through the convict leasing system established at the time of the implementation of the Thirteenth Amendment (Kilgore 2017); and the continual repression of people of color movements, through which technologies of surveillance, population control, policing, and other forms of state violence were perfected (Fernandez 2015, *xxi-xxxvi*). Political scientist Marie Gottschalk has challenged this explanation, writing that it is a “mistake to view the carceral state as merely the latest chapter in a book that began with slavery”, and that we must, conversely, look at how periodic moralistic political campaigns, and institutions of social welfare (or the lack thereof), shaped criminal punishment. While Gottschalk is right that the history of penal institutions in the U.S. is complex, and that prisons cannot be equated in any simplistic way to slavery or Jim Crow, the role of penal institutions of the past in creating the racializing system that we know today cannot be denied. This section looks at nineteenth century parole laws that forced incarcerated black women into unpaid care labor in white homes. This historical example of racialized criminal punishment represents a direct line of connection to the contemporary demographics of care work: most of those employed as care workers, both inside and outside of institutions, are women of color; many are immigrants or undocumented.¹

In a society afraid of death, illness, and disability, those who must perform labor related to it are devalued, feminized, considered disposable, deportable, and exploitable. Paralleling the exclusion of poor and non-white older adults from care institutions, as we saw above, care workers have been excluded from labor laws in the US since the New Deal – an exclusion that isn’t simply a similarity that domestic and care workers have with incarcerated workers, but that is historically rooted in the legacy of slavery. As Poo writes, “farmwork and domestic work had been the work of slaves, so when labor laws were passed in the 1930s, southern members of Congress refused to sign on to the labor law package as part of the New Deal if farmworkers and domestic workers—who at the time were largely African American—were included. In the deal that Congress struck, those two workforces were excluded” (Poo 2015, 88). It wasn’t until 2013 that “care companions” were included in the Fair Labor Standards

1. U.S. Census data shows that 89% of home care workers, for example, are women, and that while women of color make up one fourth of the workforce, they make up more than half of the home care workforce (“U.S. Home Care Workers: Key Facts”).

Act, covering two million care workers under minimum wage and overtime protections that were implemented in 2015, with extremely uneven enforcement; care workers continue to face the legacy of slavery in the *de facto* devaluation and stigmatization of their work, even though there have been some *de jure* improvements.

Sarah Haley's scholarship on the nineteenth century use of parole to force black women into care labor in the U.S. South goes further than simply explaining why domestic workers are denied labor rights; it reveals the history of care work in the U.S. as *itself* a carceral environment, where care work was racialized because of its role as a penal technique. Far from merely punishing "crime" or "criminality", Haley writes that this form of gendered labor exploitation was a form of neo-slavery that "made the New South possible, not as a departure from the Old, but as a reworking and extension of previous structures of captivity and abjection through gendered capitalism" (Haley 2016, 2)—a system that served to maintain white women's social and economic role as domestic "managers" of black women in order to support and normalize a white male workforce (Haley 2016, 4).

In 1908, the State of Georgia replaced convict leasing with the chain gang, and, shortly afterwards, the law was amended to "exclude females" from chain gang work.² But, alongside this change, parole law was modified so that the Georgia Prison Commission was now empowered to conscript women prisoners to work for private individuals or businesses "for at least one year" instead of releasing them after their minimum sentence (Haley 2016, 157). When this year of unpaid domestic servitude supervised by private white individuals had been completed, there was no guarantee of pardon or commutation (Haley 2016, 175). The result was the "dramatic entrenchment" of black women in domestic work: by 1890, four out of five black women in Georgia were domestic workers; by 1930, this was true for nine out of ten black women (Haley 2016, 34).

While these new laws did affect some white women, the 1913 Probation Act saw the continuation of the differential treatment white and black women received in the penal system. These new probation laws authorized judges to reduce felonies to misdemeanors, and did not require those being released from prison or penitentiary

2. Haley writes that 'domestic service parole' had an important role in defining gender through race. 'Georgia's Jim Crow carceral regime', she writes, 'produced women every day, and all of the women were white' (Haley 2016, 160). Black women – who were both sentenced to work on the chain gang, in the fields, and in white homes – were gendered in ways that were ambiguous, and that acted as a condition for innocent, vulnerable, white Southern femininity.

to live with their employers so long as they reported to a probation officer and led a “correct life”. Probation was mostly reserved for white women, who were more likely to be charged with misdemeanors rather than felonies, while black women were disproportionately given domestic labor parole, which required women to live with their employers, mostly private individuals who had volunteered to act as parole officers (Haley 2016, 34). Black women paroled into unpaid domestic service for white employers were “always under threat of being sent back to the chain gang or state farm if they broke a rule or failed to work up to their employers’ standard” (Haley 2016, 176). Employers had to endorse parolees’ monthly reports, and were meant to “direct her in that which is good, and promptly report to the Prison Board any unnecessary absence and tendency to low and evil associations” (Ibid.). In order to have access to this free domestic labor, white men and women competed for incarcerated women, asking for them to be released into their household’s custody, and often invoking – especially in the case of middle-class or upper-class elderly white people – “frailty”, vulnerability, and the need for assistance and care (Haley 2016, 181). This is not to deny that many – as we saw above – are in need of home elder care today, or that many find that model to be preferable to institutionalized care. But because nursing homes as we know them today developed shortly after the abolishment of convict leasing, we can say that carceral models of domestic care had an impact on shaping a care labor economy based on racial exploitation.

Haley’s work shows that the punitive nature and racialization of domestic work were the condition for the advancement of white men and women at the expense of black women, whose supposed criminality and moral degeneracy allowed for, and was juxtaposed against, white feminine frailty and innocence. While this picture of private, state-sanctioned domestic carceral punishment might seem to support an argument *against* homecare in favor of institutionalized elder care, the history of care for members of the white propertied class by unpaid, criminalized black women, shows, rather, that prison and nursing home care are inextricably linked. Looking at the way that white middle-class men and women in the South asserted their “right to ‘have’ black women’s domestic labor and bodies” and rationalized their requests as “liberal efforts to liberate them from prison and to care for them” makes it clear that elder care without a transformative movement to decarcerate will only allow for the continued expansion of the carceral state through our care institutions. We need

to look beyond de-institutionalization to broader transformative models that are not rooted in the racializing, punitive histories of both the nursing home and the prison.³

3. The Normalization of White, “Respectable” Citizenship

The practice of domestic labor parole is an example of the racialization of care work as a direct outgrowth of slavery, convict leasing, and other forms of hyperexploitation that served the interests of the white propertied class and created the conditions for early twentieth century industrialization. While it is true that the lived experiences of care workers in general cannot be directly compared to those of people who have survived incarceration, and that racialized punishment is a central function of prisons in a way that it is not in nursing homes or for nursing home workers, both institutions have a ‘normalizing’ function that at once rationalizes the exploitation of people of color and shores up the notion of white citizenship engaged in “respectable” work.

“Normalization” is a term drawn from the work of Michel Foucault that describes disciplinary techniques that work on the soul rather than the body – a development that marked the transition to modernity and capitalism from feudal times, where the authority of the king was enforced through public execution. In *Discipline and Punish*, Foucault describes the role of prisons *not* as a means of hyperexploitation and civil death, which seems to put him at odds with scholars like Haley, but as a means of ‘rehabilitation’ for those who do not fit the norm of production and obedience. Confined bodies are controlled, not with a view to elimination or exploitation *per se*, but as a means of social control, where punishment is used to correct social deviance. As Foucault writes in *Discipline and Punish*, penal labor, “with its limited extent and its low output, cannot have a general effect on the economy. It is intrinsically useful, not as an activity of production, but by virtue of the effect it has on the human mechanism”—the effect of transforming the convict “into a part that plays its role with perfect regularity” (Foucault 1995, 242).

3. Marie Gottschalk argues in *The Prison and the Gallows* that prisons and care institutions have an inverse relationship to one another in the United States. She maintains that victims’ rights groups would not have had so much power to politicize punishment if the U.S. had a stronger network of care institutions that construed crime victimhood as an issue of care rather than an issue of criminal punishment. While she does accept that crime and punishment had a significant role in defining US nationhood, she claims that the “institutional environment” shaped criminal punishment, rather than conversely understanding care institutions to have been shaped by the carceral state. This paper takes a slightly different approach by understanding institutional life in the United States to be radically shaped by racialized punishment and the legacy of racial exploitation.

Foucault's view is generally criticized for neglecting the role of race and racial hyperexploitation in the U.S. carceral state. I do think, though, that the notion of normalization helps us understand the connection between prisons and nursing homes, and supports the abolition argument. Where prisons and care work in the U.S. have their origins in patterns of racial exploitation, the warehousing of older adults in nursing homes seems to serve the role of elimination and disposal rather than enforcing productivity or "rehabilitating" deviance. But beyond the differences in their respective functions, prisons and nursing homes both have a normalizing role in defining civic participation as raced and classed that can be traced back to the 19th century's nation-building efforts. By looking at prisons and nursing homes together, we can see how Foucault's notion of modern capitalist discipline "coincided in post-emancipation America" with brutal racial terror and exploitation, serving to "normalize white subjects rather than to rehabilitate black ones" (Haley 2016, 27). In this sense, prisons and care institutions like nursing homes have worked in concert to create a racial caste system in the U.S., where racialized subjects are *simultaneously* disposable and exploitable. That caste system racializes exploitative care work and whitens access to quality care as part of the maintenance of a racial-capitalist nation state.

The logic of disposability in the normalization of white citizenship is easy to trace in the twentieth century history of mass incarceration, which some scholars have understood as a tool for punishing those who cannot comply with the demands of the protestant work ethic, as was the case for black workers left unemployed and deemed economically disposable after mass mid-century de-industrialization in the U.S. (Fernandez 2015, *xxi-xxxvi*). Mass incarceration was a way to warehouse redundant labor, but most of all, it was a way of containing and pre-empting the potential uprisings and "unruliness" of those without work. In this sense, prison wasn't only a mechanism of exploitation, but was a means of social control that "became necessary after the crisis of the urban ghetto (provoked by the massive loss of jobs and resources attending deindustrialization) and the looming threat of Black radical movements" in response to widespread poverty and deprivation (Ibid).

It is certainly not difficult to see this logic – the logic that punishes redundancy – at work in the institutionalization and neglect of older adults, and not just in the way that U.S. labor culture punishes people for leaving work to care for their loved ones: While we are living longer than ever before in the US, we are also one of the most ageist societies on the globe.⁴ The United States is far behind countries like Japan,

4. In a 2006 study of perceptions of beauty, for example, the soap company Dove asked women worldwide

Germany, and Canada, which have created long-term social insurance programs that cover in-home care and community-based solutions that do not penalize those who are poor or without family⁵-- or, at least not to the same dramatic extent. The reason for this, according to sociologist Chris Chapman, is that institutions like nursing homes share a logic that originated with a great confinement of the poor in the eighteenth and nineteenth centuries meant to shore up the boundaries of young nation states by eliminating those who disrupted the vulnerable social order, especially through non-work and "vagrancy" (Chapman 2014, 33). By the nineteenth century, a wide range of different kinds of groups were institutionalized on this logic, which, with the process of secularization, saw a shift from the goal of elimination to the goal of "reformation" or "rehabilitation". These different institutions shared the political rationality that "under the right conditions imposed from above, degenerate, disabled, criminalistic, or uncivilized peoples" could be "brought 'up' to normative standards"—that is, the ability to work (Ibid). "Slaves, First Nations, paupers, criminals, or intellectually, physically or psychiatrically disabled people" were institutionalized in various settings meant to integrate them into society as menial laborers by eliminating their non-productive deviance. In colonial "secular" nation states like the U.S. where direct elimination of non-Christians and "vagrants" could no longer be justified, elimination could now be achieved through "transformation", as exemplified in the nineteenth century U.S. Indian Commissioner William Jones' goal to "exterminate the Indian but develop a man" (Chapman, Carey and Ben Moshe 2014, 6). When reading accounts like Haley's, where a similar rationale was used by white middle-class people vying for the unpaid labor of paroled black women, we can see that "elimination through transformation" was synonymous with racial exploitation under the guise of "rehabilitation" and white liberal paternalism.

This logic of "elimination through transformation" might not seem applicable to elder care, since elders are presumed not to be able to be "rehabilitated" and exploited for manual labor. But nursing homes participate in this political logic since their elimination of older adults is undertaken for the sake of preserving a social order

'in which decade of life they thought a woman reaches the peak of her beauty'. Forty-eight percent of American women said 'in their twenties, while the majority of French, Italian, and Brazilian women said a woman is her most beautiful in her forties'. Other reports reveal that eighty percent of older Americans have encountered ageist stereotypes, including employment and health care discrimination on the basis of age. (Poo 2015, 29-30)

5. These programs took decades to implement, with significant adjustments and improvements over time.

governed by norms of productivity and perfectibility, where independence and dignity are thought to be earned through forms of “respectable” work that exclude care work. Chapman writes that it is self-evident that “non-productive” older adults and those who are incarcerated should be segregated away from the rest of society on the prevailing normative political rationality where to be a civic participant assumes being white, respectably productive (involved in paid, non-care, non-domestic work), and able-bodied. “Every time a group home is built”, he writes, “every time someone can’t imagine a world without prisons or psych wards, every time funding is available for a nursing home but not for care in one’s own home, the fundamentals of the political rationalization of the ‘great confinement of the poor’ lives on” (Chapman et al. 2014, 6).

In addition to such a political rationality living on in both nursing homes and prisons, those institutions themselves – through their techniques and mechanisms – generate our ideas of who is a productive contributor, and who can be done without. Likewise for the institutionalization of disabled people, which was so formative in the development of nursing homes: as Abbas and Voronka write, it was within spaces of confinement that “mad people were monitored, typified, and categorized”, and that “‘mental illness’ and ‘the mentally ill’ were able to emerge [as categories] through examination” (Abbas and Voronka 2014, 122). In the same way, nursing homes and institutional environments for older adults have a role in normalizing the idea that our elders are a burden, are objects of medical technology, rather than being contributors to our social, cultural, emotional and civic lives. In much the same way that the language of a “prison boom” normalizes the flow of bodies into a carceral system, language of the “elder boom” or “silver tsunami” plays into fears that older adults are a wave about to crash into our systems, burdening our economy and sucking out our wealth. Studying the logics at work in prisons, nursing homes, and other institutions that operate on the underlying notion that viable work or recognized productivity grant freedom and civic belonging, we can see that carceral logics are fundamentally political and bio-political: they serve to control who is an acceptable or desirable member and participant in the state through the physical removal of bodies not doing the right kind of work – bodies that include those of undocumented people, care workers, incarcerated people, and older adults.

4. Beyond Deinstitutionalization: Nursing Home Abolition

An obvious objection to the idea of nursing home abolition is that eliminating the institution would place many elders at great risk, especially those who rely on nursing homes for the intensive or memory care they need in order to continue living. While we are facing an impending crisis because of the shortage of adequate care, some might say that eliminating nursing homes would create another, much graver crisis for those currently institutionalized, and their family members who cannot afford to care for them full time. But nursing home abolition is not about eliminating the physical site of the nursing home, in the same way that prison abolition is not about simply eliminating the physical site of the prison. Many have levelled similar critiques against prison abolitionists, arguing that prison abolition understood simply as deinstitutionalization will create a safety crisis if there is nowhere to “put criminals”.

But if, as we saw, prisons and nursing homes are sites of normalization that reinforce the notion that civic and social participation require “respectable” productivity, solving the problem will require much more than deinstitutionalization – even if that should be part of the picture. Foucault writes that the techniques that operate within the prison developed as part of a massive societal shift where institutions, including nursing homes and prisons, played the role of enforcing productivity, docility, and non-deviance through the principles of isolation, work, and the modulation of punitive techniques (Foucault 1995, 231–246). What this means is that to shift their normalizing power, we will have to target not just the institutions of prisons and nursing homes, but the sets of norms, values, and auxiliary structures that support them and that are continuous with them. Nursing homes, for example, are part of a constellation that includes ageist attitudes, work expectations and demands, the cost of living, the feminization and marginalization of care workers, and the medicalization of old age. Likewise, prisons are part of a constellation that includes the prisons themselves, police and police practices, the construction of race and racialization through the history of labor and the legacy of slavery, access to work and education, and the operation of white supremacy at work on a number of different registers of social and political life. Such a wide-ranging and systemic problem demands an equally wide-ranging and systemic approach, though there are evidently no easy solutions to the structural racism, classism and ableism perpetuated by both prisons and nursing homes. The abolitionist approach to both prisons and nursing homes responds to the fact that deinstitutionalization on its own –while an important part of the strategy – will not shift the constellation of norms, practices, and historical brutalities that give prisons and nursing homes their role.

Prison abolition has been defined as “a political vision with the goal of eliminating imprisonment, policing, and surveillance and creating lasting alternatives to punishment and imprisonment”—on the grounds that prisons are a racialized, and inhumane form of punishment and social control (“What is the Prison Industrial Complex?”, criticalresistance.org). In their mission, the leading U.S. prison abolitionist organization Critical Resistance writes that abolition isn’t just about “getting rid of buildings full of cages”. It’s also about shifting the norms, patterns and structures at work the society we live in “because the prison industrial complex both feeds on and maintains oppression and inequalities through punishment, violence”, and social control. In their description of an abolitionist vision, Critical Resistance takes abolition to require a broad set of different strategies, since the prison industrial complex is “not an isolated system”, but a vast network of punitive mechanisms of state violence that includes the institutionalization and social exclusion of older adults, people of color, people with disabilities, queer people, and others who do not conform to the image of the productive citizen.

While there are serious debates about how to carry out abolitionist work, prison abolitionists tend to agree with scholar-activist Mariame Kaba that it is both “lodestar and a practical necessity” (Kaba, Berger, and Stein 2017; both a set of practical organizing tools, and a set of long-term goals for social and political transformation. As Kaba has written, abolition is about “connecting a radical critique of prisons and other forms of state violence with a broader transformative vision” (Ibid.). But is abolition just a “utopian fever dream”, as anthropologist Roger Lancaster has claimed (Lancaster 2017)? Against Lancaster’s skepticism, Kaba and others have argued that prison abolitionism is a highly influential approach that has resulted in significant changes for those affected by mass incarceration. An advantage of abolitionism, according to Kaba, is that “rather than juxtapose the fight for better conditions against the demand for eradicating institutions of state violence”, it navigates that very divide—and that navigation has had some important movement results (Kaba et al. 2017). For the better part of the last fifty years, Kaba writes,

abolitionists have led and participated in campaigns that have fought to reduce state violence and maximize people’s collective wellbeing. They have worked to end solitary confinement and the death penalty, stop the construction of new prisons, eradicate cash bail, organized to free people from prison, opposed the expansion of punishment through hate crime laws and surveillance, pushed for

universal health care, and developed alternative modes of conflict resolution that do not rely on the criminal punishment system (Ibid.).

As Ruth Gilmore has written, prison abolitionism is not meant to be an all-or-nothing principle, but rather is an approach that rejects the paradigm where prisons serve as catchall solutions to social problems (Gilmore 2007). Some conceive of abolitionism as opposed, or antithetical, to reform efforts, but for most abolitionist advocates, this is far from the case. Rather than being opposed to incremental change, “abolitionists have insisted on reforms that *reduce* rather than strengthen the scale and scope of policing, imprisonment, and surveillance” (Kaba et al. 2017).

Prison abolition advocates, while they focus on prison, have mobilized not only against prisons, but against policing, the school to prison pipeline, cash bail, solitary confinement, stop-and-frisk, punitive benefits requirements, and the current functioning of the foster care system. To affect the way racialized punishment operates in society – or the “punishment paradigm”, as some have called it – requires a widespread cultural, material, relational, policy, and labor shift (Farid 2015, 5–9). It would require making changes to housing laws, zoning, and how school is funded, and rethinking who does what kind of work in society. Alongside more “incremental” efforts, abolitionism also requires a thoroughgoing critique of the nation state and the operation of government – in keeping with the above analysis of the great confinement of the poor as a way of enforcing respectable work as a condition of citizenship and personhood.

The same paradigm shift advocated by prison abolitionists can easily be applied to nursing homes. While there are some important differences in the way these institutions function – for example, jobs in “corrections” are socially sanctioned, and are protected by powerful unions with a good deal of political clout, which is not the case for domestic workers – the argument that abolition involves a transformative shift beyond deinstitutionalization holds for nursing homes, too.

Just as prison abolition does not advocate *only* for the elimination of prisons, deinstitutionalization on its own will not solve the problem of the elder boom. As Poo’s work shows, we need a shift in policy, relationships, and culture – changes that are unlikely to happen in the short term, and will require incremental organizing efforts. Scholars in disability studies have made a similar argument about deinstitutionalization. While institutions, have had, as we saw, an important role in the construction of “the criminal”, “the mad person”, and “disability” that can be applied also to “old age”, deinstitutionalization would not be the ultimate or singular goal of the

abolition of nursing homes. Disability studies scholar Michael Rembis has shown that deinstitutionalization for those considered mentally ill has, in fact, had the effect of *increasing* mass incarceration, since prisons have come to replace the ‘correctional’ role that mental institutions once had (Rembis 2014). Deinstitutionalization in the case of elder care – without other concurrent changes – would likely have similar results: an increased number of elder homeless who end up incarcerated or confined in police detention, jail, or in costly hospital stays not intended for long-term care. Because of this, nursing home abolition, on analogy to prison abolition, would mean a long-term, policy and community-supported shift in how we live and work.⁶ In the same way that prison abolitionists seek to redefine our notion of safe communities, nursing home abolition would involve a creative redefinition of community care that goes beyond nuclear families and state institutions as the only sources of support.

For communities of color, immigrant communities, and queer communities, informal community-based care structures have, at some times, been a cultural norm, by necessity or by choice. In their paper “African American extended families and kinship care”, for example, Stephanie Brown, Don Cohon, and Rachel Wheeler suggest that care structures based on extended family networks that include non-biological family are often “disrupted” by state-managed care services, and that “continued idealization of the nuclear family—including its use in the conceptualization of foster care—may hinder service provision because it obscures the resources of extended families” (Brown, Cohon, and Wheeler 2002, 53–77). Non-institutional, non-nuclear family-based structures of care have historically been disrupted by state violence and repression that break extended families apart through institutionalization and the enforcement of colonial models of family. Nursing home abolition is a response to the colonial, carceral models of care that enforce racialization, and that, in this stage of capitalism in the U.S., are not working. Nursing home abolition, on analogy to prison abolition, would mean a long-term shift in how we live and work, in who we expect

6. While queer elders in particular face barriers when accessing care that include the assumption of heterosexual identity, lack of recognition of same-sex partners and unequal treatment by providers – in addition to a history of medicalizing and pathologizing queerness -- the way society cares for elders (and people convicted of ‘crimes’) has a lot to learn from queer models of care that decenter biological family, lean on community, are multi-generational, and mistrust care institutions. A group or community setting can be the best environment to provide safe and necessary care for an older adult. For example, providing memory care is extremely stressful and demanding. The repetitive behaviors, wandering, confusion, and aggression of older adults with dementia can be very hard to handle, especially for someone not trained in dementia care, putting the elder at greater risk of neglect or elder abuse.

to care for, and who we expect to care for us. Understanding the deeper historical and political connections between prisons and nursing homes shows us that transformative, incremental changes in criminal punishment and elder care must go hand in hand. Without a movement for decarceration, we will not have true community care for our elders.

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