

Cultivating Death-worlds: Intellectual/Developmental Disability, Sex, and
Intimacy in Ontario's Sex Education and Developmental Services Policies

by

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Abstract

This thesis examines discourse within Ontario's sex education curricula and developmental services for intellectually/developmentally disabled (IDD) people, and how these provincial policies cultivate and rationalize contemporary death-worlds for IDD communities. Drawing from crip and queer perspectives of IDD, sex, and intimacy, I use critical discourse analysis to convey the ways Ontario upholds the settler colonial capitalist project through processes of normalization and the appropriation of language from community models of care. Using necropolitics as my theoretical framework, I show how normate fears of crips and queers are used to reproduce IDD death-worlds through the silent continuation of segregating, isolating, and sexually sterilizing IDD people. Despite Ontario's hyper-surveillance and attempts to sanitize IDD sex and intimacy, IDD communities exist, and they will continue to exist, transgress, love, "fuck", hold hands, and establish new sexual and intimate boundaries that will grow and imagine new possibilities.

Keywords: intellectual/developmental disability, necropolitics, sex education, policy, death-worlds

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List of Abbreviations

ABA	Applied Behaviour Analysis
BEA	Behaviour Expertise Amount
CSE	Comprehensive Sex Education
IDD	Intellectual/developmental disability and intellectual/developmental disabilities
ISP	Individual support plan
JBCI	Journey to Belonging: Choice and Inclusion
LGBTQIA+	Lesbian, gay, bisexual, trans, queer, intersex, asexual
LTC	Long-term care
MCCSS	Ministry of Children, Community, and Social Services
OPHEC	Ontario Physical Health and Education Curricula (grades 1-8 and 9-12)
OPP	Ontario Provincial Police
TBE	Toronto Board of Education
UDHR	Universal Declaration of Human Rights
UFWA	United Farm Women of Alberta
UN CRC	United Nations Convention on the Rights of Children
UNESCO	United Nations Education, Scientific, and Cultural Organization
RCMP	Royal Canadian Mounted Police

SSPSIPDA Services and Supports to Promote the Social Inclusion of Persons with
Disabilities Act

Introduction

My research is driven by and bound to the first inherently crip and queer community to welcome and love me. This community is known in Sackville, New Brunswick, as “the Daybreakers”; the Daybreakers are a disabled, mad, queer collective who spend time together at the community centre, by the beach, or at the community garden. While I was technically an employee of Daybreak, I felt and identified more as a member; I felt most unbound when I was with the members of Daybreak. Daybreak is a space where autism, intellectual/developmental disabilities, schizophrenia, and mania are imagined and navigated mutually, meaning, myself, the director, and members facilitated peer support by cultivating a community around learning about each other and each other’s needs, desires, interests, and disinterests. It was a very intimate experience. As an “employee”, my purpose was not to adhere to a strict schedule, nor to police the intimate lives of the members, my sole purpose was to facilitate daily activities decided by the members, and to be a friend and confidante. To become an “employee”, I had to possess a “diagnostic history of mental illness” (Gilman, 2014, p. 441), this ensured I held proximity to the members’ experiences and could share perspectives. This condition for employment allowed me to understand my queer, nonnormative existence as a pansexual, depressed, attention-deficit, autistic person. The Daybreak Activity Centre, to me, is truly an embodied community.

I moved from the notoriously tiny town of Sackville to Canada’s capital city, Ottawa, Ontario, in 2016. By 2017, I acquired employment working with autistic children at a “learning centre” that specializes in Applied Behavioural Analysis (ABA). Working as an “instructor therapist”, my role was to implement medicalized practices for managing nonnormative behaviours exhibited by autistic children. Through ABA, I learned that in Ontario, autistic children, or children labeled IDD, were typically segregated from public schools that were

unequipped to support nonnormative, or seemingly unmanageable behaviors. After demanding autistic children to tap tables, sing when they did not want to, and play in ways they did not feel were fun, I left my position and found employment in Ottawa as a “residential support worker” within a company’s group homes, and as an “enhanced program facilitator” for the company’s day program. The homes and day programs were owned by a non-profit organization that staffed approximately 2-4 workers per shift. Within the homes, our duties included assisting residents with personal care and hygiene, driving them to and from daily activities, preparing meals, administering medication, and maintaining the home’s cleanliness. Notably, the company used a specific psychiatrist to prescribe medication and design daily routines for workers to facilitate among residents, despite choosing to never meet or talk to the residents acquiring support. Individual support plans (ISP) for residents and attendees of the day program were regulatory tools designed by medical/psychiatric (mis)conceptions of what normal behavior and daily routines *should* look like for autistic and intellectually/developmentally disabled people and were implemented and deployed by exploited workers and guardians.

I was periodically involved in designing and implementing many individual support plans. I found that sexuality, reproductive health, and intimacy were almost entirely nonexistent from ISPs. For example, many residents were allotted specific times and places where they could masturbate but then were verbally ostracized if they deviated from their assigned masturbation schedule. Some members would talk to me about how they manage intimacy, sexual identity, and sex. A major catalyst for my thesis was a conversation between myself and a member from the organization. She was both an attendee of the day program and a resident of one of the company’s group homes. She is autistic, bisexual, and uses an electric wheelchair for mobility. At the day program during lunch, she told me about her upcoming date that evening, mentioning

she was nervous, as they planned to have sex but because they were both residents within different group homes, they could not receive any privacy or time alone together and would have to resort to having sex in public in the nearest Tim Horton's bathroom. Her story prompted me to scour the company's policies regarding sex, as well as policies for navigating sexuality and intimacy among residents and day program attendees. I found that these policies were nonexistent and seemingly unimaginable within the parameters of what the service providers deemed acceptable and "normal". This prompted me to wonder: was my role as a worker to foster genuine relationships based on needs, or was my role to simply follow the strict policies and procedures of a private institution?

My working experience in Ontario lead me to ask why the people I supported were constantly restricted from accessing and discussing sexual knowledge, sexual encounters, and even the most mundane intimacies like holding hands. As an ABA facilitator, I wondered when autistic children isolated within ABA programs would have the opportunity to learn about sex and sexuality, where they could access this information, and what they would learn. As a residential support worker and day program facilitator, I saw the effects of what happens when an IDD person is excluded from sexual spaces and conversations like sex education. I witnessed how government-led policies and services, intended to support autistic and IDD communities, frame nonnormative sex, sexualities, and intimacies as antithetical to the maintenance and development of the white, heterosexual, able-bodied and able-minded nation.

Sex, intimacy, government policies, and the embodied experiences of IDD people are at the heart of my thesis and are examined through the lens of necropolitics. Using necropolitics as my guide, I investigate how language, or discourse, is manipulated by settler colonial capitalist interests, and the political power to decide "who is able to live and who must die" (Mbembe,

2003, p. 66) through the social sanitization of IDD sex, reproduction, and intimacy in policy-making, and through the hyper-regulation of nonstandard sexual spaces occupied by IDD people. Achille Mbembe introduced necropolitics as a framework for understanding how settler colonial governments determine, manage, and maintain policies at federal, provincial, and municipal levels to reproduce death-worlds that subject “undesirable” communities, or the Other, to “conditions of life conferring upon them the status of the living dead” (p. 39-40). My experience as a support worker in Ontario’s institutions for IDD people led me to imagine Ontario as a settler colonial capitalist state, where violent policies promoting social segregation, isolation, and sanitization of the living dead are rationalized as necessary for settler colonial capitalist development in Ontario, or, “the good life” (p. 67).

To support the use of “settler colonial capitalism” in my thesis, I draw from Glen Coulthard and Audra Simpson’s (2016) concept of settler colonialism as “a structure of domination” (p. 251) that promotes the destruction of Turtle Island and the erasure of its Indigenous peoples by subjecting “Indigenous lands and labor to the demands of capitalist accumulation and state-formation” (p. 254). I add “capitalism” to settler colonialism to account for the ways settler colonial nations rely on the seemingly normal concept of healthy and productive bodies to uphold capitalism as a vital tool for sustaining the settler colonial project. By restricting IDD peoples’ access to public services through exclusionary discourses and fiscal policies, the settler colonial state can enforce violence through isolation, segregation, abuse, and literal death within IDD communities. Guided by Eve Tuck and K. Wayne Yang’s (2012) “settler moves to innocence” (p. 9), that is, the “settler desire to be made innocent” (*ibid*), I am careful not to homogenize and categorize white, settler IDD communities as colonized peoples. Rather, I consider how IDD communities, particularly IDD sexualities and intimacies, are managed by

settler colonial capitalism as antithetical to the reproduction of the white, heterosexual, able-bodied, able-minded, “healthy” nation.

I use necropolitics to expand on the ways in which Ontario, a capitalist state, regulates, sanitizes, and negotiates the sexual and intimate lives of IDD communities as a continuation of the eugenics movement. The eugenics movement was and continues to be a political tool used to rationalize and negotiate death among categorically Othered, or “undesirable” communities. I specifically refer to the history of eugenics within IDD communities, which include mad, colonized, racialized, queer, and trans identities. IDD communities were and continue to be constantly subjected to pseudo-scientific evaluations of competency and intellectuality that position “people with cognitive disabilities at the farthest degree of subnormality” (Mitchell & Snyder, 2010, p. 846). The presence and visibility of the “subnormal” Other is antithetical to the development and containment of the white, heterosexual, healthy, productive nation.

The presence of the Other is feared, and that sense of fear is exploited by the settler colonial capitalist state to rationalize state-sanctioned violence and death among IDD communities under the guise of national security and care for (white, heterosexual, able-bodied and able-minded) communities. I contend that IDD sex, reproduction, and intimacies are at the core of this fear. The fear of disrupting the development of the white, settler colonial nation has rationalized the creation of death-worlds for IDD communities, where access to sex, reproduction, and intimacy is nonexistent and unimaginable in the past, present, and future white, healthy, Canadian state.

Drawing from queer scholars Lauren Berlant (1998), Michael Warner (1999), Alan Santinele Martino (2021) and Black crip scholar Theri Alyce Pickens (2019), I illustrate how the public mediation of sex and intimacy is a settler colonial tool used to regulate and identify

acceptable, moral, and rational ideas of sex, reproduction, and intimacy. Ontario's policies have the capacity to identify who is imaginable within sexual spaces, and who is not, as well as the capacity to determine what constitutes as an acceptable, or imaginable, sexual space, and what does not. I borrow Berlant and Warner's (1998) "nonstandard intimacies" to capture the scope of IDD sex, reproduction, and intimacies like handholding. By framing IDD sexualities and intimacies as nonstandard, or abnormal, I am communicating and illustrating how collective fears of the Other justify the elimination, or death, of nonstandard intimate lives to maintain semblances of normalcy and social order. The elimination of the Other maintains the illusion of the settler colonial capitalist state as advanced, secure, and indestructible.

Methodology

My thesis uses discourse analysis through crip, queer perspectives to convey the historical and contemporary development of IDD sex, reproduction, and intimacy as unnatural and abnormal, thus antithetical to future imaginations of a healthy, prosperous, Canadian life. Crip and queer perspectives disrupt implicit, dominant hierarchical divisions of bodies and minds and offer the possibility of new, imagined futures within crip and queer communities. Throughout my thesis, I use the IDD acronym to encapsulate the experiences of communities historically targeted and institutionalized based on divisions of rationality, morality, sanity, and intellectuality. This specifically includes subjectivities targeted by medical and institutionalized violence due to being labeled intellectually/developmentally disabled, cognitively disabled, autistic, or mad. While I am positioned as an autistic, mad, queer researcher, I do not embody or speak for the experiences of fellow autistic comrades who have been displaced by contemporary institutionalization in special education classes, ABA, or residential supported living facilities. It is not within the scope of my thesis to directly interview IDD people about their experiences

navigating sex and intimacy in Ontario however, I turn to Martino's study to directly centre the embodied sexual and intimate experiences of people labeled IDD in residential supported living facilities and day programs.

The documents I focus on throughout my thesis are Ontario's sex education policies found in public schools' Physical Health and Education curricula (OPHEC) for grades 1-8¹ and grade 9-12², as well as Ontario's developmental service policies found on the Ministry of Children, Community, and Social Services' website titled "Journey to Belonging: Choice and Inclusion"³ (2021) (JBCI). Both documents are accessible online through the government of Ontario's website. Nirmala Erevelles (2011) elucidates that sex education curricula are "held hostage to the cult of normativity that zealously monitors the disciplinary criteria for exclusion and inclusion in the social and academic life in schools" (p. 2160). Drawing from Robert McRuer, Erevelles adds that sex education "provides the most fitting stage for coming out crip because compulsory (hetero)normativity cannot even conceive of the disabled student as a sexual subject" (ibid). Sex education is not just about learning how to "do it" (p. 2162), rather, it provides a public framework for students to navigate intimacies in their daily lives, including exploring social ways of "being the in the world" (Fisher, p. 64, cited in Erevelles, p. 2162). Crip, queer, feminist scholar Alison Kafer (2013) asserts that understanding "disability in the present determines how one imagines disability in the future" she adds that "If disability is conceptualized as a terrible unending tragedy, then any future that includes disability can only be a future to avoid. A better future, in other words, is one that excludes disability and disabled bodies" (p. 20). Kafer suggests that a "better future" (ibid) can only be imagined through the

¹ <http://www.edu.gov.on.ca/eng/curriculum/elementary/2019-health-physical-education-grades-1to8.pdf>

² <http://www.edu.gov.on.ca/eng/curriculum/secondary/health9to12.pdf>

³ <https://www.ontario.ca/page/journey-belonging-choice-and-inclusion#section-1>

erasure, or absence of disability, and that the existence or presence of a disabled body/mind cannot be imagined as part of a future desired by anyone. Through this logic, disabled fetuses or children are symbolized as already dead, without a future worth living. Disabled children are conceptualized as antithetical to the reproduction of healthy, white, heterosexual, able-bodied citizens born to defend and uphold settler colonialism in Canada. I draw from Kelly Fritsch's (2016) critique of Lee Edelman's (2004) "reproductive futurism" to expand on this throughout my thesis, as Fritsch imagines Lee Edelman's "the Child" as not only always white, and always heterosexual, but as always white, always heterosexual, always able-bodied, and always able-minded. I use this spectre of the Child throughout my thesis to contrast the settler colonial capitalist imagination of IDD people as permanently childlike and without a future.

Kafer suggests the category of disability can only be conceptualized within a binary framework of able-bodiedness, imposing a "hierarchical division of bodies and minds...used to 'legitimate an unequal distribution of resources, status, and power within a biased social and architectural environment'" (Rosemarie Garland-Thomson, cited in Kafer, p. 23). Imposing political and social hierarchies allows governments to establish "boundaries and internal frontiers" (p. 79) to naturalize death and violence within "undesirable" communities, reproducing material and ideological death-worlds. The mass fear and threat of reproducing an unhealthy nation through the reproduction of unhealthy, or abnormal, bodies and minds is foundational to the eugenics movement as a tool within the settler colonial project. By Othering IDD experiences, bodies, and minds as unnatural and antithetical to the concept of health, the state works within the interests of white supremacist settler colonialism. Regulatory policies are useful to the state for identifying and targeting the Other and allow settler colonial capitalist governments to rationalize violence and death against the Other based on hypothetical fears and

threats materialized and imagined by settler colonial capitalist societies.

I put sex education in Ontario in conversation with the province's developmental service policies that govern IDD communities' access to social, political, and economic life like access to housing, health services, work, education, social relationships, sex, and intimacy. My analysis of Ontario's sex education curricula provides a framework for understanding how past, present, and current political entities and policy-makers do not imagine IDD people accessing fundamental services as sexual subjects. The results of these exclusions, I argue, are death-worlds where IDD bodies and minds are excluded and nonexistent in public sexual spaces because their lives are perceived and managed by the settler colonial state as already dead, without a future, or at least without a future worth living.

Necropolitics, through crip and queer perspectives, assists in identifying neoliberal terminology/discourse used to rationalize death-worlds within communities imagined as without a future, or their existence are imagined as antithetical to upholding the future of settler colonialism. Neoliberal discourse normalizes IDD bodies and minds as the abnormal, abject Other whose existence are justifiably erased from "Western cultural landscape[s]" (Pickens, p. 46). By restricting IDD peoples' access to public services through exclusionary discourses and policies, the settler colonial state can enforce violence through isolation, segregation, abuse, and literal death within IDD communities. The death-worlds I refer to are not always literal sites of death, rather, are socially reproduced through political management and distribution of public resources, knowledge, and services within the settler colonial capitalist state.

One of the ways IDD people are actively Othered and targeted by state-sanctioned violence in provincial sex education policies, is through the curricula's incessant promotion of physical activity, financial literacy, and "healthy" eating habits. A major dissonance throughout

both curricula, is that it reads less as a developed, informative guide for navigating sexual spaces, encounters, and subjectivities, and more as a national manual on how to be a good, healthy Canadian citizen, which, as I demonstrate, is not an imaginable outcome for IDD communities. In chapter two, I further illustrate how Ontario centers nationalist, eugenics-era discourse to shape the public imagination of what a healthy body and mind should look like, how and what it should consume, and how it should exist within sexual spaces.

The sex education curriculum for grades 9-12 uses the World Health Organization's (WHO) definition of health, and Health Canada's list of determinants of health to establish what is meant by "healthy living". The preamble from the WHO's 1948 constitution defines health as "a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity" (p. 11). This definition was presented at the same time as the United Nations Universal Declaration of Human Rights, that supposedly specified rights for *all* people. However, disabled communities were entirely invisible within the document, their communities were not considered worthy of human rights, because in this moment, these communities were not considered human. The declaration states "everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth, or status" (UDHR, 1948). The eugenics movement bolstered a seemingly legitimate medical discourse that continues to influence policies, services, and protections for IDD communities. The curricula actively promote and reproduce a contemporary eugenics movement by referring to a historical declaration that actively disregarded, dehumanized, and justified the erasure and death of disabled communities.

The Ministry of Education included a preamble from Health Canada, defining health as:

income and social status, social support networks, education and literacy, employment and working conditions, physical and social environments, biology and genetic endowment, personal health practices and coping skills, healthy child development, availability and quality of health services and coping skills, healthy child development, availability and quality of health services, gender, culture, and other factors. (p. 12)

This specific trope of reproducing “healthy schools” based on international and national definitions of healthy bodies and minds continue to position sex education curricula as a catalyst for reproducing “healthy” future laborers while placing responsibility on ‘private agencies’ like families and caregivers to provide adequate sex education to IDD communities. These national and international definitions demonstrate a (Western) universal conversation that centers healthy reproduction, productivity, and competence in sex education as critical for reproducing laborers. Meanwhile, due to public and violent misconceptions of IDD people’s sexualities and intimacies as nonexistent, IDD children are not conceptualized as salvageable in the international capitalist paradigm; I expand on this in chapter two by outlining the use of ABA in public schools as an active example of how capitalism attempts to “fix” disability and dispose of those who cannot be “fixed”.

My project makes the invisibility of IDD existences in public sexual spaces, visible. Sex, reproduction, and intimacy are framed as private acts, while undergoing constant public regulation through the settler colonial state’s sanitizing, erasure, and hyper-surveillance of IDD communities. Using contemporary forms of violent institutionalization (i.e., sexual segregation in residential supported living homes), Ontario, as a civilizing project, has the power to negotiate life and death. I offer my research as a guide for identifying the political and social policies that regulate sexual spaces in Ontario and the language used throughout these policies to rationalize

state-sanctioned violence and death within IDD communities. I endeavor to unravel seemingly mundane, hegemonic language, like “health” discourse, to highlight just how Ontario contains IDD people as wards of the state to distill and calm normate fears of crips and queers.

Mapping Expectations

In chapter one, I unpack Mbembe’s theory of necropolitics as my guiding theoretical framework, and grapple with important theoretical perspectives pertaining to IDD, sex and intimacy, sex education, and developmental services in Ontario. The first chapter draws from crip and queer scholarship to show how death-worlds for IDD communities are reproduced and justified based on historical and contemporary imaginations of IDD sex and intimacies as abject and antithetical to the past, present, and future development of the settler colonial project. I provide a review of Theri Alyce Pickens’ (2019) chapter “Conversation I” in *Black Madness :: Mad Blackness* to address the stark “whiteness at the heart of disability scholarship (p. 24). Pickens criticizes (white) disability scholars’ tendency to “historicize” and “read against ableism to find agency” (p. 25). I apply Pickens’ critiques not only as a guide for producing my thesis as a white disability scholar, but as well to support my assertion that Ontario’s JBCI reproduces and sustains IDD death-worlds by using neoliberal language of belonging, choice, and inclusivity to inaccurately historicize and read against ableism to find agency within their exploitative policies. I expand on this in chapter three, where I deconstruct the JBCI as a settler colonial tool for reproducing IDD death-worlds by inaccurately historicizing and applying neoliberal notions of agency onto IDD communities.

I use Alan Santinele Martino’s (2021) research in the sexual and intimate lives of IDD people in Ontario to illustrate how the provincial government strictly manages and regulates IDD sex and intimacies within public spaces. I include Berlant and Warner in this conversation to

show how these sexual spaces are designed to segregate, isolate, and sanitize IDD sex and intimacy while simultaneously making space for white, heterosexual, able-bodied, and able-minded sex, and intimacy. I am also draw on Fritsch's and José Esteban Muñoz' (2009) reconfiguration of Edelman's concept of the Child, where the future, ideal Canadian citizen is imagined as always white, heterosexual, able-bodied, and able-minded. The concept of the Child is present in both chapter two and chapter three and is useful for conceptualizing sex education as a tool for reproducing the Child and erasing the Other.

Chapter two and chapter three critically examine and present my research. Chapter two focuses on sex education in Ontario, particularly the persistent use of neoliberal language and logic found within Ontario's current sex education curricula for grades 1-8 and 9-12. The scope of my thesis is not to squarely place sex education as the sole method used to reproduce IDD death-worlds in Ontario. Rather, I frame sex education as a vehicle for contemporary IDD death-worlds, where the eugenics movement can be reconfigured under the guise of physical and financial literacy while simultaneously erasing IDD sex and intimacies from mainstream sex education entirely. I show how IDD students are segregated and actively excluded from sex education, because sex education in Ontario is specifically designed to appease "healthy" white, heterosexual, able-bodied, and able-minded familial interests. The segregation and isolation of IDD people mainstream sexual spaces, like sex education, reinforces and legitimizes the nonexistence of IDD sex, reproduction, and intimacies.

In chapter three, I bridge Ontario's sex education curricula with Ontario's developmental services reform plan for IDD communities, the JBCI policy, to show how, within a settler colonial capitalist state, public sexual spaces are only accepted as normal (white, heterosexual, able-bodied, and able-minded) when they do not include IDD existences. I use "existences" to

account for the limitless identities present in IDD communities, like trans, queer, non-binary, racialized, physically disabled, low-income IDD identities. In contrast to sex education, spaces that do prioritize and make IDD existences visible, like the JBCI, do not include conversations about sex, reproduction, and intimacy, rather, silence them. Drawing from their experiences, Martino clearly demonstrates that even within the sexual spaces IDD adults feel most accepted and comfortable navigating, they are still at odds with policies that forbid sex, reproduction, and any form of intimacy. By discursively, ideologically, and physically eliminating IDD existences from public, mainstream sexual spaces, Ontario's Ministry of Children, Community, and Social Services (MCCSS) rationalizes the forbiddance and vilification of sex, reproduction, and intimacy in policies that govern the daily lives of IDD people.

I do not imply that, by including IDD people in sex education and including sex in IDD policies, that death-worlds will cease. Rather, I am framing and illustrating sex education and IDD policies and services as vehicles for the culmination and continuation of death-worlds for IDD communities in Ontario. Throughout my thesis, I return to the conversation of normalcy and normate sex as embodied and practiced by the white, heterosexual, able-bodied, and able-minded Canadian. Abby L. Wilkerson (2012) asserts that “normate sex should be understood as a powerful force contributing to social group oppression. Major social institutions – the state, medicine, popular culture, education, religion – disseminate and enforce its norms... Bodies themselves become larger than life in schemas of normate sex, representing broader states and identities, from communities to the nation” (p. 197). In Ontario, IDD people are Othered in policies and public conversations by language of “special education” and “inclusivity” that reinforce the imagination of IDD communities as abnormal, without addressing and destabilizing the mechanisms Ontario has used to historically isolate, segregate, and subjugate IDD people.

This is a deflection of the state's responsibility in naturalizing violence within IDD communities as necessary for their protection, while their intentions are only to secure the future of settler colonial nationalism.

Chapter One

Beyond a ‘Sick and Boring Life’: Disrupting Ontario’s Settler Colonial Capitalist Project through Crip and Queer Intimacies

To quote Aunt Ida in John Waters’ (1974) *Female Trouble*, “the world of heterosexuals is a sick and boring life”. In Canada, it is precisely the world of heterosexuals that negotiates life and death within communities deemed to operate in the disruption and destruction of the settler colonial project. As Berlant and Warner note, “heterosexuality is not a thing” (p. 552), rather, the culture of heterosexuality is conceptualized as a normative state that “links intimacy only to the institutions of personal life, making them the privileged institutions of social reproduction, the accumulation and transfer of capital, and self-development” (p. 553). The early twentieth century imagined heterosexual culture as synonymous with normalcy, where the category of normal was established as “a regulatory sexual category” and “a powerful organizer of everyday life” (Adams, 1999, p. 3). For IDD communities, the question of normalcy is constantly negotiated within the context of heterosexual culture and its ability to regulate sex and intimacy within settler colonial nations.

In this chapter, I draw from crip and queer scholarship to focus on the ways settler colonial capitalism has established the boundaries of “normal” sex and intimacy within public (sexual) spaces like sex education and developmental services. I borrow from preliminary scholarship to emphasize the ways Ontario’s policies and services for IDD communities uphold and sustain white, able-bodied, and able-minded heteronormativity by refusing to acknowledge IDD people as sexual and intimate subjects. These state-sanctioned policies are implemented with unmitigated and blatant disregard for IDD people, especially in ensuring that all IDD communities have access to political and social life, including meaningful and generative sex

education and access to safe, consensual sex, family-planning, and intimate relationships.

I begin this chapter by framing Achille Mbembe's concept of necropolitics as a settler colonial tool used to create and sustain death-worlds for IDD communities that are conceptualized as unimaginable within past, present, and future Canadian landscapes. Understanding how IDD death-worlds are reproduced by the state helps to identify why, and through what ways, are IDD communities considered and framed as the "living dead" or already dead. I use necropolitics as an entry point towards exposing pseudo-scientific medical discourse, informed by settler colonial capitalism and the eugenics movement, as a regulatory tool used for reproducing and justifying IDD death-worlds within settler colonial nations. Abby Wilkerson (2002) refers to medical discourse as possessing

a much broader socially recognized power that, even in its gentler manifestations, is nonetheless insidious in its ability to shape not merely our sexual options but a sense of ourselves as sexual beings, and ultimately our very identities for ourselves and others.

Even – and perhaps especially – when this authority is used in benevolent ways, it accords the medical profession and related institutions an increasingly influential form of political power, which is seldom acknowledged. (p. 34)

I continue by outlining the historical development of eugenics in a Canadian context, demonstrating how violent policies and discourse from the late nineteenth century continue to actively inform Ontario's sex education curricula and developmental services for IDD adults in Ontario. Using necropolitics as my framework, I illustrate how the settler colonial capitalist state reconfigures eugenics-era logic and language to justify and reproduce violence and death within IDD communities by creating social policies drenched in neoliberal rhetoric of inclusivity, special needs, and choice.

Necropolitics and Settler Colonialism

Drawing from Michel Foucault's concept of biopower, Mbembe introduced necropolitics as the political creation and containment of death-worlds reproducing "new and unique forms of social existence in which vast populations are subjected to conditions of life conferring upon them the status of living dead" (p. 39-40). Necropolitics are useful for identifying policies and discursive tools used by Ontario's policy-makers to negotiate death within social and politically "undesirable" communities that do not serve to advance the settler colonial project. Mbembe politicizes the notion of community, and frames settler colonialism "as an extension of the nation" (p. 11), whereby the settler state "served as a pressure relief valve for all the undesirables" (ibid). Undesirable communities represent an "excess" (p. 12), and are unimaginable in the future of the white, productive, settler colonial capitalist state.

Settler colonial capitalism exerts power by establishing social norms and boundaries to be adhered by "full subjects capable of self-understanding, self-consciousness, and self-representation"; and establish norms as a map for achieving whatever is deemed "the good life" (p. 67) within that historical moment. Settler colonialism, as a project of white supremacy and capitalist expansion, deploys politics "as the work of death" (p. 66), and sovereignty "as the right to kill" (ibid); the sovereign of occupied colonies has the power to kill when they want and who they want within their established borders. Mbembe draws from Frantz Fanon's "spatialization of colonial occupation" (p. 79) to illustrate how modern colonial occupation, within their borders, categorize and divide (social, political, and physical) space into compartments: "It involves the setting of boundaries and internal frontiers epitomized by barracks and police stations; it is regulated by the language of pure force, immediate presence, and frequent and direct action; and it is premised on the principle of reciprocal exclusivity" (p. 79). I am interested

in exploring sexual spaces whereby citizenship is located within “the citizen’s sexuality (whether autonomously or by some regulatory regime)” and where it “can be played out, and also those where it cannot” (Bell, 1995, p. 139). I focus on IDD sexualities and spaces where their intimate relations and sexual experiences are not imagined as existing or have existed, as well as the institutional mechanisms reinforcing the ways in which they “are ‘not allowed to love’” (Ignagni et al., 2016, p. 132).

Mbembe asserts that neoliberal capitalism “has left in its wake a multitude of destroyed subjects, many of whom are deeply convinced that their immediate future will be one of continuous exposure to violence and existential threat” (p. 115). Necropolitics provide a framework for understanding how settler colonial states categorize communities as abject through a process of Othering; the Other being “the one who must, each time, prove to others that he [sic] is a human being, that he merits being taken for a fellow human” (p. 132). Mbembe uses Giorgio Agamben’s state of exception and concept of bare life to illustrate whose existence are included in the past, present, and future settler colonial imaginings of the “Western cultural landscape” (Pickens, p. 48) and whose existence are erased from “visual representation or polite conversation” (*ibid*) pertaining to the development and containment of neoliberal capitalism. Bare life refers to existence between “*zoe* (mere life)” and “*bios* (good life)” (*ibid*); it occupies the space between object and human, is without citizenship, and is “stripped of political significance and exposed to murderous violence, bare life is both the counterpart to and the target of sovereign violence” (Ziarek, 2008, p. 90).

In the state of exception, systemic violence against communities whose identities disrupt settler colonial capitalist expansion is rationalized, and at times, celebrated. Imposing the state of exception justifies maiming and death as rational methods for protecting Canada’s most valued

citizens. The state of exception “ceases to be a temporal suspension of the state of law, acquiring a permanent spatial arrangement that remains continually outside the law’s normal state” (Mbembe, p. 67). Bare life is constantly exposed to states of exception, where its presence as a subversive Other disrupts and threatens the expansion of the settler colonial project. Within the context of my thesis, I imagine IDD existences as occupying bare life, where dominant institutions like education and social services operate under the state of exception, invoking “the material destruction of human bodies and populations” (p. 14), and justified by the settler colonial capitalist state as a duty “deemed to operate in the service of ‘civilization’” (p. 24).

I contend that Ontario’s sex education curricula and developmental services silently uphold and reproduce IDD death-worlds borne of the eugenics movement and sustained by neoliberal language and discourse of inclusivity, independence, and special needs to justify the state’s hyper-surveillance, sanitization, and erasure of IDD peoples’ sexual and intimate lives. I use Francis Galton’s (1904) theory of eugenics as “the science which deals with all influences that improve the inborn qualities of race; also with those that develop them to the utmost advantage” (p. 1). Galton is referring, here, to positive and negative eugenics. Positive eugenics ensured the reproduction of heteropatriarchal whiteness (Stubblefield, 2009, p. 164), that is, “health, energy, ability, manliness, and courteous disposition” (Galton, p. 2). Negative eugenics were deployed through segregation, sterilization, and restrictions to social institutions like marriage to limit reproduction among “undesirable” communities (Stubblefield, p. 164). Galton sought to introduce eugenics as an intellectual pursuit that would eventually “work into the heart of the nation” as a reputable, scientific approach to upholding and maintaining white supremacy (Galton, p. 6). The settler colonial capitalist state weaponized, and continues to weaponize, eugenics-based policy to deploy the “maximum destruction of persons and the creation of death-

worlds” as well as “new and unique forms of social existence in which vast populations are subjected to conditions of life conferring upon them the status of the living dead” (Mbembe, p. 39-40).

Within the context of race, disability, and eugenics, Nadia Kanani (2012, cited in Gorman, 2016, p. 252) elucidates that “a prevailing and problematic trend in contemporary disability studies scholarship has been to frame disability as the foundational principle in the construction of race, as constitutive of race, thereby subsuming race under the category of disability”. Like Jin Haritaworn (2013), I use queer and crip perspectives of necropolitics to “go beyond a happy inclusion framework of sexual citizenship” and to explore “the paradox of who must die so that ‘we’ can live” (p. 78, cited in Gorman, p. 255). I am not interested in expanding on “inclusion/exclusion” (p. 255) frameworks for IDD communities since these frameworks seek to adopt human rights-based policies and discourses that simply veil white supremacy within institutions, like sex education and developmental services, that uphold settler colonial capitalism.

Rachel Gorman reasserts queer, Black scholar, Tiffany Kings’ (2013) question, asking “how do our [Black, mad] respective deaths make other people’s processes of self-actualization possible?” (p. 255). I use necropolitics to conceptualize how settler colonial capitalist societies make IDD death-worlds possible by invoking neoliberal hyper-agentic and inclusive language within policies for IDD communities. I consider these policies as designed for, and only accessible to white, heterosexual, disabled subjects. I borrow from Pickens to analyze language within these documents and understand how Ontario’s sex education and policies for IDD people greatly limit the potentiality of self-actualization and self-determination for future IDD existences.

Eugenics Presented as Canadian Benevolence

Through the early to mid-twentieth century, eugenicists disguised as medical professionals, psychiatrists, and social workers (Grekul et al., 2005, p. 361) sought to identify and regulate communities based on categorizations of normal and abnormal (queer) sex and sexualities. Experts and proponents of eugenics were driven by pseudo-scientific evidence proposing feeble-mindedness as hereditary and directly linked to “social problems” (p. 362). This conclusion was “sought by investigation, categorization, and education to subject sexuality to greater control than had ever existed in the past” (p. 368), as nonstandard sex and reproduction became a national threat to “the traditional (middle class) [Canadian] family” (p. 360). By the late nineteenth and early twentieth centuries, through “moral and religious exhortations, fiscal measures” (Foucault, 1978, p. 26), settler colonial capitalist societies “tried to transform the sexual conduct of couples into a concerted economic and political behaviour” (*ibid*). IDD sex and intimacies transgress moral and religious exhortations and are subjected to fiscal measures like sterilization and segregation, due to societal fears of reproducing IDD and sexual deviance that could potentially disrupt the foundations of the settler colonial state as a capitalist state.

The eugenics movement negotiated and silenced IDD sex and intimacy by promoting scientific methods for population control within the institutions containing IDD people. The containment of IDD intimacies and sex in the early twentieth century was greatly influenced by The United Farm Women of Alberta (UFWA), which lobbied extensively for the involuntary sterilization of “feeble-mindedness” as a provincial policy to pursue “racial betterment through the weeding out of undesirable strains” (Grekul et al., p. 362). Proponents of involuntary sterilization included celebrated Canadian feminist heroines, Nellie McClung, and Emily Murphy who boldly stated:

congenitally diseased are becoming vastly more populous than those we designate as the “upper crust”. This is why it is altogether likely that the upper crust with its delicious plums and dash of cream is likely to become at any time a mere toothsome morsel for the hungry, the abnormal, the criminals, and the posterity of insane paupers – in a word, of the neglected folk. (Christian, 1974, cited in Grekul et al., p. 362)

By 1928, Alberta and British Columbia passed the Sexual Sterilization Acts (p. 364). Sexual sterilization was also predominant among Indigenous children displaced throughout residential schools, as well as institutionalized Indigenous men and women (Pegoraro, 2015, p. 165). The lawful sterilization of institutionalized communities labeled feebleminded, and the sterilization of Indigenous communities squarely positions eugenic sterilization as a weapon to advance settler colonialism. It is for this reason that we can conceptualize eugenics as a policy with a dual but interconnected purpose: to eradicate racialized and intellectually/developmentally disabled people. In the interwar period, the UFWA were celebrated for their success in legislating the Sexual Sterilization Act and were commended for their role in advancing and advocating for the reproduction of “healthy” stock to protect the nation’s borders from feeble-mindedness, imposed by increased rates of immigration, and supposedly increased rates of public vagrancy (Kaler, 2017).

Despite continuing to sexually sterilize Indigenous communities, particularly Indigenous women, Canada aimed to move away from explicit forms of medically institutionalizing IDD communities and using forced sexual sterilization to control IDD populations. New measures for population control, like sex education, provided a means for regulating sexual spaces and conversations as attempts to assimilate and integrate IDD communities into spaces like the workforce, public education, and group homes increased. In my second chapter, I explore

Ontario's use of public sex education as a regulatory tool for reproducing IDD death-worlds. Part of this exploration involves an investigation of the privatization of sexual spaces and the capitalist exploitation of public sex educators, allowing the Ontario government to reproduce social boundaries and norms that establish when, where, and who can participate in sexual spaces imagined in the future of white, settler colonial Canada.

Crip and Queer Perspectives

My research draws from scholarship navigating and centering IDD peoples' sexual and intimate experiences, as well as the (necropolitical) policies in education and developmental services that govern the sexual and intimate lives of IDD communities in Ontario. While preliminary research exploring necropolitics in the context of disability already exists, my research adds to developing knowledges in these topics by bridging gaps between IDD sex and intimacy, sex education, policy, and necropolitics.

Throughout my thesis, I frame IDD sexualities as nonstandard intimacies, with the intention not to dilute IDD sex, sexuality, and intimacy as only existing in relation to the accessibility of "fucking" (Warner, 1999) and procreating, but to include personal intimacies like eating a cheeseburger at three in the morning, stimming, singing, dancing, running instead of walking, holding hands, and all other self-fulfilling stimulatory actions an IDD person may desire. Michael Warner refers to a lingering sexual culture, one that offers "thousands of ways for people to govern the sex of others – and not just harmful or coercive sex, like rape, but the most personal dimensions of pleasure, identity, and practice" (p. 1). Warner's scholarship is placed within an American context, but can be applied to Canadian sex culture, where "sexual variance" (p. 4) is not imagined within morally imposed and publicly mandated sexual spaces (*ibid*).

Crip and queer theorist Alan Santinele Martino (2021) explores policies in Ontario's residential supported living facilities and day programs for IDD adults, whose sexual and intimate lives are constantly imagined and negotiated in publicly regulated sexual spaces. Martino conducted 46 interviews with adults labeled IDD in Ontario to assess how "adults with intellectual disabilities navigate the sexual fields (Green, 2014; Green, 2008) – spaces that bring together sexual actors in their pursuit of love, companionship and intimacy – available to them given the barriers and constraints they experience in their everyday lives" (p. 1). Martino interviewed participants by asking questions regarding "intimate lives, including how they learned about sexuality, the spaces they used to meet intimate partners, barriers and opportunities to have a romantic and sexual life, and their strategies for remaining sexual" (p. 3). Martino's study found that IDD adults navigate and participate in two specific sexual fields: mainstream sexual fields typically occupied by non-disabled people "such as strip bars and churches" (p. 4), and sexual fields primarily occupied by IDD people like residential supported living facilities and day programs (Hollomotz & The Speakup Committee, 2009; Parsons et al., 2004). Martino reports most participants felt that sexual spaces primarily occupied by IDD people were accessible for navigating sex and intimacy. He further reports that participants felt mainstream sexual fields were 'off limits' due to constraints imposed by "other social actors in their lives" (Martino, p. 4), including support workers, parents, and guardians.

Nonstandard intimacies, like IDD sexualities, are subjected to the influence of what Berlant and Warner refer to as "the ideologies and institutions of intimacy" (p. 553). The authors assert that intimacy is "publicly mediated" (p. 553) and guided by heterosexual cultures that inform and establish hegemonic boundaries of what is and is not acceptable sex, sexuality, and intimacy. My research positions heterosexual culture as borne not out of missionary sex between

a man with a penis and a woman with a vagina, but out of a settler-colonial “national culture” (Berlant & Warner, 1998, p. 547) sustained by “the project of normalization that has made heterosexuality hegemonic” (p. 548). Martino’s participants’ sexual and intimate experiences represent the “kinds of intimacy that bear no necessary relation to domestic space, to kinship, to the couple form, to property, or to the nation” (*ibid*). His research is critical, as Martino centers the intimate embodied experiences of IDD people in Ontario whose sexual and intimate lives are constantly under negotiation by state-sanctioned policies and discourse.

Most of Martino’s participants attended day programs and/or lived in residential supported living facilities funded and operated by public entities. He found that day programs were common spaces for participants to seek intimate partners, make connections, and flirt (p. 4-5). However, finding intimate or sexual partners in day programs meant navigating and understanding policies and protocols that disallow intimacy and sex between members of the program. One participant, Ross, who was in a romantic relationship with another participant, Grace, remarked that even actions like holding his partner’s hand was discouraged and disallowed. In the interview, Ross exclaimed “‘What we do, we do outside... not inside. ‘Cause I got in trouble last time”, Martino notes that Ross said he has to “‘watch out’” because that day, his support worker “‘told [Ross] I need to focus and not get in my business, do my work, and that’s it’” (p. 5). This experience was not uncommon, as Martino’ s interviews reported similar experiences among participants. Support workers of day programs are not adequately trained in facilitating conversations or navigating romantic relationships among members, and often discourage members to display affection by communicating that “such expression should only take place off the organisation’s premises” (*ibid*).

The study reports that participants who lived in residential facilities were subject to

“house rules” (p. 6) that “limited forms of intimacy and sexual expression that were allowed” (p.6). Staff in residential facilities decided who could visit, when they could visit, and what they could do during their visit. One participant, Mike, said there was a fear of getting in trouble with staff if residents did not interact with their romantic partner in accordance with the staff’s “house rules”. Martino notes that many participants reported they were not allowed to have private visits with romantic partners in their bedrooms, while some participants reported that men and women were segregated by floor and were not allowed to invite people “of another sex” to their floor (ibid). In response to these restrictions, residents, like Keith, resort to having sex in public (p. 8). Martino asserts that residents’ opting to have sex in public spaces signals a desire to form sexual and intimate relationships beyond the surveillance of the facility.

The restrictions, surveillance, and condemnation of IDD sex, intimacy, and companionship within public spaces like residential supporting living facilities and day programs frames IDD sexuality as a deeply private matter, while simultaneously motivating and forcing IDD people to have sex in public. Publicly funded services like residential supported living facilities and day programs operate under the jurisdiction of Ontario’s MCCSS. This ensures that intimacy and sex within these spaces are always publicly regulated. I demonstrate further in chapter three that, by continuing to institutionalize IDD people under the guise of community care, the state can privatize their sexual and intimate lives, and through this, possess greater control and surveillance of IDD peoples’ access to intimate citizenship. As Warner states, “when a given sexual norm has such deep layers of sediment, or blankets enough territory to seem universal, the effort of wriggling out from under it can be enormous” (p. 6), he further elucidates that people “isolated or privatized” (p. 12) are significantly more vulnerable to the “unequal effects of shame” (ibid). Warner suggests that sexual autonomy is only achieved by imagining

and expanding spaces to include “new pleasures, new identities, new bodies” (*ibid*).

Berlant and Warner provide a critical queer perspective of how sex and intimacies are imagined and shaped within a Western, settler colonial framework, however, I am guided by Pickens’ scholarship in *Black Madness :: Mad Blackness* to consider how Canada’s settler colonial capitalist project imagines and categorizes racialized and disabled communities not by race and disability, rather, by excess and compatibility with the white, heterosexual, able-bodied and able-minded state. In “Conversation I: Making Black Madness”, Pickens traces the scholastic emergence of “mutual constitution” (p. 24), that is, a reading strategy adopted by scholars to impress “upon readers how these two discourses [race and disability] operate as interrelated and simultaneously present” (*ibid*). Pickens suggests mutual constitution emerged as a response to Black disability scholar Christopher M. Bell’s post-humous work that staged “an intervention into the structuralism body politics underpinning African American studies and the whiteness at the heart of Disability Studies” (*ibid*). Pickens references Bell’s scholarship as “inaugural moments” for disability scholarship that illustrate race as “like disability” and disability as “like race”. While she contends that mutual constitution can be useful for understanding categorizations of disability as a regulatory tool, Pickens is critical of mutual constitution when it is used in the context of disability to produce “recuperation projects that seek to historicize [Black madness]” and “retrieval projects that read against ableism to find agency” (p. 25). In chapter three, I frame Ontario’s developmental services as recuperation and retrieval projects that inaccurately historicize the violent institutionalization of IDD communities as “a journey to belonging”, promising IDD people, their families, and guardians, access to independence and agency.

Recuperating, or historicizing, race and disability cannot “as a methodology – fully

account for how race and disability interact on a body or between bodies” (p. 27). Race and disability, specifically Blackness and madness, do not operate within a Western “linear progression of time” (p. 29). Drawing from Michelle Jarman (2012), Pickens agrees that the concepts of race and disability as categories emerged at the same time (p. 28), but challenges Jarman’s assertion by contending that race and disability have not, do not, and will not occupy “the same temporal plane when conjoined in quotidian interaction” (p. 29). Both Blackness and disability are imagined as abject, excessive, and antithetical to the settler colonial project. Pickens elucidates that when unraveling Black mad subjectivities “we must consider that this person is meant not only to occupy space but to be consistently removed from space in order to make room for the more recognizable subject: the white able body” (*ibid*).

Using Sharon P. Holland’s “persistent problem in the Black/white encounter” (*ibid*), Pickens notes that using historicized linear progressions of time to illustrate race and disability as alike and mutually constitutive imagines the disabled body as white and Black bodies as able. The disabled white subject and the Black able-bodied subject represent two historical moments that interact and inform each other but cannot be conceptualized beyond Western imaginations of disability and race as separate categories within settler colonial linear progressions of time. The outcome of this is the Black mad subject becomes unimaginable, and “unspeakable”, as “the Black mad future is not fathomable because its present and its past are unclear” (p. 49). White supremacy, through liberalism, categorically separates Blackness from madness, using disability discourse to frame Blackness as the “radical space for white liberalism to mount its critique of ableism or racism” (p. 34), where Blackness can be policed and under the surveillance of white liberalism.

Pickens’ second critique of critical race and disability discourse centres the work of

“retrieval projects that read against ableism to find agency, [and] attempts to locate spaces of resistance where race and disability meet” (p. 30). Language of agency and resistance glamorizes oppression and does not account for Black cultural locations and complexities that do not exist simply as “reactionary space[s] that (exist) to indict whiteness” (p. 31). Conceptualizing radical social transformation that centres Black disabled communities as the agents of systemic transformation positions Black disabled people as the labourers of transformation rather than undergoing the processes of transformation (p. 30). Pickens urges readers and scholars to be cognizant of how oppression and resistance do not always equal political agency, and that not all Black disabled bodies will “behave as agents that transform or those who are transformed in equal measure” (*ibid*). Drawing from Butler’s perspective of Toni Morrison’s literature, Audre Lorde’s *Zami*, and Ann Petry’s *The Street*, Pickens challenges the fixity of historicized mad, disabled, and racialized categories by asserting that “sanity is communally defined and anyone who deviates from agreed upon norms is treated as mad” (p. 31).

With whiteness at the heart of disability scholarship (p. 24), it is incorrect to assume Black mad subjects are always resistant of ableist structures, as this positions Black mad people as “the vehicle for (mostly white) others’ liberation from ableism in their reading practice...it is the presence of Blackness that shores up white liberalism by not only providing a representation of Blackness but also a complex rendering of white-centred notions of disability” (p. 34). By ascribing inherent agency to racialized, disabled, mad people, there is an ignorance and deflection of responsibility for the role of multinational corporations and political organizations that have reproduced and continue to reproduce oppressive material and structural conditions among “Black and brown bodies in the developing world or in disenfranchised communities within the developed world” (p. 35). Agency is not accessible to everyone, and not ascribed to

bodies who cannot be imagined in the past, present, or future settler colonial project. Agency is also not always offered in the context of disability, as Pickens alludes to the social model of disability as a disability model that privileged Western conceptions of intellectuality and “a particular kind of mental agility and cognitive processing to combat the stigma and material consequences that arise as a result of ableism” (p. 32).

Pickens imagines new, critical approaches to discussing and conceptualizing race and disability. She urges scholars to move away from fixed, linear ideas of categories pertaining to race and disability as always in tandem, always resistant, and always agentive. Throughout my research, I am led by Pickens’ ideological and discursive approach to conceptualizing madness, disability, and race as always shifting since these tools of analysis are centered in eugenics policies. Pickens’ text is a useful guide for my research as I identify policies and discourse within provincial sex education curricula that promote the development and reproduction of white, heterosexual, able, “healthy” bodies and minds. Her scholarship is also helpful for assessing provincial developmental support plans for IDD communities that celebrate resilience and promote agency as fundamental for IDD people to be “successful” within Ontario communities.

Ontario’s development services reform plan, which I analyze further in chapter three, titled “Journey to Belonging: Choice and Inclusion” is an example of how the settler colonial state deflects responsibility for neglecting to provide adequate developmental services to IDD Ontarians, and attempts to frame recipients of these services as always agentive and always resilient. The developmental services reform plan imagines IDD communities as simultaneously independent and agentive, but without intimacy, and sexual or romantic urges. The JBCI relegates IDD communities to an eternal childhood through the ontological erasure of

nonstandard intimacies, like sex, procreating, or engaging in other intimate practices such as holding hands or kissing on a park bench.

I use Edelman's concept of the Child as negotiated by Fritsch and Muñoz to illustrate the imagined 'Canadian' citizen as "capable of self-understanding, self-consciousness, and self-representation" (Mbembe, p. 27) as always white, heterosexual, able-bodied, and able-minded. The concept of the Child stems from Edelman's "reproductive futurism", referring to the "terms that impose an ideological limit on political discourse as such, preserving in the process of absolute privilege of heteronormativity by rendering unthinkable, by casting outside the political domain, the possibility of a queer resistance to this organizing principle of communal relations" (p. 2). I imagine Edelman's use of "heteronormativity" as guided by Berlant and Warner's depiction of "national heteronormativity" as "the mechanism by which a core national culture can be imagined as a sanitized space of sentimental feeling and immaculate behavior, a space of pure citizenship" (p. 549). Berlant and Warner further elucidate that "heterosexuality is not a thing" (p. 552), rather, it is "an ordinary rightness of the world" (*ibid*), that can be disrupted by a "queer counterpublic" (p. 558). Muñoz and Fritsch illustrate IDD sexualities as comprised of "unrealizable" (*ibid*) communities, meaning, identities whose sexual and intimate existence threaten the settler colonial state's management of white, middle-class, able-bodied, able-minded, hetero-reproductive citizens. The nonexistence and invisibility of IDD sexualities and intimacies in public life are sustained through implicit measures of violence and justified as necessary for the safe-keeping of the Child.

The concept of the Child has been reconfigured by Fritsch as not only heterosexual, but also able-bodied, able-minded, and white. My thesis refers to the Child as the subject of sex education, and as central to the development and maintenance of Ontario, and Canada's, white,

heteronormative, and productive corporate state. Guided by Muñoz and Kafer (2013), Fritsch asserts that “it is important to fight for the future, but to do so requires addressing the ways by which neoliberal futurity depends upon both negating the futures of disability while also promoting particular inclusions of disability” (p. 22). My thesis demonstrates how Ontario’s policies adhere to neoliberal futurity, that is, the political and social promotion of “disabled children without futures and a future without disability” (p. 12), through the ontological erasure of IDD sex and intimacies in provincial policies, services, and education.

“Dysconscious Ableism” and the Ontological Erasure of Disability

Ontological erasure, specifically in the context of disability and as borrowed from Emily Nusbaum and Maya Steinborn (2019), refers to “the ways in which disability has been systemically erased – more than silenced – on an ontological level” (p. 25). Nusbaum and Steinborn frame the “ontological erasure” (*ibid*) of disability in teacher education as critical for understanding how, through public policy and education, the settler colonial state imagines disabled students as a categorical Other. While their analysis centres American teacher education, however, I extend their analysis to encapsulate sex education in Ontario. As I demonstrate in chapters two and three, the exploitation of teachers and support workers is critical for controlling and maintaining the steady reproduction the Child.

The authors frame teacher education as the preparation of “pre-service teachers… based on the binary of the ‘special’ and ‘regular’ student, reifying and reinforcing constructions of the ‘Other’ about disabled students and those teachers who can/should teach them” (Collins, 2013; Reid & Valle, 2004; cited in Nusbaum & Steinborn, *ibid*). Teacher education and public education reform were introduced throughout the “industry-focused 19th century” and the height of the North American eugenics movement (p. 27), where the developing capitalist state

categorized people based on pseudo-scientific and medicalized interpretations of “personhood, citizenship, and intellectualism” (p. 27-28) and their compatibility with upholding the settler colonial project. Teacher education, sometimes referred to as curriculum studies (p. 26), reveals how the ontological erasure of disability in public education reinforces violent misconceptions of disabled communities as “already dead... non-entities incapable of taking in or producing information because they “never meant to survive but did” (Hedva, 2016, cited in Nusbaum & Steinborn, p. 26). The authors apply Mbembe’s theory of necropolitics to illustrate how disabled bodies and minds are Othered and erased from public education due to a perceived lack of “self-understanding, self-consciousness, and self-representation” (Mbembe, p. 13 cited in Nusbaum & Steinborn, *ibid*). The violent misrepresentation of disabled communities as entirely devoid of agency and consciousness was driven by a “disability-fearing society” (p. 28) and led to increased “mercy killings” (Brockley, 2001, cited in Nusbaum & Steinborn, *ibid*) of disabled children whose parents felt unequipped to support them.

Collective disdain, disgust, and fear of disabilities led to the public institutionalization and segregation of disabled children in special needs classrooms and medical settings like “residential schools, day schools, and ‘hospital schools’” (Longmore & Umansky, 2011 cited in Nusbaum & Steinborn, *ibid*). The eugenics movement in North America popularized medical models of disability informed by social Darwinism, and categorized people based on hegemonic principles of health (p. 28). The medicalization of disability categorized disabled people as “diseased classes” (*ibid*), who’s deaths were seen as progress (Ferri & Connor, 2007, cited in Nusbaum & Steinborn, *ibid*), and segregation deemed as necessary. Segregating disabled children in separate classrooms and medical settings allowed for greater control and policing of “monstrous” body-minds, where “nondisabled people” who “controlled the means of producing

and receiving knowledge” (p. 28) could ontologically erase the knowledge and “cultural wealth” (Yosso, 2005, cited in Nusbaum & Steinborn, p. 26) of disabled communities in education and social landscapes beyond education. The visibility of disability, at the height of the eugenics movement, represented disabled body-minds only as “specimens of wrongness” (p. 28), as nondisabled citizens viewed disability through a violent lens of “educational segregation, scientific experimentation, and court-sanctioned murder” (Garland-Thomson, 1996, cited in Nusbaum & Steinborn, *ibid*).

Drawing from Broderick and Lalvani (2017), the authors locate “dysconscious ableism” (p. 27) as an impetus for the ontological erasure of disability in teacher education/curriculum studies, that is, “the ‘limitations and distortions of most teachers’ consciousness of the existence of – let alone the workings of – ableist oppression [that] make[s] it difficult for them to create and enact equitable, liberatory, and just education practices for all students’” (*ibid*). Teachers’ individual (mis)conceptions of disability are conceived and maintained by historical mediations of disabled body-minds as both defenseless and monstrous (*ibid*), and are rationalized by pseudo-scientific, medical discourses of disability from the eugenics movement. As I demonstrate in chapter two, teachers in Ontario bear the responsibility of creating individual education plans for “special needs” students. This pertains to the privatization of education, where “nondisabled people” direct the flow of knowledge through discourse and policy within public institutions like sex education.

The authors consider how the ontological erasure of disability in educational settings is an erasure of “disabled people’s roles in civil rights history, literary movements, and technological development in the U.S. for hundreds of years” (p. 27). Imagining and socially positioning disabled bodies and minds as monstrous and already dead is a deliberate response to

the settler colonial nation's historical and ongoing fear of IDD peoples' cultural wealth and "self-understanding, self-consciousness, and self-representation". Drawing from Johanna Hedva's (2016) *Sick Woman Theory*, Nusbaum and Steinborn situate disability-ontology within the disabled body-mind and the community, "by surviving when society was built to prevent their survival, disabled people become sites of political power and knowledge in their very existence, working against normative conceptions of whose knowledge is valuable or worthy" (p. 30). As I am guided by Pickens' scholarship, I am critical of Nusbaum and Steinborn's historicization of disability as encapsulating a general scope of disabled communities, following a linear progression of time that is universalized to only imagine disabled histories as white, physically disabled histories. I am also critical of the authors' generalization of disabled bodies and histories, as I demonstrate, physically disabled and intellectually/developmentally disabled communities have vast, deep, and complex histories, even within themselves.

Chapter two provides a discourse analysis using crip and queer perspectives of necropolitics to frame Ontario's sex education curricula for grades 1-8 and 9-12 as public sexual spaces used to sanitize and police IDD communities' access to meaningful sexual and intimate lives, family planning, and sexual health information. Public sex education curricula in Ontario, I argue, reproduces death-worlds for IDD communities by framing IDD people as non-sexual subjects who's sexual and intimate desires are antithetical to the containment and development of Canada as a settler colonial capitalist society. My thesis does not seek to make space for IDD communities in settler colonial, public sexual spaces, rather, seeks to identify ways settler colonial capitalism uses state-regulated public sexual spaces to kill and erase IDD existences. I offer my research as an opportunity to imagine nonstandard intimacies, particularly IDD intimacies, not as socially desirable, normal experiences, but rather, as possibilities for "new

freedoms, new experiences, new pleasures, new identities, and new bodies” (p. 12) that exist and will continue to exist beyond the confines of white heterosexuality.

Chapter Two

Death-worlds, Sex Education, and the Spectre of the Child as a Political Pawn

Doug Ford's first act as the newly elected premier of Ontario was to respond to parents' pleas to stop teaching their children the gay agenda, referring to the 2015 curriculum revised by former Liberal party leader and one of Ontario's first out premiers, Kathleen Wynne. Ford announced that "we will not tolerate anybody using our children as pawns for grandstanding political games" (Paling, 2018). This highly politically charged quote from Ontario's current premier reflects the province's opposition to new, queer forms of knowledge being introduced in public (sexual) spaces like sex education.

Normate fears of crip and queer sex and intimacy are embedded in collective, and culturally specific fears of not just unorthodox, or nonstandard sex, rather, of "sex itself" (Warner, 1999, cited in Wilkerson, 2002, p. 40). Warner elucidates that "sex is a disgrace... the possibility of abject shame is never entirely out of the picture" (p. 2), adding that "sexual shame is not just a fact of life; it is also political" (p. 3). Sexual shame does not manifest in the same ways for all people, as,

some people stand at greater risk [of sexual shame] than others. They might be beaten, murdered, jailed, or merely humiliated. They might be stigmatized as deviants or criminals. They might even be impeached. More commonly, they might simply be rendered inarticulate, or frustrated, since shame makes some pleasures tacitly inadmissible, unthinkable. (p. 3)

Fear and shame, within this context, are weaponized and used to rationalize the invisibility and erasure of crip and queer identities from sex education curricula. Sex education curricula in

Ontario continues to be one of “thousands of ways for people to govern the sex of others... directly through prohibition and regulation, and indirectly, by embracing one identity or one set of tastes as though they were universally shared, or should be” (Warner, cited in Wilkerson, p. 41). In this chapter, I engage with crip and queer scholarship to critically examine historical and contemporary discourses of sex education in Ontario to demonstrate how Ontario’s Physical Health and Education Curricula (OPHEC) for grades 1-8 and 9-12 are, undoubtedly, tools for reinforcing and framing the Child as the ideal, healthy, white, heterosexual, able-bodied, and able-minded future citizen. Through the lens of necropolitics, I explore the ways Ontario’s policy-makers imagine IDD futures as antithetical to sustaining violent settler colonial capitalism, ultimately justifying the removal, erasure, and vilification of IDD sexualities in both private and public sexual spaces, like sex education.

The Child, in this context, is also the subject of the curricula and embodies settler colonial capitalism’s imagination of a healthy, physically literate, and financially literate future productive citizen. Conversely, IDD students are not represented as sexual and intimate subjects throughout the curricula and are often segregated in “special” classrooms and provincially funded programs, like ABA, where they are viewed as always “special”, always dependent, and always abnormal. Even when IDD children are physically present in sex education classrooms, their sexualities and intimacies are only acknowledged within the context of abstinence and refusal.

I use this chapter to show how IDD sexualities, as nonstandard intimacies, are rationalized as nonexistent in public sexual spaces to ensure that sex, reproduction, and intimacy are not imaginable or accessible for IDD communities within settler colonial capitalist societies. I argue that the exclusion of IDD people and desire in sex education is a deliberate, political

method for ensuring the “healthy” reproduction of the Child and death of the Other. Studying sex education as a death-world for IDD people in Ontario provides an avenue for discovering how Ontario uses political and social policies informed by eugenics-era logic to sustain the unimaginability of IDD people in public sexual spaces, and ultimately the erasure and death of IDD communities in settler colonial societies.

In my thesis, and as recognized by the UN Convention on the Rights of Children (UN CRC) (1991), The Child is gendered as a “white, middle class, able-bodied boy” (Jones & Welch, 2018, cited in Davies & Kenneally, 2020, p. 373). It is this spectre of the Child that Doug Ford vexatiously evokes when he called for the protection of “our children” from his own “grandstanding political games”. Within the context of contemporary sex education in Ontario, the protection and safety of the Child really accounts for the protection and safety of the present and future white, settler colonial capitalist nation and its ideal (white, heterosexual, able-bodied, able-minded) citizens. Discourse and policies based on safeguarding the Child allows Ontario’s political leaders to “assuage their own insecurities” (Adams, 1999, p. 87); these insecurities, I insist, are the perceived threat of queer and crip communities imagining and reproducing new sexual and intimate subjectivities that disrupt normative structures sustaining settler colonial capitalist societies. To truly safeguard all children, including racialized, trans, queer, disabled, and mad children, Ontario would have to acknowledge the province’s historical and continued role in the sexual sterilization, segregation, and deaths of its IDD communities. Rather, as I demonstrate throughout my thesis, Ontario simply appropriates emancipatory language from disability communities and actively others IDD students as nonsexual subjects with “special” needs.

I draw from Mbembe’s necropolitics to examine how Ontario’s sex education curricula,

through segregation, erasure, and the exploitation of educators, reproduces death-worlds for IDD communities. I frame the curricula's centering of "healthy bodies" as one of the ways the eugenics movement sustains itself, implicitly, to silently reproduce violence, isolation, and death within IDD communities. Crip and queer perspectives help illustrate how Ontario's sex education curricula reproduce death-worlds, while challenging and destabilizing cis heteronormative, ableist institutions, like sex education, that govern settler colonial societies by negotiating and assigning value to normative processes, bodies, and minds. By "assigning value", I am referring to the ways in which settler colonial states, like Ontario, establish social hierarchies managed and enforced through public discourse and policies that dictate "who is able to live and who must die" (Mbembe, p. 66). Social and political hierarchies enforce the state of exception that grants institutions, like the education system, the permission to enact and reproduce violence and death within these communities for the sake of building a "healthy" nation, which is framed as safeguarding the imaginary Child.

Before critically engaging with OPHEC, I provide a historical context of Ontario's role in the violent segregation, isolation, and vilification of IDD children in "special education" classrooms, also known as auxiliary classrooms. I trace discourse from Ontario's current curricula to the early twentieth century when the scope of morality and normalcy were evaluated and determined by pseudo-scientific measures like IQ testing. I follow the historical context with a contemporary analysis of the ways Ontario upholds and sustains eugenics-era logic within public education, specifically sex education, by actively segregating and removing IDD children from public schools entirely and placing them in intensive programs like ABA, where sex education is not offered as an option.

By critically disseminating the OPHEC for grades 1-8 and 9-12, I illustrate how the

curriculum for grades 1-8, as revised by Doug Ford's Conservative Party, uses sex education as a tool to imagine and establish white, heterosexual, able-bodies, and able-minds as desirable, normal, and so-called natural subjects in public sexual spaces. I continue by demonstrating how the curriculum for grades 9-12 is informed by a neoliberal Comprehensive Sex Education (CSE) framework that equips students with the necessary social and political tools to participate in and reinforce neoliberal determinants of health based on socially constructed, ableist imaginations of individuality and independence. I argue that both curricula position settler colonial capitalism as the dominant ideology and discourse, centering whiteness, heterosexuality, able-bodiedness and able-mindedness as necessary for accessing healthy, fulfilling lives. I show how seemingly positive discourse of health and independence reproduce death-worlds for IDD people as its way of reinforcing eugenics-era logic and discourse that historically and contemporarily frames IDD existences and futures as undesirable or nonexistent.

Segregating Sex Education in Ontario

Arthur W. Beall, a former teacher and missionary, was one of the major architects behind the institutionalization of sex education in Ontario throughout the early 1900s. The Ontario Woman's Christian Temperance Union referred to and praised Beall as a "purity agent" (McLaren, 1999, p. 70). He evaluated children based on their monetary worth, suggesting a "healthy" child was worth "about \$50,000 each", and that the greatest danger to a child's future was masturbation (p. 70). Beall's beliefs were supported and justified within his text, *The Living Temple: A Manual on Eugenics for Parents and Teachers* (1933), where masturbation was vilified as an act that would lead children to an inevitable spiral into a life of degeneracy and destitution. The illusory connection between masturbation and feeble-mindedness eventually led to a moral panic, justifying the segregation of children labeled feeble-minded for the protection of

the nation's healthy Child.

Before sex education was introduced in schools, IDD children were systematically categorized and isolated from “normal” children to ensure a substantial decrease in their access to sexual knowledge (Ellis, 2017, p. 484). In 1911, children labeled as feebleminded were regulated by Ontario’s “An Act Respecting Special Classes” (*ibid*) and segregated within “special education” classrooms to prevent the spread of what was considered degeneracy and sexual delinquency. However, within three years, the Ontario Department of Education enacted the “Auxiliary Classes Act” that legally gave public schools permission to exclude *some* disabled children from their classes, children “whose mental capacity is incapable of development beyond that of a child of normal mentality at eight years of age” (Act Respecting Auxiliary Classes, s. 3, cited in Ellis, p. 484). Ontario used the 1914 “Auxiliary Classes Act” to introduce the use of intelligence testing (IQ) to determine a child’s “mental age”, justifying their removal from school if they scored below 50 points on the test. The segregation of IDD children based on pseudo-scientific testing, like IQ testing, relied on the “expert” opinions of medical professionals to categorize *which* feebleminded children posed a threat to the future development of Canada’s white, heterosexual, able-bodied and able-minded Child (p. 489).

Ontarian eugenicists actively supported segregating IDD children in auxiliary classrooms, promoting these classes as sites of control for the threat of feeble-mindedness (p. 489). Children were categorized by experts of “mental deficiency” as “idiots, imbeciles, morons, and backward children” (p. 489). Children labeled “backward” were suitable for special education classes, while children labeled “imbeciles and idiots” were to be admitted to state institutions like the Orillia Hospital for Idiots, where they could be sexually sterilized upon arrival. The process of using labels allowed public institutions, like schools, to categorize and displace children based

on perceived competency and risk before formally introducing and integrating sex education into mainstream curricula.

The post-war period witnessed a major shift in the management and regulation of nonstandard bodies and sexualities in public spaces as not only white, able-bodied, and able-minded, but as white, able-bodied, able-minded, and heterosexual (Sethna, 1998, p. 58). In response to the hypothetical threat of communism as a moral disruption of settler colonial capitalist nation-building, trustees of the Toronto Board of Education (TBE) developed a provincial teaching committee to curate a curriculum for Ontario children in grades seven and eight that centered “family life education”. The curriculum supposedly intended to promote “normal” psychological and sexual development by teaching the importance of sexual chastity, marriage between a man with a penis and a woman with a vagina, and cultivating a healthy, normal, environment for child-rearing (*ibid*).

Harold Menzies, who sat on the TBE as a trustee from 1932-33 and again from 1938-42 (Clarke, 2002, p. 94), was deeply anti-communist. He supported other trustees who denounced communism as a poison that “destroys normal and spiritual values” and “denies moral and spiritual value” (p. 95). Citing Phillip Corrigan and Derek Sayer, Adams elucidates that moral regulation “works by limiting the forms of expression available to us – in part, by masking difference under an illusion of social unity. It homogenizes us. What we take to be ‘normal’ are, for the most part, representations of dominant interests” (p. 15). Trustees called for children to be “kept as far away as possible from that [Communism] poison” (*ibid*). However, as Clarke notes, “not a single trustee who spoke in favour of the motion presented evidence of a Communist threat to Toronto’s schools, referring instead to a hypothetical threat” (p. 96). Sex education, also referred to by the TBE as family life education, became the ideal tool for Ontario’s political

actors to establish a curriculum that would “assuage their own insecurities” (p. 87), by positioning the normal, white, heterosexual, able-bodied, and able-minded Child as the gatekeeper of the nation’s future.

In the post-war period, teenage culture, characterized as white, middle-class, heterosexual, able-bodied, and able-minded, played a major role in the educational policies established by provincial governments. Adolescent (hetero)sexuality was considered vital for continuing and building Canada’s settler colonial capitalist project. In *The Trouble with Normal*, Adams argues that “the symbolic positioning of teenagers as ‘the future’, as those who would carry the 1950s forward, made them a likely target of interventions meant to maximize normality and therefore maximize stability and social order against the uncertainties of modern life” (p. 87). Sex education, as a public sexual space, works as a site for justifying the nonexistence and active removal of abnormal, and therefore undesirable, bodies and minds from public sexual spaces. As a contemporary vehicle for Canada’s eugenics project, sex education greatly informs and molds “normal” imaginations of what the settler colonial capitalist state considers to be “healthy bodies”.

While Adams does not refer to the specific experiences of IDD adolescents in this context, she does speak to the ways sex education in Canada regulates and socially ostracizes nonstandard intimacies through “fears of punishment, or not fitting in” and how moral regulations imposed by settler colonial capitalism “limits the number of acceptable or possible social identities that we can take on, all while making this situation of reduced opportunity appear natural” (p. 15). Ontario’s sex education curricula actively isolate and reduce discussions of IDD sex and intimacy to conversations about abstinence and refusal. By limiting discussions of nonstandard, IDD, sexualities in mainstream sex education curricula, Ontario actively Others

IDD students from the curricula, while simultaneously framing their reduced and restricted opportunities to sexual expression and encounters as natural, and their access to opportunities to sex and intimacy as unnatural. This process deflects from role Ontario's policy-makers play in actively limiting and restricting IDD peoples' access to sexual and intimate experiences.

Acknowledging IDD people as sexual subjects would require the government to acknowledge and dismantle the systems currently in place to sustain the silent deaths of IDD communities that make room for white, able-bodied, and able-minded, Canadian citizens.

Sex education continues to uphold whiteness, heterosexuality, and ableist notions of productivity as markers of health through the appropriation of emancipatory discourses of social inclusivity and community care. I argue that the preservation of the white, settler colonial capitalist state through sex education is ongoing, as sex education in Ontario is used as an extension of the Canadian eugenics project to promote the reproduction of white, heterosexual, "healthy" citizens. Policy-makers, like trustees of the TBE, work to establish and enforce the boundaries of sex education as a mainstream, public, sexual space that imagines who is accepted and visible within these spaces and conversations, and who is not.

Normalizing Eugenics

Ontario's Ministry of Education continues to refer to IDD students as "students with special needs", reinforcing perceptions of IDD communities as the Other, but a "special" Other whose paradoxical visibility and invisibility in public policy is necessary for upholding neoliberalism and settler colonial capitalism. Applying non-normative labels to a group of students establishes a narrative that systematically Others disabled children from public spaces, reinforcing ableist notions of disabled communities as unworthy of visibility in "normal" social congregate settings, like public school. The justification of social segregation based on IQ testing

was just one of the methods used by Ontario's Department of Education (1876-1972)¹ to erase, displace, and segregate IDD from public life. Currently, OPHEC curricula center narratives of competency, normalcy, and "healthy" individual development with the prospect of reproducing a "healthy" nuclear family. The curricula are riddled with eugenics-era logic originally developed with the intention of maintaining and containing white, heterosexual, able-bodied nationalism, and erasing/killing racialized crip queer existences.

In 2021, education services and supports offered to IDD children in Ontario *look* similar in terms of segregation, but have developed using new, behavioural "scientific" language to approach the containment and erasure of IDD in the public school system. In 2019, former Minister of Children, Community and Social Services, Lisa Macleod, sought to expand ABA in public schools, to "support" IDD and autistic children "transitioning" into public schools. Ontario's Conservative Party invested \$15.2 million in the "Behaviour Expertise Amount (BEA)" fund to acquire more ABA training for public educators and schools (MCCSS, 2019). Politicians like Macleod suggest these funds are based on needs cited by parents of IDD and autistic children, who were consulted by unidentified members of Ontario's government. Information about the parents and children in question was also scarce or not made available. For example, *how many* parents were contacted? Which services and supports could they access to adequately support their children?

Providing the context of ABA helps illustrate how methods drawing from medicalized behavioural sciences (as informants of the eugenics movement) contribute to the political and social making of death-worlds for IDD people in Ontario. Ontario continues the historical

¹http://ao.minisisinc.com/scripts/mwimain.dll/144/ARCH_AUTHORITY/AUTH_DESC_DET REP/SISN%202371?SESSIONSEARCH

segregation and isolation of IDD people by funding and over-promoting programs based on “behavioural sciences” with the intent of forging a new form of eugenics. ABA reproduces visibility among IDD people who demonstrate *success* in these programs and compatibility with neoliberal citizen-subjectivity and justifies the exclusion and invisibility of IDD people who reject or transgress these program’s policies and practices. ABA provides a physical ontological setting for classifying “exceptional” children as either future contributors to the settler colonial capitalist project, or as neoliberal martyrs whose invisibility and deaths are justified under neoliberal discourses of (un)productivity. Proponents of ABA characterize it as “the science in which tactics derived from the principles of behaviour are applied systematically to improve socially significant behaviour and experimentation is used to identify the variables responsible for *behaviour change*” (Cooper et al., cited in Dillenburger & Keenan, 2009, p. 194, emphasis in original).

ABA, through behaviour modification, conveys to parents, teachers, and crip communities, that the recipient of ABA will be normal, or at least achieve some normalcy after costly intervention. Anne McGuire and Kelly Fritsch (2019) communicate how “non-normative embodied differences” (p. 80) reveal violence systemically embedded in governing institutions like schools. Robin Roscigno (2019) asserts that childhood embodies an innate queerness; the imagined Child is a “psychological fantasy” where innocence is sacred, and adults seemingly protect the Child by projecting their goals, fears, anxieties, and motives on to them with a sense of “cruel optimism” (Berlant, 2006, cited in Roscigno, p. 6). Roscigno identifies IDD children as embodying a “doubly-queer” (Stockton, 2009, cited in Roscigno, p. 2) identity that is constantly under surveillance under the capitalist state as “an exercise in radical visibility”, a “political disruption”, and a subversion of hegemonic decency (p. 2).

ABA, regardless of where and by whom it is taught, is a threat to IDD communities. In this context, ABA acts as a “solution” for “including” undesirable children in Ontario’s public school system, and a justification for the removal and segregation of IDD in public classrooms that facilitate sex education. ABA institutionalizes and promotes “principles of normalization” (Simpson, 2018, p. 12) that overtly Other IDD people as either remarkably exceptional by overcoming the “odds” or remarkably abject and justifiably stripped of intimate citizenship (Ignagni et al., 2016). Proponents for “normalizing” nonnormative identities like IDD frame processes, like ABA, as an optimistic tool for addressing the invisibility of IDD in social services and policies (Ferrante & Oak, 2020, p. 388). Normalization, especially under settler colonial capitalism, reinforces the idea that there is a “good” state of disability, while disabled people who cannot or will not conform to normalized hierarchies of humanness are caste as abject, and without a desirable future.

For IDD communities, principles of normalization reinforce a binary of desirable, normal identities, and undesirable, abnormal identities. Normalization, through ABA, positions the settler colonial capitalist state as benevolent, modern, and inclusive for finally including IDD communities in public policies and spaces. This inclusion, however, is not for the benefit of IDD communities, rather, provides greater sites of control for regulating their access to social, political, and economic life. By embedding normalization in social, political, and economic policies pertaining to IDD communities, the state distances IDD existences further from the concept of normalcy by segregating IDD people from “normal” public spaces, like sex education. Normalization assumes “conformity is a desirable trait in people with an intellectual disability” (p. 389), meaning, when the concept of normalization as a desirable trait is constantly applied to IDD communities, it serves as a tool to repress resistance. Opposition to processes of

normalization, like ABA, are framed as opposition to a desirable future; by crippling and queering public spaces, it is possible to destabilize this notion that normal is desirable, and new futures become imaginable.

Exploitation in Sex Education

In this section, I continue to consider how the Ontario government entrenches white, heteronormative, able-bodiedness and able-mindedness within services and supports for IDD people by focusing on the underpaid, exploitative labor of teaching sex education. I argue that teachers are used in public schools to take on the role of sex educators based on standard training while facing intimidation from the Ontario government and parents bent on upholding settler colonial and heteropatriarchal values. The Ontario government, through neoliberal discourse, manipulates public perceptions of teachers as all-knowing guides for the sexual and reproductive development of the imaginary Child.

Accommodating and respecting disabled students is presented throughout the document as planning for “students with special education needs” (p. 65). The OPHEC for grades 1-8 curriculum quickly separates “special needs” as its own exceptional category of Other, one that requires special considerations and approaches for teaching sex education. The burden of responsibility to provide adequate instruction for IDD children is placed solely on the teacher, as the document, again, boldly states “Classroom teachers commit to assisting every student to prepare for living with the highest degree of independence possible” (p. 65). Charmaine A. Ferrante and Eileen Oak note that disciplinary agents of social control over IDD people are presented as professionals (i.e., caregivers, teachers, doctors), and therefore granted legitimate access to disciplinary tools to assist in reproducing productive-worker citizen subjects (p. 391). Their research asserts that “studies have identified the views of professionals working with

individuals with an intellectual disability and their carers, highlighting how they perceive the sexuality of individuals with an intellectual disability as different and of less significance than that of their non-disabled counterparts” (p. 391). In the context of sex education, lessons are informed by the teacher’s individual interpretation of the curricula, as well as their individual perceptions of who the lessons are being taught to.

By emphasizing the critical individual role of the teacher, Ford’s government can deflect the burden of responsibility onto teachers for delivering inadequate, misinformed sex education. The OPHEC for grades 1-8 notes that teachers are responsible for “what they want students to learn, how they will know whether students have learned it, how they will design instruction to promote learning, and how they will respond to students who are not making progress” (p. 54). Educators may apply a reactive approach to teaching sex and sexual health when they rely on their individual perceptions of sexuality and disability, “a reactive approach to sex education increases the likelihood of students being uninformed or misinformed and being at an increased risk for sexual abuse or exploitation” (Davies & Kenneally, p. 391). Teachers, like caregivers, are trained on benevolent, objective care; this training does not theoretically address queer and crip subjectivities, rather, erases them through the promotion of settler colonial capitalist determinants of health and normalcy that inform teachers’ training principles.

Emily Nusbaum and Maya Steinborn (2019), drawing from Alicia Broderick and Priya Lalvani (2017) refer to “dysconscious ableism” (p. 27) as a major, but deliberate, limitation in teacher education/curriculum studies that lends to the ontological erasure of disabled students and their experiences in North American public education. Dysconscious ableism is presented as “the ‘limitations and distortions of most teachers’ consciousness of the existence of – let alone the workings of – ableist oppression [that] make[s] it difficult for them to create and enact

equitable, liberatory, and just education practices for all students” (p. 27). Ford’s government exploits teachers’ dysconscious ableism imposed by inadequate and ableist teacher education/curriculum studies to deflect responsibility for the administration’s role in reproducing and enforcing an embarrassingly inadequate sex education curriculum.

The latest version of the OPHEC for grades 9-12 is a revised version of the 2015 curriculum introduced by Kathleen Wynne’s Liberal government. Adam Davies and Noah Kenneally provide a comprehensive timeline of the Ford government’s controversial withdrawal of Wynne’s supposedly modern sex education curriculum. Wynne’s revised curriculum drew criticism from conservative and religious groups and parents who positioned themselves as morally opposed to teaching concepts in sex education to children that do not centre abstinence and normative, conservative ideologies concerning sexual health. Moral panic grew as Ontario moved toward a curriculum centering CSE. CSE was defined by The United Nations Educational, Scientific, and Cultural Organisation (UNESCO) as:

A curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality. It aims to equip children and young people with knowledge, skills, attitudes and values that will empower them to: realize their health, well-being and dignity; develop respectful social and sexual relationships; consider how their choices affect their own well-being and that of others; and, understand and ensure the protection of their rights throughout their lives. (UNESCO, 2018, 2, cited in Action Canada for Sexual Health & Rights 2019; Davies & Kenneally, p. 367)

After Wynne’s Liberal government released the finalized 2015 OPHEC for grades 1-8 and 9-12, educators were met by parental coalitions like The Parents Alliance of Ontario who argued that “moral values” (heterosexuality) had been removed from the curricula and were replaced by a

“new religion” (Wynne’s gay agenda) (Bialystok et al., 2020, p. 7). The Campaign Life Coalition argued that the new, progressive curricula presented sex and intimacy to children as “purely recreational”, and a threat to the innocence of the Child.

Ford repealed the 2015 curriculum for grades 1-8, immediately criticizing and positioning Ontario’s teachers as public threats to children’s innocence, encouraging parents to report any “misconduct” from teachers, including whether teachers were teaching material from the 2015 curriculum (Bialystok et al., 2020). Ford and his public officials created what was dubbed as a “snitch line” for parents; a provincial website that allowed parents to make formal anonymous complaints about teachers. Increased surveillance of teachers from parents and policy-makers directly impacted educators’ abilities to conceptualize and genuinely teach course materials. This increased surveillance is particularly dangerous for queer teachers who are alienated by the curricula they teach and discriminated against by the government and parents of students they teach.

Public criticisms of Ford’s repeal of the 2015 CSE curricula continued to position the future of the white, able-bodied, and able-minded Child at the centre of the debate. Meanwhile, the curriculum’s blatant invisibility of IDD sexualities and intimacies remained uncontested because IDD sexualities and intimacies could not be imagined within the context of the future of sex education. The debate centred the assumed experiences of the Child, while IDD children continued to be displaced and excluded from sexual health conversations almost entirely. While the CSE purports to provide children and parents with knowledge concerning lesbian, gay, bisexual, trans, queer, intersex, asexual (LGBTQIA+) rights and experiences, consent, and “sexual diversity”, it centres neoliberal discourses of “individual choice and action, thereby ignoring shifting structural inequalities” (Bay-Cheng, 2017; McMinn, 2017, cited in Davies &

Kenneally, p. 367). This approach to sex education is dangerous for IDD children who continue to be conceptualized by violent medical discourse as entirely dependent, without autonomy and decision-making skills, and asexual (p. 366).

Despite the CSE promoting newer ways of approaching sex education in public schools, it still justifies the segregation and erasure of IDD from sexual spaces and conversations under the guise of protection and care. This demonstrates how public services and information available in Ontario for sex education not only erase crip and queer sexualities from public spaces and conversations, but avoid concepts of queerness, pleasure, and desire almost entirely. There is a major dissonance in Ontario's approach to teaching sex education. In the following section, I bring this dissonance forward by considering the ways the curricula deflect from conversations pertaining to sexual pleasure and intimacy, and shift focus on the importance of reproducing productive worker-citizens through financial literacy, as an extension of physical literacy. Promoting and prioritizing students' understanding of financial literacy over their understanding of sex, sexual health, and intimacy demonstrates Ontario's use of sex education as a tool to advance and equip the nation's Child with the necessary skills and ideology for upholding settler colonial capitalism.

Confusing Curricula: Sex Education or Financial Literacy?

In 2019, the Ministry of Education revised the OPHEC for grades 1-8 with contributions from "many individuals, groups, and organizations" who continue to maintain discursive tropes about health and healthy bodies (p. 317). The revised curriculum boldly emphasizes the importance of "physical literacy" as a code for how to conceive of healthy bodies as normatively constituted:

Individuals who are physically literate move with competence and confidence in a wide variety of physical activities in multiple environments that benefit the healthy development of the whole person. Physically literate individuals consistently develop the motivation and ability to understand, communicate, apply and analyze different forms of movement. They are able to demonstrate a variety of movements confidently, competently, creatively, and strategically across a wide range of health-related physical activities. These skills enable individuals to make healthy, active choices that are both beneficial to and respectful of their whole self, others, and their environment. (p. 5)

Already, there is an emphasis on the student's responsibility to transform the knowledge presented to them "confidently, competently, creatively, and strategically" into "healthy, active choices" that are not necessarily beneficial for their "whole self", but to sustaining the settler colonial capitalist state. Terms like "sex", "sexual health", and "sexuality" are not introduced until page 14, merely stating that students' parents have the option to request exemptions from "instruction related to the Grade 1 to 8 human development and sexual health expectations". Not only is the language of sex and sexuality presented as "human development and sexual health", but this knowledge is also, in comparison to "financial literacy", devalued as optional.

The section titled "Financial Literacy in Health and Physical Education" is another example of the extent to which neoliberal market logic uses schools as vehicles to reproduce productive worker-citizens in the interest of settler colonial capitalism. It does this by centering participation in the global economy as a vital component of developmental competency through the education system, stating that "the education system has a vital role to play in preparing young people to take their place as informed, engaged, and knowledgeable citizens in the global economy. Financial literacy education can provide the preparation Ontario students need to make

informed decisions and choices in a complex and fast-changing financial world” (p. 77). The Ministry of Education attempts to justify the over-use of financial literacy in sex education by suggesting students can make informed financial decisions, like understanding ‘how affordability can impact healthy eating choices, and examining the economic costs associated with substance use’ (p. 77). The discourse and language deployed in this section of the document simultaneously ignores socio-economic nuances and inequities based on disabilities, gender, and race, and deflects the government’s responsibility in reproducing disability through poverty, food insecurity, and substance use.

The curriculum’s section on financial literacy presents militaristic discourse concerning the Child’s responsibility to “develop an understanding of world economic forces and the effects of those forces at the local, national, and global level” (p. 77). What *are* these world economic forces? The section continues, boldly asserting that students in elementary school “will need to understand how such forces affect their own and their families’ economic and financial circumstances” and by understanding world economic forces, the Child “can help ensure that Ontarians will continue to prosper in the future” (*ibid*). I am not contending that financial literacy does not have a place in public education, as it is not within the scope of my thesis to critically examine financial literacy, however, I do contend that the presence of financial literacy in sex education curricula highlights a major dissonance. Within the same paragraph, the section notes that critical thinking is necessary for a prosperous future, yet Ford’s revised curriculum is devoid of critical thought and actual conversations pertaining to sex, intimacy, and desire. By presenting financial literacy as urgent and necessary for sexual development and education, the curriculum simultaneously communicates that sex, intimacy, sexual identities, and desire are directly linked to capitalist development in settler colonial nations.

Regulating the Other as a “Special” Category

The “Guidelines for Meeting Special Needs in Health and Physical Education” (68) for grades 1-8 outlines “additional considerations” for teachers when accommodating disabled students in health and physical education. The additional considerations are strikingly reflective of historical discourse and misconceptions of IDD people as forever children without the capacity to navigate sexual or intimate experiences:

Some students with special education needs may have difficulty with abstract thinking, including thinking about the consequences of their behaviour or the meaning of consent, and with understanding the boundaries between private and public with respect to behaviour or their own bodies. When teaching students with special education needs about sexual health, it is important to teach the information in a variety of ways and to provide ample opportunity for information to be repeated and for skills such as refusal skills to be practiced and reinforced. Examples need to be concrete. Students need to be taught about their right to refuse and about ways of showing affection appropriately and recognizing and respecting consent. (p. 69)

Language like “special education needs” essentializes all students with learning, physical, and intellectual/developmental disabilities into one Othered category. The language is passive as it suggests “some students... may have difficulty”, underlining the paternalism that plays a major role throughout the document highlighting the Canadian brand of exceptionalism and neoliberalism. Ferrante and Oak note that policies and language in social services and education for IDD communities continue to homogenize the needs of all disabled communities, despite considerable research and scholarship outlining the plethora of differences and needs within specific communities, like IDD communities (p. 388). Due to negligence and ignorance from

federal and provincial policy-makers and service providers, IDD people are often required to adhere to “incoherent models of service provision” that reinforce the categorization of IDD people as a devalued and undesirable group (p. 388).

The curriculum’s emphasis on “appropriate” sexuality implies a universal ideation of sexuality based on morality and normal behavior. This further stigmatizes and reinforces misconceptions of IDD people as inherently deviant and immoral beings, incapable of self-control. Emphasizing the importance of developing and reinforcing the disabled student’s “refusal skills”, their “right to refuse”, “consequences of their behavior”, and “public and private boundaries” boldly enshrines the Ministry of Education’s attempt to suppress sexuality within disabled communities at younger ages, rather than encourage disabled students to understand and learn about healthy sexual experiences.

This approach to suppress knowledge and sexual expression does not necessarily change when we examine sex education for disabled and non-disabled students ages 14-18. In 2015, the “Ontario Curriculum, Grades 9-12: Health and Physical Education” replaced two separate sex education curricula for grades 9 and 10 (1999), and 11 and 12 (2000), combining both into one revised document. By page seven of the curriculum, the Ministry of Education has already discursively provided a connection between sex education and death-worlds for IDD communities:

Healthy, active living benefits both individuals and society in many ways – for example, by increasing productivity and readiness for learning, improving morale, decreasing absenteeism, reducing health-care costs, decreasing anti-social behaviour such as bullying and violence, promoting safe and healthy relationships, and heightening personal satisfaction... Research has shown a connection between increased levels of physical

activity and better academic achievement, better concentration, better classroom behaviour, and more focused learning. (p. 7)

What is “healthy, active living”? How is that conceptualized, and by whom is it conceptualized? Physical activity is not universally accessible. Providing “alternative” activities for students who cannot participate in “physical education” openly Others and characterizes them as abnormal, making their futures more suitable for death than living. This statement implies that without healthy, active living, a person cannot access normalcy, competency, and morale. Historically, as I have demonstrated throughout my thesis, IDD people have been violently institutionalized and segregated from social and political life due to an absence of normalcy. The absence of normalcy implies the presence of immorality and disruption, thus, justifying violence and death enacted by the state against their communities.

Sex education, as a settler colonial tool for reproducing death-worlds, embodies Abby Wilkerson’s (2012) assertion that normal sexual spaces serve as sites of oppression for nonnormative existences. As I note in my introductory chapter, “normate sex should be understood as a powerful force contributing to social group oppression” (p. 197). The settler colonial capitalist state, through political discourse and policies, reconfigures and establishes normative boundaries for sex, reproduction, and intimacy to suit the white, heteropatriarchal national project. Sex education in Ontario, I argue, Others IDD communities by rendering their existence as unimaginable in mainstream sexual spaces, like the sex education classroom, by offering the curricula to IDD students’ parents/guardians as optional, or not offering it at all because the IDD student has already been segregated from the classroom.

I do not offer my research as a guide for creating or informing new sex education curricula in Ontario. Rather, I offer my research as a guide for understanding how sex,

reproduction, and intimacy are publicly regulated through government institutions, like education and developmental services. Death-worlds for IDD communities are sustained through the settler colonial capitalist state's hyper-surveillance and policing of sex, reproduction, and intimacy in public spaces. The hypothetical future of the imagined Child consumes and informs political and social policies that determine who have access to the good life, and who are destined to merely exist as undesirable vagrants in settler colonial societies.

The following chapter puts Ontario's sex education curricula in conversation with Ontario's developmental reform services plan, the JBCI. This conversation captures how nonstandard intimacies, like IDD sexualities and reproductive health, are completely nonexistent in Ontario's developmental services for IDD communities because of their innate queerness that threatens the future of the healthy, white, productive nation. Ontario's developmental services, as the primary public policy regulating spaces dominated by IDD people, does not and will not imagine IDD sex, reproduction, and intimacy because these intimacies disrupt normalcy in settler colonial capitalist nations. The unimaginability of nonstandard, IDD intimacies are a deliberate, political, and social erasure of IDD existences and futures. Through my research, I demonstrate how this unimaginability is materialized through segregation, isolation, and exclusion, and is a catalyst for IDD death-worlds. Rather than reusing and reconfiguring violent forms of institutionalization under the guise of inclusivity and care, we must continue to resist and reject the state's hollow imagination of IDD sex and intimacies as nonexistent and re-imagine sex and intimacy through crip and queer perspectives.

Chapter Three

Appropriating Care: Disrupting the Myth of Deinstitutionalization in Ontario's Developmental Services Policies

It's extremely different, and very difficult, and very isolating. I couldn't even do basically anything I wanted to do. I couldn't even properly masturbate, at a time, as being a guy at the time; I wasn't able to masturbate. And also, dating, having a relationship and coming out was very hard because group homes didn't really have a lot of services, supports, and anything like that. (Virginia, cited in Martino, 2021, p. 7)

Martino (2021) interviewed Virginia as a 31-year-old bisexual trans woman living in an Ontario residential facility that supports IDD adults. Martino was concerned with identifying “the constraints that limit the sexual fields available to people with intellectual disabilities” (p.2) and considered day programs and residential supported living facilities to be primary “sexual fields” for IDD communities. Due to the pervasiveness of “surveillance, infantilisation and control” (*ibid*) of IDD people in public spaces, IDD peoples’ access to mainstream, public sexual spaces like “strip bars and churches” (p. 4) are limited. These limitations influence and force IDD communities to “claim and covert spaces not typically meant to be sexual fields, such as day programmes, group homes and other settings, in the pursuit of intimacy and love” (p. 2). Through this, IDD communities defy settler colonial imaginations of what sexual spaces ought to be, and “blur the lines of public and private, what counts as a sexual field, and who gets to claim spaces as sexual fields” (*ibid*).

The nonexistence of IDD sex and intimacy in Ontario’s sex education curricula signals a greater, political conversation that rationalizes the displacement, segregation, and isolation of IDD people from sexual spaces. As I demonstrated in chapter two, sex education is a

mainstream, public sexual space designed to accommodate and educate the white, heterosexual, able-bodied, and able-minded Child. I extend this conversation by including Ontario's developmental services reform plan, the JBCI, as a crucial piece of provincial legislation that informs and guides the policies and operations of fundamental services for IDD communities, like residential supported living facilities and day programs. By not including, or even acknowledging, IDD sexualities, reproductive health, or intimacies in provincial policies, Ontario is actively promoting the erasure of IDD futures.

Despite the claim made in the JBCI that service providers have “worked long and hard to change perceptions about what it means for people with developmental disabilities to live a good life” (par. 1), public perceptions of IDD people as always childlike and without a future have not changed. The nonexistence of nonstandard intimacies in provincial developmental services reform policies is indicative of the settler colonial capitalist state’s inability to conceptualize IDD people as sexual subjects with liveable futures. Although neoliberal rhetoric of inclusion and independence suggests otherwise, IDD futures are regulated by the state as antithetical to the development of the white, heterosexual, productive settler colonial project, and one way to ensure IDD do not disrupt the advancement of white nationalism is through the enforcement of restrictive, regulatory policies that ensure IDD sex and reproduction are not possible.

In this chapter, I provide a discourse analysis using crip and queer perspectives to illustrate how, through the JBCI, Ontario’s Ford government reproduces death-worlds for IDD communities. The JBCI is also referred to throughout my thesis as Ontario’s developmental services reform plan, as it is the interim legislation informing and providing services to Ontario’s IDD communities. The JBCI is a ten-year project that will replaced the 2008 “Services and Supports to Promote the Social Inclusion of Persons with Disabilities Act” (SSPSIPDA), since

Ontario's previous policies and services for IDD communities have been criticized as inadequate, outdated, and misinformed.

My discourse analysis uses necropolitics as a framework for demonstrating how settler colonial capitalism imagines and conceptualizes the futures of IDD communities as undesirable, bleak, and antithetical to the “good life” (Mbembe, p. 67). I support this analysis by drawing from crip, queer, and racialized perspectives of necropolitics, particularly from Pickens’ critique of “mutual constitution” (p. 24) to understand how settler colonial capitalist societies, through discourse, create space for the white, disabled subject, however, have yet to conceive of racialized, queer, and mad disabled subjectivities in Western imaginations (p. 49). Pickens refers to mutual constitution as a popular reading strategy adopted by (white) scholars to impress “upon readers how these two discourses [race and disability] operate as interrelated and simultaneously present” (*ibid*), resulting in “recuperation projects that seek to historicize” and “retrieval projects that read against ableism to find agency” (p. 25).

I consider the JBCI as a critical example of how Ontario’s MCCSS deflects responsibility in upholding violence and death within IDD communities by historicizing IDD subjects as helpless victims in need of state-intervention from state-sanctioned violence. The JBCI is also riddled with agency discourse, suggesting the new developmental services reform plan will grant all members of Ontario’s IDD communities with a sense of belonging, choice, and inclusion, despite continuing to isolate and institutionalize residents as a contemporary form of eugenics. To support my analysis, I provide the historical context of Ontario’s illusory transition from institutionalizing IDD people in medical facilities to so-called deinstitutionalization and community care (Eales & Peers, 2020). This transition was, and continues to be, illusory, as Martin and Ashworth (2010) note that minimal information is available “on the processes of

deinstitutionalization or how the timing of the move to the community is decided” (p. 168). I draw from ARCH Disability Law Centre’s commissioned report, written by Kerri Joffe in 2010, to identify IDD peoples’ concerns and criticisms of previous legislation, and whether these criticisms were acknowledged and applied in the JBCI. Like Ontario’s sex education curricula, former, present, and future developmental service policies do not imagine IDD people as sexual subjects, nor do they promote forms of intimacy that may lead to fulfilling romantic or sexual relationships.

The Myth of Deinstitutionalization in Ontario

I conceptualize contemporary IDD death-worlds in Ontario as materialized similarly to the ways IDD death-worlds were materialized throughout the height of the 20th century’s period of mass institutionalization of IDD communities. I argue that, despite Ontario’s incessant use of “community care” rhetoric since the 1970s period of deinstitutionalization, Ontario continues to institutionalize IDD people in residential supported living facilities and day programs to silently reproduce violence and death by restricting IDD peoples’ access to sex, reproduction, and intimacy. These contemporary death-worlds are cultivated and sustained by the province’s use of neoliberal care and inclusion discourse that veils the true violence and death happening in provincially run public institutions meant to “support” disabled communities, as well as the silent and implicit use of sterilization, segregation, and isolation methods that dominated the eugenics movement as tools for preventing the future of, and eradicating “feeble-mindedness”.

I draw examples from the end of the 19th century through the early-to-mid 20th century to illustrate psychiatric/medical institutions as death-worlds, where nonstandard intimacies were vilified, condemned, and sanitized. I assert that psychiatric/medical institutions have been reconfigured by the settler colonial capitalist state to resemble what is conceptualized today as

community care. Institutionalization reinforces IDD communities as abnormal, pathologized subjects, whereas the deinstitutionalization era sought community intervention that focused on care, independence, and assimilation to hegemonic normalcy. By implementing a community care trope, the Ontario government reproduces both physical and social deaths through austerity, infantilization, and sexual segregation. The neoliberal shift in language to promote the social inclusion of IDD communities purposely deflects from topics pertaining to sex, intimacy, and reproductive health due to ongoing misconceptions of IDD people as both non-sexual subjects and sexual deviants. These misconceptions are then used by the state to justify the non-existence of IDD sexualities in public spaces intended to support IDD people.

I trace the height of Ontario's history of segregating, sterilizing, and isolating IDD people back to 1876, the same year Canada implemented the "Indian Act". It is not coincidental that Ontario opened its first provincial institution for the "feebleminded" in 1876, the same year Canada established federal policies limiting the mobility and citizenship of Turtle Island's Indigenous peoples. The culmination of death-worlds for IDD communities in Ontario cannot be discussed without consideration for Canada's role as a settler colonial state in the erasure of Indigenous identities and communities. Before the violent Indian Act, the sovereign state (Canada) established "institutionalized contact policies" that recognized Indigenous peoples as "foreign to the Crown thereby supporting the right to conquer and rule them" (Lavoie et al., 2010, p. 84). The settler colonial project established social and political hierarchies of personhood, as well as institutions to govern, police, and sanitize "unfit" communities under the guise of collective betterment and national security.

Located in Orillia, Ontario, the Ontario Asylum for Idiots, led by eugenicists and other proponents of medical models of disability and madness, sought to remedy "social problems

such as poverty, prostitution, and the existence of slums”, believing they were caused by an onslaught of “feeble-mindedness” (Rossiter & Clarkson, 2013, p. 14). By 1876, the Orillia Asylum for Idiots was under the medical/psychiatric guidance of superintendent Dr. James M. Wallace (“Ministry”, 2012, cited in Rossiter & Clarkson, p. 6). Wallace held similar beliefs to proponents of the eugenics movement, calling for greater space, seclusion and social exile of persons labelled feeble-minded (p. 6). Segregating feeble-mindedness was practiced through isolation within interior prison-like institutions, with exterior Victorian-style architecture. This Victorian aesthetic also featured “a long driveway leading to a magnificent looking ‘chateau’ built in the countryside along the shores of Lake Simcoe where it was thought patients would benefit from constant contact with fresh air and pastoral farmland settings, as well as social and geographical isolation” (p. 10). The exterior appearance of asylums was designed to reflect societal attitudes regarding disability as inherently childlike and in need of protection, while simultaneously inherently deviant and in need of suppression and hyper-surveillance.

The segregation of feeble-mindedness was not only communal, but institutional. Families of asylum residents were led to believe that fresh air and farmlands would provide their loved one(s) with a rehabilitative environment. The geographic spatiality/isolation of institutions was designed to keep the public safe from “mental deficiency”, to maintain order in urban centres, and to limit expenses on property. Despite the exterior of institutions appearing to provide warm and welcoming facilities for residents, the interior was built to ensure “residents enjoy minimal choice and control within their living environment” (Abbas & Veronka, 2014, p. 124). Segregation happened within asylums as men and women lived separately from each other, especially during “child-bearing years” (Joffe, 2010, p. 15). Separation limited inmates’ abilities to have sexual contact and to reproduce, the separation acted as a less invasive procedures for

sexual sterilization and acts as a form of negative eugenics.

ARCH Disability Law Centre's Kerri Joffe report notes that Ontario also followed Alberta and British Columbia's 1920's sexual sterilization acts that entitled the state to forcibly sterilize inmates without their knowledge or consent (p. 14). The involuntary sterilization of institutionalized people, as a eugenics project, led to multiple lawsuits, including the famous case of Leilani Muir. Muir won a settlement when she sued the Alberta government for sterilizing her without her consent (Grekul et al., p. 364). "Several hundred" survivors of institutionalization accepted settlements, while approximately 300 survivors pursued action through legal firms (p. 363). By 1983, two policy papers proposed and written by former Minister of Health, Dr. Matthew Dymond, "urged the province to move from an 'institutional-custodial model to a community-based model'" (Rossiter & Clarkson, p. 19). Dr. Dymond also proposed IDD people be cared for by both the state and community (p. 19).

Following the deaths of two residents from Rideau Regional Hospital School due to staff negligence, Toronto lawyer Walter Willinston commissioned a report concerning the treatment of institutionalized residents (p. 20). Willinston's report did not recognize that all institutionalized inmates should be emancipated from the state, and made several suggestions for ways the state could include *some* inmates in political, social, and economic life: first, "deinstitutionalization, replacing the institution with family and community services" (p. 20); secondly, "comprehensive centres for research, diagnosis, medical treatment and counselling" (p. 21); finally, "unifying central planning and responsibility at the government level and the development of regional self-sufficiency in service delivery to persons with ID" (*ibid*). Willinston's report would not be possible without the resistance and survival of communities who have been institutionalized, hyper-policed, and under the surveillance of the settler colonial

state since 1876. Despite decades of radical resistance from inmates within Ontario's institutions, the legal report was a catalyst for the implementation of the Cabinet Committee on Social Development's Mental Retardation task force at the beginning of the 1970's. The task force focused on policymaking and providing services for disabled communities based on community living and participation (p. 21). By 1974, IDD people in Ontario accessed government support and services through the Developmental Services Act, which was not replaced until twenty-four years later, by the SSPSIPDA in 2008. Despite introducing legislation intended to promote "inclusion and community integration" (Martin & Ashworth, p. 167) in the 1970s, Ontario did not close its final three psychiatric/medical institutions until 2009, one year after enacting the SSPSIPDA.

One of the most notable movements from the deinstitutionalization era is the Independent Living Movement. The movement dispersed throughout the 1970s seeking alternatives to medicalized, institutional care for disabled communities (Hande & Kelly, 2015, p. 967). The movement was initiated in Berkeley, California by IDD people and "their allies" to promote "consumer-control" of services for disabled people" (p. 966), including the ability to decide on and hire attendants and services that best suit their needs and embodied experiences. The movement politicized care (*ibid*) and shifted language into a new direction but is not devoid of criticism from disabled communities. Hande and Kelly note how the movement was a "clear example of neoliberal downshifting to the level of the individual" (*ibid*) and can only be accessed by people who meet the eligibility criteria. IDD death-worlds imposed by settler colonial governments, like Ontario, are active in this model as the criteria and eligibility for direct funding is left to the discretion of the state. This provides another legislative opportunity

for Ontario to decide *who* has the capacity to live independently under the regulations of the state, and *who* must continue living within the hyper-surveillance of the state.

ARCH Disability Law Centre: Consultation and Commission

In this section, I use Joffe's report commissioned by ARCH Disability Law Centre to outline criticisms from IDD people accessing, or attempting to access, Ontario's developmental services. Joffe's report provides both an overview of Ontario's history of violently institutionalizing IDD people, as well as public criticisms of Ontario's previous 2008 developmental services that are currently being reformed as the JBCI. I provide a brief history of institutionalizing IDD people in Canada, and proceed by specifically drawing from section II, "CONTEXT", in Joffe's report to capture Ontario's illusory transition from institutionalization to deinstitutionalization beginning in the 1970s. I continue by drawing from section V, "Enforcing Rights in Ontario's Developmental Services Sector: Key Components", to illustrate IDD communities' criticisms of past developmental services and suggestions they make to improve policies and services. The history of institutionalization played, and continues to play, a major role in Ontario's prevention and elimination of sex, reproduction, and intimacy within IDD communities.

The report from Joffe in contrast with Ontario's current developmental services reform plan, demonstrates Ontario's unwillingness to adequately support IDD communities, particularly in accessing sexual and reproductive health services, and the ways Ontario maintains IDD communities' status of the living dead. ARCH Disability Law Centre's report used a combination of literature reviews from academic articles, government reports, national and international legislation, policies and procedures, and web-based materials for their first phase of research (p. 9). The second phase involved consultation with "stakeholders" to "obtain their

thoughts on [our] findings and proposals” (p. 10). People labeled as IDD were interviewed in accordance with ethical guidelines that were not specified. They were asked “in plain language” (*ibid*) about their opinions and experiences regarding services they received, as well as their views toward the reports’ findings and what suggestions they have for future services. The project refers to “stakeholders” as IDD people who “receive or are familiar with Ontario’s developmental services system” and does not include the experiences or opinions of people receiving private care. ARCH Disability Law Centre also consulted with “advocates” (p. 11) for IDD communities, as well as service providers directly administrating Ontario’s developmental services. I am critical of this consultation process, as these inquiries adhere to specific private and public interests, that, as we can see, do not represent the best interests of IDD communities. In this context, only IDD individuals receiving government support are represented in their project, while “advocates” of IDD communities were consulted regarding their individual concerns that clearly do not include IDD peoples’ rights to safe, informed sexual experiences as they are invisible throughout the report.

The commissioned report identifies four primary concerns communicated by IDD stakeholders: barriers to autonomous decision-making; fear of abuse, retaliation and reprisal; need for appropriate supports; and absence of enforceable rights (p. 27-33). For this chapter, I focus on the first two concerns: IDD people’s barriers to autonomous decision-making, and fear of abuse, retaliation and reprisal, as these two concerns are directly linked to Ontario’s exploitation of educators and support workers as agents for the sanitization and erasure of IDD sexualities. The first concern illuminates the shortcomings of Ontario’s direct funding program by communicating that IDD service recipients, or stakeholders, would benefit from choosing, or be assisted in choosing, who their support worker will be. Support workers provide direct

support for the individual, and the interests of the worker are often reflected in the IDD person's daily activities. For example, support workers decide where the individual will socialize and who they will socialize with, what and where they will eat, and other forms of intimacies that the JBCI claims "other people take for granted" (par. 1).

As I demonstrated in chapter two, conversations concerning IDD sex, desire, and reproductive health are not accessible in public institutions like sex education. IDD people who want to explore these topics rely on knowledge from private conversations with people they can trust. Support workers *could* be a useful source for sex education for IDD people, however, as preliminary research has demonstrated, support workers can also be a source of sexual abuse and are not always trusted by the recipient of services (Martino & Perreault-Laird, 2020). Ensuring IDD people can choose their support worker opens the possibility for IDD people to feel comfortable about discussing sex and sexuality in a safe setting.

Joffe's report is useful for assessing how, through language of inclusivity and choice, Ontario continues to ignore substantial evidence highlighting how their developmental services sustain harm within IDD communities rather than support and care for them. The interim document and its policies present Ford's Ontario government as benevolent, caring partners for IDD communities on the surface, while they appropriate discourse from social and community models of care as a guise to continue, silently, promoting violence and death within IDD spaces.

Journey to Belonging, in Corporate Ontario

In this section, I provide an analysis of Ontario's new developmental services reform plan, the JBCI, outlining the provincial government's hollow intentions to provide accessible and adequate services that meet the fundamental needs of people labeled IDD in Ontario. What is the journey to belonging? *Who* constitutes as belonging, and to *where* do they belong? *Whose*

choices are represented and *what* are IDD communities being included in? The JBCI “lays out the ministry’s long-term vision for developmental services in Ontario, where people with developmental disabilities are supported to fully participate in their communities and and [sic] living fulfilling lives” (MCCSS, 2021). The reform plan is available on the provincial website, and outlines phases for “the path forward”, noting that “achieving an ambitious plan takes time” and will be under development for a decade. Currently, IDD people seeking provincial assistance (exacerbated by the COVID-19 pandemic) must rely on one webpage on the provincial website to assist with potentially acquiring support.

Language of choice and inclusion, in the context of IDD communities, promotes the erasure of literal “care” in support of “microscale” (Hande & Kelly, p. 968) services that centre “individualized experiences of empowerment” (p. 968) and deflect from “larger claims” of disability justice movements, like providing opportunities and space for decision-making regarding support, and sexual and reproductive health services that are accessible. Drawing from Erevelles (2011) and Christine Kelly (2014), Hande and Kelly problematize the state’s use of “choice” in providing care services for IDD communities, especially those who are labeled as incapable of making their own decisions and rely on parents or guardians to assist with decision-making. Choice, for IDD communities, is politicized, as choices are only afforded to citizens perceived to possess “self-understanding, self-consciousness, and self-representation” (Mbembe, p. 13, cited in Nusbaum & Steinborn, p. 26). As Ontario has demonstrated through the ongoing isolation, segregation, and exclusion of IDD communities, people labeled IDD are characterized as incapable of decision-making and are alienated and Othered as still dependent wards of the state, justifying the state’s removal of their private and public “rights”. The JBCI, I argue, continues to reproduce death-worlds by limiting available opportunities for future IDD

existences through implicit restrictions that greatly limit access to services and resources that would allow IDD existences to create and explore whatever sexual and intimate lives they desire.

Former MCCSS Minister, Todd Smith, notes that “the journey has been a long one; from a place and time when people with developmental disabilities were living in institutions separated from the community, to one where we are in reach of community inclusion and true belonging”, the ministry continues by crediting “self-advocates, families and service providers” for being at the “forefront of this important social change through the community living movement”. The reform plan immediately centres the experiences and considerations of “self-advocates”, otherwise known as IDD people with lower-support needs, as well as the burdens faced by family members and service providers. The introduction suggests that “people and their families” are focused on accessing “school, having a job, receiving healthcare services, and having real choices and control over the decisions that affect them”, highlighting processes of normalization that contribute to the development and maintenance of the capitalist state. Joffe’s commissioned report from 2010 has noted that this is not enough, and that the state must consider adopting a human-rights based approach. The JBCI does not reference any demands from the report, nor does it purport to have followed the recommendations from it.

I am particularly drawn to the JBCI’s superficial statement, “the journey has been a long one” (par. 1), I wonder, *whose* journey has been “a long one”? This statement, inaccurately, historicizes the violent history of institutionalizing IDD communities, implying that all IDD people have experienced the same “journey” and are on the same paths to “inclusion and true belonging”. The disability narratives being told in these policies are embedded in whiteness, and do not consider the ways settler colonialism has used the stark “whiteness at the heart of disability studies” (Pickens, p. 24) to reproduce a new, neoliberal “journey” that is designed by,

and for, the visible, white, disabled subjects. The inaccurate historicization of IDD experiences in public policies is indicative of how government policies and discourse shape the way we imagine historical pasts, presents, and futures. The JBCI attempts to imagine the history of institutionalization as a white “linear progression of time” (p. 28), to deflect from the “lived experiences of racialized psychiatric survivors [that] have been significantly shaped by the political project of colonization; political institutions such as slavery, scientific racism, and eugenics discourse” (Kanani, 2011, p. 2). To truly acknowledge the “journey” from institutionalization to community care, Smith would be required to challenge and disrupt normative processes within public institutions that uphold the settler colonial project. Rather, Smith blankly acknowledges the violence committed by his government as, simply, a long journey.

The “vision” for the JBCI echoes surface-level statements found throughout the webpage, and clearly does not reflect contemporary emancipatory language used by disability activists and researchers as it, again, centres choice and independence as primary goals for living “meaningful” lives, whatever that means. The vision statement is not clear and does not adequately communicate the state’s willingness to frankly consider the “rights” and demands of IDD communities,

People with developmental disabilities are supported by their communities, support networks and government to belong and live inclusive lives. People are empowered to make choices and live as independently as possible through supports that are person-directed, equitable and sustainable. (“Vision”, JBCI)

By relying on the individualistic-driven discourse, the government deflects responsibility for its role in violently segregating, sterilizing, and isolating IDD communities through

institutionalization in the first place by proposing a system of self-reliance. In addition, this discourse uses the idea of empowerment to prioritize independent living through support provided by the government. The government dictates the extent of one's independence and decides the "possibility" of IDD communities' support when receiving developmental services. In other words, the "possibility" of IDD people receiving support from Ontario's developmental services is contingent upon the government's evaluation of IDD independence. Ontario's moral framework and misconception of IDD sexualities as paradoxically nonexistent and as excess renders IDD people's desires for accessible, safe, and informed sexual lives as bleak and devoid of government support.

I consider the use of agency that is referred to in the JBCI as not accessible for everyone, and imagined as only accessible for Ontario's white, disabled citizens. The JBCI's hyper-focus on independence and agency falls under Pickens' notion of disability studies and advocates' tendency to frame disability rights and justice as a recuperative project, where all members of the community are, theoretically, all granted agency. The agency the JBCI refers to, is the absence of explicitly violent forms of institutionalization established and upheld by settler colonial capitalism. Agency within the context of the JBCI, I argue, is a linguistic farce borne out of the myth of deinstitutionalization and used to create an illusion of care from the government.

Agency is called into question when examining Ontario's direct funding services, where funding decisions are based on the discretion and interests of service providers, rather than the person seeking funding for support. Ontario's current direct funding program, unlike the original program introduced in California by the Independent Living Movement, does not include extensive funding for IDD communities. Funding is only available to people labeled physically disabled, who rely on assistance with food preparation and eating, bathing, and dressing. The

recipient of direct funding must also be capable of “self-directing” (Hande & Kelly, p. 968). Hande and Kelly note how Ontario’s programs actively negotiates funding through a hierarchy of disability where physical disabilities with “more social capital and education” (p. 967) are prioritized for funding. Because of this exclusion, IDD people are not granted opportunities to make agentic decisions that impact their access to sex, reproduction, and intimacy. Joffe includes in section V of her report that having the opportunity to choose a support worker is paramount for maintaining IDD stakeholders’ basic needs like managing finances, eating, bathing, and toileting (30-31), and I extend these needs further to include navigating romantic and sexual relationships, reproductive health, and intimacy. IDD people living in residential supported living facilities are exceptionally impacted by these restrictions, as they are subjected to “house rules” (Martino, p. 6), established and enforced by service providers and support workers.

These restrictions, I argue, are implicit tools managed by political bodies to suppress the social and political mobility of IDD communities, specifically their access to intimate citizenship. Intimate citizenship, in this context, refers to IDD people’s access to “rights and responsibilities to make personal and private decisions about with whom and how we are in intimate relations” including “rights to pursue several spheres of intimate life, including sexual identity and expression, friendship, marriage and cohabitation, family life and parenthood, [as] enshrined in the UN Convention of the Rights of Persons with Disabilities (UN General Assembly, 2007, in Ignagni et al., p. 136). In line with neoliberal logic, Ontario’s JBCI claims their developmental services reform plan will support IDD “people and their families” in accessing “all the rights and opportunities that other members of society take for granted, like going to school, having a job, receiving healthcare services, and having real choices and control over the decisions that affect them” (par. 1). Despite these altruistic intentions, the JBCI does not

acknowledge IDD people's rights to access and navigate sexual and intimate experiences, like sexual identity and expression, friendship, marriage and cohabitation, and family life and parenthood, rather, they silence these rights by refusing to acknowledge them.

While the reform plan does not explicitly use eugenics-era logic, it does manipulate language of "choice" and "inclusion" to conceptualize individual IDD needs as "ambitious" and timely. Perhaps, as a political agent determined to uphold settler colonial capitalism, imagining a world that does not presume IDD communities as already dead would be difficult, because that would require a renegotiation of who and what is worthy of financial support from the state. An imagined world where IDD people are not inherently infantilized or labeled as sexually deviant would challenge moralistic presumptions of sex as heterosexual and procreative. The imagined possibilities are antithetical to the dystopian hellscape that is Ontario's services and supports for IDD people; eugenics are embedded and enshrined within these services and uphold the settler colonial capitalist state's admission to white supremacy, ableism, and heteronormativity. Applying crip and queer knowledges to these services disrupts and challenges processes of normalization within provincial policies that naturalize death within IDD communities, as Lindsay Eales and Danielle Peers note "Crip and Mad existence are hot" (p. 175), and these histories and experiences will not be erased from existence.

My thesis demonstrates the influence of political discourse and policies in recreating death-worlds for citizens who are always imagined as "already dead... non-entities incapable of taking in or producing information, because they 'were never meant to survive but did'" (Hedva, cited in Nusbaum & Steinborn, p. 26). While I do not hold Ford's government entirely accountable for violence and death within IDD communities since 1876. I must refer to the present discourse and ideological perspectives of the Conservative Party to illustrate how settler

colonial, provincial governments like Ontario uphold whiteness, heteronormativity, and ableism through the continued institutionalization of the Other as a disabled category. Ontario's appropriation of emancipatory discourse, and incessant use of agency and inclusion discourse in developmental services reform and sex education lend to the cultivation of contemporary death-worlds that mimic 20th century death-worlds borne of the eugenics movement. I shift the historical moment onto the present, where Ontario's response to the COVID-19 crisis has fueled death-worlds for institutionalized communities in the province. To truly acknowledge how these death-worlds are sustained within the current historical moment, there must be consideration for the role of Ontario's current Minister of Children, Community, and Social Services, Merrilee Fullerton, and the insurmountable deaths she, as Minister of Long-Term Care, was responsible for. Appointing Fullerton as a minister whose role includes overseeing and directing programs and services for IDD communities is concerning.

The JBCI is managed by Ontario's Ministry of Children, Community, and Social Services, but as aforementioned, was initiated by former minister, Todd Smith. However, Smith no longer occupies the role as Minister of Children, Community and Social Services, and was replaced by former Minister of Long-Term Care, Fullerton, following a cabinet shuffle in June 2021. Fullerton was responsible for managing the COVID-19 crisis as it spread throughout Ontario's long-term care (LTC) homes and killed at least 4000 residents and 11 staff during her time as the minister (Marrocco et al., 2021, p. 16). The continued institutionalization of Ontario's elderly and disabled communities contributed to the quick, mass spread of the virus. Vannina Sztainbok (2021) notes, the "carceral character of pandemic responses in Ontario", specifically in LTC homes, can be conceptualized through a necropolitical framework, where people's deaths are less costly for the state than adequately restructuring and reimagining public infrastructure,

like LTC and residential supported living facilities.

Sztainbok positions Ontario's LTC homes during the provincial state of emergency as states of exception, where the death of disabled and elderly people is contained and kept "out of sight from society" (p. 17) to protect the government's legitimacy rather than the lives of residents. The state of emergency imposed by the pandemic creates greater restrictions for IDD residents of LTC and residential supported living facilities in accessing intimate citizenship. As these facilities are publicly regulated and funded, they are subjected to greater social restrictions and rules to prevent the spread of the virus. The threat of the virus provides developmental service providers with greater justification for segregating and isolating people within these public institutions, making access to sex, reproduction, and other forms of intimacy even more inaccessible.

Rather than addressing and accounting for the ways Ontario has allowed social infrastructure, like LTC homes, to collapse, Ford's response to the devastation was to establish Ontario's Long-Term Care COVID-19 Commission that reported "multiple, and sometimes contradictory, stories about the crisis in long-term care homes" (p. 18). Drawing from Sherene Razack (2015), Sztainbok asserts that government inquiries are settler colonial tools to maintain innocence and naturalize death among communities presumed to be "close to death" (*ibid*). I am concerned that as the pandemic is prolonged, and with Fullerton as the guiding force for establishing and informing developmental service policies, that people accessing these services will be subjected to levels of violence and death as seen in LTC facilities throughout the beginning of the pandemic.

The transcripts from the LTC COVID-19 Commission demonstrate Fullerton's unwillingness to take responsibility for her role in not adequately preventing mass-deaths in LTC

homes, as she shifts blame onto exploited support workers who were also greatly impacted by Ontario's unstable infrastructure. The transcripts from the report highlight how Fullerton constantly deflects responsibility for her ministry's untimely response to the pandemic by referring to the precarity of staffing. The precarity of staffing LTC homes has been an issue prior to the pandemic, and Ontario's unwillingness to recognize, appreciate, and compensate care labour has led to deaths of residents and staff in Ontario's LTC homes. Fullerton proceeds to subtly transfer responsibility of initial transmission within facilities to staff by asserting, "so I believe that staff were bringing it in unknowingly. They're the heroes in this and I'm not laying any blame whatsoever on them. They were doing heroic work, but the problem was it was in the community and it was coming into the homes" (p. 49). Using discourse like "heroic work" while simultaneously blaming over-exploited staff for approximately 4000 deaths, including staff deaths, demonstrates Fullerton's unwillingness to acknowledge Ontario's role in underfunding facilities that are intended to "care" for elderly and disabled communities.

Despite their efforts to create an illusion of care through commissioning a report on LTC in Ontario, Ford's administration continues to deploy Fullerton as a responsible agent for managing care and services for IDD Ontarians during a global pandemic. Additionally, Ontario's deflection of responsibility for not ensuring the basic rights of LTC residents are met, demonstrate how Ontario already negotiates life and death among Othered communities. As the COVID-19 pandemic continues and states of exception are imposed within residential living facilities and communities, the public erasure of IDD peoples' access to sex, desire, and reproduction becomes justified under the guise of paternalized safety.

Ford's Conservative government sustains death-worlds by focusing on ways to normalize nonstandard subjectivities by applying agency and independence onto IDD communities without

dismantling or even acknowledging the very structures still in place to sustain the absence of agency and independence within IDD communities. While the Ontario government claims to have deinstitutionalized and adopted a model of community care, it continues to isolate, segregate, and kill IDD people in residential living facilities and long-term care homes. It is evident that through discourse, Ontario's Conservative Party appropriates, and misuses emancipatory language borne of complex, interdependent struggles within racialized, disabled, and mad communities. Agency for IDD communities cannot be conceptualized by settler colonial policies, rather, the boundaries and application of agency must and will be determined and established by nonstandard, crip, queer, existences. My thesis has imagined nonstandard intimacies as queer and crip existences as the communities who constantly disrupt white, heterosexual, ableist assumptions of who and what can access the good life. IDD sex, reproduction, and intimacy are crucial for achieving a life more fulfilling and unbound than the good life. The fulfilling and unbound life that I am referring to here is not the sick and boring world of heterosexuals, rather, a world of otherwise unimaginable crip queerness. I invite readers to challenge standard ways of knowing and imagine the possibilities of public, intimate, and sexual spaces that reproduce the very queer and crip existences that disrupt settler colonial capitalism.

Conclusion

In mainstream discourse, the term ‘sex’ signifies magnetism, an inherently irresistible natural force that pulls bodies together the way gravity pulls us toward the ground. Paradoxically, however, particular cultural associations of sex with a given social group often serve as a wedge, separating that group from others, as we all vie for the title of most worthy and respectable. Such competition unfailingly undermines solidarity; it also keeps people silent when faced with other groups’ struggles related to sexual agency. (Wilkerson, 2002, p. 203)

Intellectual/developmental disability, sex, policy, and death-worlds are the recurring themes presented in this thesis. Ontario’s sex education curricula and developmental services for IDD communities both reproduce death-worlds for IDD people through the active erasure and denial of IDD people as sexual and intimate subjects. The language used to execute these policies actively Others IDD people as special, abnormal undesirables whose lives are under constant surveillance while simultaneously being propped as independent, agentic wards of the state. Wilkerson referred to the ways crip and queer perspectives merge to “reveal why sexual agency must be understood as an important, and in some ways, key component to the liberation struggles of all disenfranchised groups, rather than a luxury to be addressed after achieving goals that might be perceived as more basic” (p. 37). The JBCI emphasizes the importance of agency for people accessing developmental services, yet, does not make a single reference to IDD people’s sexual agency. Contrastingly, Ontario’s sex education curricula refer to IDD people’s sexual agency within the context of abstinence and refusal, and grants parents and guardians the option to remove their “special needs” student from sex education entirely.

I began my thesis questioning, “what are some policy changes needed to create

potentialities for IDD people and their pursuit for access to safe, consensual, sex and sexual health?" As I continued researching and exploring different perspectives, I found that policy changes are not at the forefront to discovering the potentialities for IDD people as sexual and intimate subjects, rather, there must be a total restructuring of the ways policies and policy-makers imagine and conceptualize IDD communities, as well as a restructuring of who these policy-makers are. I explore and argue in chapter three that Ontario has not deinstitutionalized as it claims, and IDD communities accessing support from the provincial government continue to be hyper-regulated, policed, and sanitized through misrepresentations of IDD people as inherently childlike and "special". I have shown that policies do not reproduce and sustain violence on their own, rather, IDD death-worlds are also sustained by well-intentioned educators, support workers, parents, and guardians tied to settler colonial capitalist institutions that imagine IDD existences as already dead, childlike, deviant, and without the ability to exist within and navigate sexual and intimate relationships. There must be a shift from the ways IDD existences are imagined, as racialized, trans, and queer IDD existences not framed within settler colonial linear progression of time and remain invisible even in policies specifically designed for IDD communities.

Sex education (OPHEC) and Ontario's JBCI are the central policies examined in my thesis. Extensive literature exists reporting sex education in Ontario as inadequate, and responsible for reproducing and upholding heteronormativity and whiteness (Campbell et al., 2020; Davies & Kenneally, 2016; Bialystok & Wright, 2019; Bialystok, 2019). My scholarship draws from and extends preliminary research to encapsulate Ontario's curricula as not just inadequate, but as a violent extension of the eugenics movement. Sex education in Ontario, through the segregation and isolation of IDD students, communicates, loudly, that IDD people

are not imagined as sexual and intimate subjects. As a public, mainstream, sexual space, the nonexistence of IDD sex and intimacy in sex education legitimizes the nonexistence of IDD sex and intimacy in all public spaces, including provincial developmental services. This is about more than the nonexistence of IDD sex and intimacy in provincial policy and signals a greater issue that frames any IDD sex and intimacy, even the most mundane acts like handholding, as a threat to the future of settler colonial capitalist Canada. Sexual agency is awarded only to citizens whose bodies and minds can be used to uphold Canada as a strong, healthy, white supremacist, heteronormative, ableist country.

My thesis used Ontario's sex education curricula and developmental services to demonstrate how death-worlds are sustained by settler colonial capitalist governments, however, it is important to critically examine the explicit carceral nature of Ontario's continued segregation, isolation, and sterilization of IDD communities in prisons and medical institutions. To truly consider the scope of Ontario's death-worlds for IDD communities, there must be future consideration for how Ontario is currently undergoing a shift in discourse surrounding policing, especially within racialized and Indigenous communities. Sulaimon Giwa (2018) examined community policing models in Canada, noting that Ontario Provincial Police (OPP) and the Royal Canadian Mounted Police (RCMP) have supposedly adopted this model in their mission statement (p. 713). The OPP and RCMP, as state actors, strategically appropriate the use of "community" to deflect from the "increased number of killings of Black men by White police officers" (p. 720). The appropriation and misuse of community care in rhetoric upholding state-sanctioned violence and death within racialized and Indigenous communities is indicative of how settler colonial violence depends on neoliberal language to sustain itself as legitimate and benevolent.

I am critical of adopting a “happy inclusion framework of sexual citizenship” (Haritaworn, cited in Gorman, p. 255) to discuss the past, present, and future crip and queer experience(s). My research has shown just how “normal” eugenics has become, how it is woven into every thread and semblance of normalcy in this settler colonial hellscape. Seemingly mundane terms like “healthy” can be weaponized to dehumanize and devalue a person, the word “healthy” can be used to stealthily promote the “healthy” reproduction between “healthy” men and women, to build a strong, “healthy” nation. Conversely, the antonym, “unhealthy”, can be used to justify the removal and death of the Other, for the protection of the healthy citizen. I do not condemn the use of “health” entirely, rather, I acknowledge the ways in which the settler colonial capitalist state manipulates seemingly mundane, and well-intentioned language, like health and community, to maintain and rationalize violence and death against the Other.

I present my research as a starting-point for future research in IDD, sex, intimacy, and death-worlds within settler colonial capitalist Canada, as sex education and developmental services in Ontario are just two pieces of a massive puzzle sustaining and upholding IDD death-worlds. For IDD existences, achieving the good life is not simply achieving a status of normalcy; while I do not possess the authority to determine what exactly accounts for living the good life, I echo Mbembe’s notion that “Becoming-human-in-the-world is a question neither of birth nor of origin or race. It is a matter of journeying, of movement, and of transfiguration. The project of transfiguration demands that the subject consciously embrace the broken up part of its own life; that it compel itself to take detours and sometimes improbable connections; that it operates in the interstices if it cares about giving a common expression to things that we commonly dissociate” (p. 187). IDD existences persist and exist, and they will continue to exist, transgress, love, fuck, hold hands, and establish new boundaries, creating a life that is greater than the good life.

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