

## Co-Production of Disability and Race: Reading for Disability in Black Prison Writings

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### Abstract:

Disability studies scholars have called for a critical refocusing of disability as not only an identity that intersects with race but also as an identity rooted in racialization. By reading the prison writings of Mumia Abu-Jamal across the grain as a disability text, the co-constitution of Blackness, disability, and criminalization is evident in not just disability studies scholarship, but also the lived experiences of Black, criminalized authors. By applying critical theoretical lenses of race and disability to works like *Live from Death Row*, one can better identify how the disenfranchisement of Black people is purported to be natural in American culture.

Many accepted core texts within disability studies offer valid insight into, if nothing else, white experiences of disability. However, many of these texts marginalize or outright ignore the experiences of Black disabled people as auxiliary but ultimately unnecessary to the discipline. I respond to critiques of the overwhelming whiteness in disability studies from Christopher Bell, a notable disability studies scholar and former president of the Society for Disability Studies. I also employ social and cultural studies scholar Nirmala Erevelles's theories of disability, Blackness, and incarceration as mutually invoking, co-constituted social categories. The systemic criminalization and incarceration of Black communities, termed the "school to prison" or "cradle to grave" pipeline, operates on the white paternalistic construction of Blackness inherently entangled with disability.<sup>1</sup> The

prison industrial complex, as an arm of a larger system of white supremacy and capitalism, both disables Black people and constructs race and disability as stable, natural social categories.<sup>2</sup> The systemic disabling, punishment, and exploitation of Black people provides its own justification by maintaining Blackness and disability as connected and stable categories. What would happen, then, if we examined the texts already being produced by Black authors in terms of not just race, but also disability? Texts like prison writings can reveal how the categories of race and disability are deployed against Black, incarcerated people. Throughout my argument, I refer to Erevelles's argument that Blackness and disability are simultaneously constructed categories. I also refer to the work of Syrus Ware, Joan Ruzsa, and Giselle Dias, prison abolition activists

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<sup>1</sup> For additional reading on the school-to-prison pipeline, see Kilgore 119-133.

<sup>2</sup> American activist, author, and academic Angela Davis refers to the "prison industrial complex" as the

expansion of the U.S. prison system, corporate involvement in prisons, and the use of prison labor to produce capital (Davis 12). See also Kilgore 20.

and prison studies scholars, in “It Can’t Be Fixed Because It’s Not Broken” in order to establish the production and maintenance of disability within the prison system. Through my use of this scholarship, I argue that reading *Live from Death Row*, written by the American activist and journalist Mumia Abu-Jamal, across the grain illustrates the ongoing relationship between Black people and disability in the context of incarceration.

Abu-Jamal’s writing offers a critique of antiblack racism and the prison system based in scholarship and firsthand experience. He writes not only of his own experiences, but also the experiences of others he bears witness to. Prior to his arrest in 1981, Abu-Jamal was known as a widely-acclaimed broadcast journalist (Abu-Jamal 186). In 1982, he was convicted of murder and sentenced to death, despite a lack of convincing evidence (Abu-Jamal 169-185). Since his conviction, Abu-Jamal has continued his journalistic and activist work from within carceral spaces. While writings like Abu-Jamal’s are not marked as disability studies texts, his work highlights how disability is often intertwined with the experience of incarceration. The work of Abu-Jamal to critique the prison system on individual, community, and structural levels offers a unique platform to examine the role of disability. Still, I maintain that any texts produced from carceral spaces or communities profoundly impacted by incarceration can offer important perspectives to the disability studies discipline.

Reading the prison writings of Mumia Abu-Jamal with a disability studies perspective emphasizes the role of disability in texts not traditionally considered as part of that scholarly genre. Reexamining the centrality of disability in conversations

around incarceration and race, and *vice versa*, is necessary. The overwhelming whiteness made standard in the accepted core ideas of disability studies has drawn critique, especially within the past decade. Bell, in his 2006 essay “Introducing White Disability Studies: A Modest Proposal,” critiques key texts and authors in disability studies for their failures to acknowledge the unspoken centrality of whiteness in their work. While these texts may effectively theorize white experiences of disability, the failure to acknowledge whiteness constructs a normative disability identity that continues to marginalize the experiences of nonwhite disabled people. Although “White Disability Studies” includes people of color, it “treats people of color as if they were white people” and ignores that people of color experience “critical exigencies” that “necessitate [their] understanding and negotiating disability in a different way than their white counterparts” (Bell 282). Bell argues that an upheaval of disability studies is necessary and any notion of an independent, non-intersectional disabled identity must be abandoned. The critiques offered by Bell and other authors establish the need for more conversations about how we imagine disability, its creation, and its implications. Reading the life experiences of a Black, imprisoned man as a text about disability allows us to examine from a new angle how the construction of race, criminality, and ability are ongoing. Race and ability were not only constructed in the past. These identities and ways of being are continually made real within the prison industrial complex. Not only does racialization rely on the simultaneous construction of disability, racialization and systemic racism actively disable Black people. It is crucial to understand how the prison industrial

complex continues to naturalize Blackness-as-disability in order to disrupt this narrative.

In my argument, I discuss the healthcare available in prison not to frame disability as a necessarily medical identity, but rather to acknowledge the role of the medical complex within the prison system in the production and maintenance of disabled Black bodies. I also refer to “health” as a somewhat monolithic and stable concept for the sake of a more straightforward argument. However, I believe that the construction of “health” by a medical-industrial complex that also relies on the simultaneous exclusion and exploitation of racialized people is an important factor in the construction of race and ability. In a lengthier and more nuanced version of this research I would explore the meaning of health more thoroughly. In my argument I also refer to “crime” and “criminality,” the meaning of which has changed throughout history. The construction of certain acts as criminal—such as “vagrancy” and “possession of firearms”—historically and currently coincides with the disenfranchisement of Black people and other people of color (Davis 28). Through laws that criminalize behavior associated with or attributed to Blackness, Black people have been continually exploited and enslaved within the prison system following the abolition of slavery. In this sense, Blackness itself is the crime. I mention this to make clear that the innocent/criminal binary is built upon racism and anti-Blackness, and people who are indeed “guilty” of their accused crimes are no less victims of a white-supremacist industry that exploits along deeply cut racial lines.

In my research, I define the category of disability using feminist disability scholar

Susan Wendell’s definition of disability. Wendell defines disability as both a socially constructed category in opposition to “normal” ranges of ability and an embodied, lived experience. This definition rethinks medical models of disability, which regard disability as a problem within the individual body. Social and built environments are typically designed to accommodate the needs of people within a “normal” range of ability, thereby disabling and “othering” different bodies and minds. A culture’s definition of “normal” ability, Wendell argues,

"depends on such factors as what activities a society values and how it distributes labour and resources. The idea that there is some universal, perhaps biologically or medically describable paradigm of human physical ability is an illusion...

Not only the “normal” roles for one’s age, sex, society, and culture, but also “normal” structure and function, and “normal” ability to perform an activity, depend on the society in which the standards of normality are generated (245)."

A person who falls outside of the normalized range of ability for their intersection of identities is culturally thought to have a problem within their individual body. Wendell argues that many disabled people struggle in their relationships to their bodies in ways that “perhaps cannot be eliminated,” or “even mitigated, by social arrangements” (247). Embodied experiences of disability cannot be ignored in theories of disability as an exclusively social construction. However, social arrangements could accommodate the “physical conditions” of disabled people, “integrate

[them] into the community,” and integrate the struggles of disabled people “into the cultural concept of life as it is ordinarily lived” (247). Wendell’s definition of disability troubles the notion of a “natural” state of ability or disability, wherein the culture’s normal range of ability is taken as an inherently “right” way to have a body. Scholars like Wendell argue that standards of normality are culturally produced. As I argue, the role of environment is particularly salient in conversations surrounding prisons, as the prison not only fails to accommodate for disabilities, but also often further disables people.

Alongside disability, some scholars also argue that race is a social category, not an inherent, bodily truth. Social anthropologist and African-American studies scholar Audrey Smedley and public health expert Brian Smedley argue that there are no biologically-based differences between races (2005). The idea that race indicates biological truths about an individual has been used to justify the institution of slavery, as well as the stratification of income, education, and incarceration along racial lines. In Western culture, race is imagined as a “natural,” or innate, biological difference in the bodies and minds of people (20). Smedley and Smedley argue, however, that the ideology of race began in the late 17th century “in conjunction with the legal establishment of slavery for Africans,” leading to the creation of “three major groups, [...] European Whites, Native Americans, and Negroes” (20). The production of race as a scientific, biological category justified the mistreatment of people of color, particularly the Native Americans whose land was colonized and the people of the African continent who were abducted and enslaved in North America. Living

conditions and life opportunities were and continue to be organized in terms of race. Thus, while race is not a biological truth, it remains an important social category as race tends to indicate many of an individual’s resources and opportunities. The research of Smedley and Smedley, like the work of Wendell, disrupts a seemingly “natural” category, arguing instead that the category has been constructed by the culture. Race and disability have also been theorized as co-produced, interdependent categories, rather than as separately produced yet intersecting categories.

I use the theoretical perspectives offered by Erevelles, specifically in her essay “Crippin’ Jim Crow: Disability, Dis-Location, and the School-to-Prison Pipeline,” in order to examine the writings of Abu-Jamal in the context of race and disability. Erevelles’s work not only challenges whiteness-as-norm within disability studies, it necessitates an examination of disability as an identity inherently attached to Blackness, and vice versa. Erevelles argues that disability and race have been historically co-constituted, as the dominant white, capitalist culture has constructed racialized people as disabled. The social category of race, specifically Blackness, is intertwined with the construction of a mentally and physically pathological “Other.” This construction of disability, like the construction of race, posits disability as an inherent, stable, and natural deficiency in nonwhite bodies that was “discovered,” rather than invented, by experts. Black bodies were made disabled and racialized in the violence of the slave trade in order to justify the commodification of Black bodies. The understanding of Black people as naturally deficient has served to create and justify the distribution of

resources away from Black people. Erevelles writes of the embodiment of the “ghetto” in Black people, not just physical locations, as a result of cultural isolation/quarantine. Black people are socially isolated, even in racially integrated spaces. Deviance and disability in Black bodies and minds are constructed to be inherent and therefore “unworthy of [...] intervention” (95). From preschool to the workplace to the prison system and beyond, Black people tend to be disciplined as individual, deliberate, natural “troublemakers” (criminals) rather than accommodated. The construction of inherent disability in Blackness, therefore, serves to justify a system that disables Black people.

Prisons and the prison industrial complex disable people. The abuse and disenfranchisement of people in prison alters how prisoners are able to think, feel, and behave. Abu-Jamal writes of the extreme isolation and verbal and physical abuse of death row prisoners. Living on death row at the State Correctional Institute at Huntingdon, Pennsylvania, Abu-Jamal and other inmates were locked in their cells, by standard, 22 hours per day and given two hours of recreation outside of the cell. On death row, “one has little or no psychological life” and must rely on TV and radio as “common diversions” from their “terrible fate” and “dehumanizing isolation” (Abu-Jamal 8-9). People in prison, and particularly on death row, are also denied physical contact with visitors from outside the prison. Abu-Jamal argues that noncontact visits “weaken, and finally [...] sever, family ties,” which are “already made tenuous” by imprisonment; prisoners are isolated “psychologically as they are temporally and spatially,” eventually “‘dead’ to those who love them, and

therefore dead to themselves” (11-12). The denial of regular and physical human contact is also a denial of personal and meaningful connections for people in prison. The isolation of people in prison from those living outside the prison, and the isolation of death row prisoners from nearly all human contact, creates and exacerbates emotional pain and disconnection.

The research of Ware, Ruzsa, and Dias on health in prisons corroborates the claims of Abu-Jamal. According to the World Health Organization, “overcrowding; violence; solitary confinement; lack of privacy; separation from family and friends; lack of meaningful activity; and uncertain futures” (or near-certain futures of state-imposed death, for those on death row) “affect the ways our brains and bodies work” and create “experiences that don’t fit within social notions of mental ‘health’”; the authors also cite research that indicates how “powerlessness” and the assignment of position can alter an individual’s “mental skills in a way that confirms their standing,” making “hierarchies incredibly stable” and leading “the powerless” into a “destiny of dispossession” (Ware et al. 170-171). The denial of agency and meaningful activity to prisoners is dehumanizing, isolating, and painful, changing how people in prison think and feel. The effects of the prison industrial complex extend beyond the prison itself, too. The management of Black people and their property, in expectation of criminality, instills a sense of being “innately deviant” and a constant fear of “[confirming] that stereotype” in young Black people; “the threat of constant surveillance,” confiscation of property, suspensions, and “ultimately juvenile detention centers and prisons” overwhelmingly impact communities of color (Erevelles 94). The prison system is

not rehabilitative—it manufactures pain within prisoners, their loved ones, and criminalized communities and pulls people further from cultural standards of health.

In addition to their disabling nature, prisons fail to provide adequate healthcare to mitigate or manage the effects of disability. People in prison have limited access to “counselling and mental health services,” especially “in an ongoing way or over the long term,” and “there is no confidentiality or privacy during these therapeutic sessions,” meaning that “anything they say [...] could potentially be used against them” (Ware et al. 171). Mental health services are supposedly designed to give people tools to understand, cope with, and accommodate the ways they think and behave. However, these services are frequently weaponized against people in prison, when made available at all. Abu-Jamal writes of medical abuse and denial of proper health care for people in prison. He offers an account of the prison staff’s treatment of Manny, an epileptic man Abu-Jamal met in Huntingdon. Manny had virtually no seizures for ten years before arriving at Huntingdon. However, after a “serious altercation with a white inmate,” the prison staff changed his medication regimen, introducing seizure-inducing Haldol, and Manny began having powerful seizures that left him in a coma (57-58). In the account of Abu-Jamal, medical abuse is a form of punishment within correctional facilities. Prison medical care is of low quality and inaccessible at best for many people in prison. At its worst, medical “care” is used to punish, worsen health, and even kill inmates. Medical care within the prison is simply an extension of the “corrections” system. The bodies of inmates are subject to punishment from medical staff, who are

enabled to give or deny treatment conditionally. Ware, Rusza, and Diaz also argue that zero-tolerance drug policies, as opposed to harm-reduction programs, and HIV-phobia in prisons create an environment where HIV and Hepatitis C are easily transmitted, but rarely treated (172-173). The prison environment is painful, and because competent care is not provided and self-medication is not accommodated, the tools for pain management that are accessible to people in prison are often further damaging to their health. Because ongoing and competent care is inaccessible to most people in prison, the prison environment has virtually no means of improvement in health and often directly worsens health. Even if prisons were to offer substantial care, the prison environment and hierarchy is still, in itself, disabling. Offering health services without acknowledging the fact that imprisonment affects inmates’ health only serves to privatize disability as a “problem” within the individual.

According to Abu-Jamal, the disabling of prisoners is deliberate. Abu-Jamal argues that people in prison end up “on tilt,” or with deteriorating mental health, “by state design”; the “stressful psychic stew” of prison is “designed [...] by the state, with full knowledge of its effects” (25). It is not by accident that people in prison are subjected to physical and psychological abuse in normalized prison procedures. Legal precedent even exists for state recognition of this psychological torture. Abu-Jamal cites the 1986 federal court decision declaring solitary confinement constitutional, despite an 1890 ruling that argued solitary confinement unconstitutional, at least in the case of the petitioner, James Medley (25-26). Prisons

deliberately continue to use psychologically damaging systems of punishment, from the ongoing lack of contact with loved ones to the extreme isolation of solitary confinement. In the case of Robert Barnes, a recent transfer to Abu-Jamal's prison at the time of writing, solitary confinement led Barnes to his death by suicide (Abu-Jamal 19-21). Barnes "had an extensive psychiatric history and had made a recent suicide threat," telling officials "if he were placed in the 'hole' [...] he would kill himself"; still, he was put into "a strip cell for twenty-four hours a day" and soon died by suicide (21). Even when officials were explicitly warned that Barnes could not tolerate time in solitary confinement, staff still chose to put him in the "hole." Abu-Jamal bears witness to the effects of psychiatric abuse built into the prison system. This abuse cannot simply be attributed to misunderstandings among prison staff and officials. Federal courts and individual staff members knowingly allow harmful practices.

The disabling effects of life in prison and medical abuse or neglect in prisons make tangible the cultural construction of Blackness, disability, and criminality. Because race, disability, and criminality as coherent social categories rely on and invoke one another, even white disabled people and/or criminals are culturally read to approach a racialized standard away from whiteness. The disabling of Black people, or people associated with Blackness through their criminality, is naturalized within the prison industrial complex. Disability is understood to be the natural state of Black people, and therefore the prison industrial complex's effects on health are not so much attributed to the prison as they are to the inherent qualities of Black bodies. From birth to death, deviations of Black people

from cultural norms of ability are privatized as individual deficiencies or acts of criminality. Rather than accommodate the needs of Black people, the understanding that disability and criminality are natural qualities of Blackness encourages institutions to punish and leave Black people behind as a "lost cause"; "incarcerated juveniles are often diagnosed with" psychiatric disabilities but "receive little or no interventions" and "the likelihood of treatment" increases for those who are "non-Hispanic white, younger" and have a "past history of treatment" (Erevelles 94). Racialized people are offered far fewer resources to manage their health. The presence of racialized people in the criminal justice system is naturalized, while the presence of white people is more likely to be pathologized and subsequently remedied. Systematic abuse and punishment of Black people is understood to be a natural consequence of Black criminality, rather than a cause of disability in communities of color.

Mumia Abu-Jamal's writings from death row reveal the creation, maintenance, and exacerbation of disability in people in prison, who are disproportionately Black people and other people of color. The prison industrial complex requires the construction of disabled, Black, criminal subjects in order to justify its exploitation of racialized people. The prison system therefore simultaneously disables Black people and naturalizes disability as inherent to the Black body. Criminalized subjects are disabled by violence, abuse, lack of agency, and disconnection and isolation from relationships. The effects of disability are made more severe by the denial of competent and confidential health care to criminalized people, as well as by medical

abuse. The management, pathologization, isolation, and abuse of criminalized people occur within and outside of prisons throughout the lifetimes of Black people. It is important to centralize the prison industrial complex and race, particularly Blackness, in conversations about disability. Race and incarceration are not just marginal issues that can be added and subtracted from disability studies. As Bell and Erevelles, among other authors, have put forward, disability and Blackness are always connected.

I emphasize Erevelles's argument that disability and Blackness are co-constituted social categories that cannot exist without invoking the other. "Black" as a coherent and natural category was simultaneously constructed alongside dis/ability. The categories of race and disability suggest an inherent deficiency in Black people in order to justify slavery. Therefore, while white people and people of color experience disability differently, any experience of disability invokes Blackness. Likewise, Black bodies are culturally associated with

natural deficiency, deviance, criminality, and being "beyond saving." Race and incarceration are entangled with disability, and I have examined *Live from Death Row* as one of many texts that can be understood to reveal the interconnectedness of Blackness and disability as much as it reveals the connectedness of Blackness and incarceration in America. By reading for disability as an integral part of systems of incarceration, I argue that one can gain a better understanding of how systemic disenfranchisement is placed within the individual bodies of Black people. People in prison are already producing critical texts on the intersections of race, disability, and criminality. Incorporating texts like prison writings in disability studies scholarship can be helpful in bridging the gap between disabilities studies and critical race theory. The disenfranchisement of Black people relies in part on the notion that race and disability are natural and inherent categories. Examining how social categories have been created and deployed to justify a culture of exploitation is crucial to dismantling these systems of power.



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