

From Eugenics to Paralympics:  
Inspirational Disability, Physical Fitness, and the White Canadian Nation

by

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A thesis submitted in partial fulfillment of the requirements for the degree of

Doctor of Philosophy

Faculty of Physical Education and Recreation  
University of Alberta

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## Abstract

Inspirational representations of athletic disability are ubiquitous in contemporary Western culture, and are often considered uplifting for disabled and non-disabled audiences alike (Berger, 2008; Kama, 2004; Silva & Howe, 2012). Critical disability scholars have argued, by contrast, that such ‘supercrip’ representations are harmful because they often undervalue the athletic achievements of disabled athletes, they create unrealistic expectations of disabled people, and they reaffirm the notion that disability is a medical problem rather than a problem of political oppression (Charlton, 1998; Clare, 2009; Linton, 2006; Withers, 2012). These critiques have proven useful for analyzing media representations of the supercrip, however they offer few tools for engaging with some of the key concerns of this dissertation. These concerns include: the processes through which inspirational, physically fit disabled people are produced and governed as subjects; the specific historical contexts in which inspirational disability has emerged, proliferated, and become politically useful; and the ways that inspirational disability interacts with other systems of subjection (e.g., the production and governance of racialized, gendered, and classed subjects).

In this dissertation, I use Foucauldian genealogy and poststructuralist autoethnography to trace the emergence and effects of inspirational, physically fit, disabled subjectivity in Canada, from Confederation (1867) to contemporary times. I argue that inspirational, physically fit disability is a deeply historical and political phenomenon; this phenomenon emerges, proliferates, and shifts in particular contexts because so doing serves very particular political configurations. More specifically, I argue that inspirational, physically fit disability emerges out of, and often serves to reproduce, eugenic and white supremacist projects that are at the heart of Canadian nation-making: projects that continue to reproduce the rampant inequality, poverty,

and violence faced by many of Canada's colonized, racialized, and disabled populations.

In the first three chapters, I introduce the project, outline relevant literature, and discuss both my genealogical and autoethnographic methodologies. In chapter 4, I begin my genealogical analysis of the conditions of possibility for the emergence of inspirational disability in Canada. Specifically, I trace the proliferation, racialization, and sexualization of disabled kinds in the early eugenic era (1869-1910). I argue that disability governance in this period differentiated between those pathologized as physically disabled, and those thought to have forms of disability that were inheritable traits of racial degeneration. In chapter 5, I trace how this differential governance of those deemed physically disabled and degenerate became intensified through early provincial and federal interventions into social security (1910-1945). In chapter 6, I argue that, during the interwar years, the Canadian government began to explicitly use inspirational discourses and techniques on those deemed physically disabled in order to both govern injured soldiers and to legitimize increased federal intervention into the health and physical fitness of the (white) Canadian population. I argue that through such programs, physically disabled white masculinity came to be synonymous with inspirational physically fit disability. In chapter 7, I demonstrate how making certain kinds of disabled subjects the explicit target of eugenic practices helped to rebrand white supremacist practices and formations in Canada during the post-war, welfare state years (1945-1970s). In chapter 8, I trace how – since the mid-1970s – spectacles of legislative inclusion and inspirational physically fit disability both served to exalt (white) Canada (and Canadians) as morally superior. I then discuss the implications of such inspirational spectacles in light of the ever-present neo-eugenic and white supremacist formations that it serves to justify, reproduce, and exalt.

In chapter 9, I shift methodologies and offer a poststructuralist critique of my own

inspirational subjectivity. Through this autoethnography, and through my conclusion in chapter 10, I explore the implications of this research on the daily enactments of disabled subjectivity. I also explore alternative, non-inspirational and even potentially revolting practices for undermining and reimagining the subjectivities and inequalities that are reproduced and governed through inspiration.

## Preface

Chapter nine of this thesis has been published as Peers, D. (2015). From inhalation to inspiration: A Foucauldian auto-ethnography. In S. Tremain (Ed.), *Foucault and the Government of Disability* (2<sup>nd</sup> ed.) Ann Arbor, MI: University of Michigan Press.

## Acknowledgements

I am deeply grateful to Dr. Pirkko Markula, my supervisor, for her unwavering generosity with time and feedback, and for continuously pushing me to unpack my assumptions. I thank her for being so solidly supportive, particularly through my moments of significant stubbornness, and illness. I am also thankful for her thoughtful pedagogy, her initiation of reading groups and gatherings, and the countless other ways that she helped to create the most supportive, collaborative, generous, and insightful graduate student community that I could have hoped for.

I want to thank Dr. Chloë Taylor for nurturing – at every possible turn – my growth as a disability scholar and the growth of critical disability studies on campus. This labour and enthusiasm has made my doctorate so much more grounded, connected, and fulfilling. I am also grateful for Dr. Donna Goodwin, who, ever since my Masters, has encouraged me to center my politics and my (ever-shifting) practice in my research, and this has brought meaning to every assignment and publication I have written since.

I extend my thanks, as well, to Dr. Susanne Luhmann, my arms-length examiner, who has contributed greatly to the culture of generous critique and intellectual community building at this University. I also thank Dr. Ladelle McWhorter, my external, for offering time and intellectual energy to this project and for writing one of the most compelling examples of how genealogy can shift and support contemporary political action.

I also acknowledge the financial support of SSHRC, through their Vanier scholarship program. Further, I want to thank the Trudeau Foundation, and their staff, not only for their generous financial support but also for enabling me to connect with so many thoughtful people and thought-provoking ideas.

This research, and the last five years of my life, has been so deeply enriched by the

vulnerable curiosity of reading group co-conspirators, the collaborative enthusiasm of co-authors and co-producers, and the generosity and intimacy of my care-community. In particular, I thank Melisa Brittain for starting me on this journey of recognizing and unlearning whiteness, and supporting my thinking, creation, and breathing for so many years. I thank Nan Nassef for being my ever-willing Skype interlocutor when I feel stuck or unsure in research and in life. Thank you to Caroline Hilliard who has, literally, helped me breathe through the hardest times of these past years. Finally, I offer a heartfelt thanks to Lindsay Eales for her overwhelming personal and intellectual generosity, for helping me to think and feel through the daily challenges of this doctorate, and for helping me to understand and believe in the power of crip community.

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## Chapter 1: Introduction

I write this dissertation because I have been inspired. I have been caught up in the emotion of the surging music, the beauty of the overcoming story, the emergence of the disabled<sup>1</sup> Canadian hero limping or wheeling on, with unparalleled perseverance, despite it all. I write because I have felt the way that inspiration fills my chest: like a deep, satiated breath; like a swelling sense of pride; like a confident, entitled stance.

I write this dissertation because I have felt the pull of inspiration within my body: the need to overcome, the need to become someone... someone respected... someone other than *them*. I write because I have watched my inspirational body become dangerous. I have watched *them* cower, shrink, and asphyxiate in the shadow of the swollen, entitled chests of the inspired. I write because I have felt myself become *them*, at times: uninspiring, incoherent, even pitiful. I have watched my inspirational subjectivity torn apart before me. I have felt it tear me apart, into shreds. Butler (2002) writes:

one asks about the limits of the ways of knowing because one has already run up against a crisis in the epistemological field in which one lives. The categories by which social life are ordered produce a certain incoherence or entire realms of unspeakability. And it is from this condition, the tear in the fabric of our epistemological web, that the practice of critique emerges. (p. 5)

This critique emerges out of such epistemological tears. It is woven from the resulting shreds, those that I am just now learning how to name.

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<sup>1</sup> I use the term *disabled* as a verb in order to refer to the ways that people are actively produced as disabled subjects, and marginalized by social structures such as architecture, policies, and discourses. I also use several other (sometimes potentially offensive) terms, throughout, in order to be consistent with the theoretical or historical sources that I draw from (e.g., degenerate, defective). Lastly, I use the term *person experiencing disability* when I desire to refer to disability-related phenomena that are, at once, deeply political, experiential, and embodied.

### **A Tear in the Fabric of Coherent Disability History and Identity**

In 2009, on the eve of The Vancouver 2010 Olympic and Paralympic Games, Paralympic Marathoner Rick Hansen announced his plans to commemorate the 25<sup>th</sup> anniversary of his Man in Motion Tour. Between 1985 and 1987, in The Man in Motion Tour, Hansen wheeled through 34 countries to fundraise for spinal cord injury research and awareness. In the media release, The Rick Hansen Foundation (2009a) describes, in no uncertain terms, the inspirational effect Hansen has had on the progressively inclusive history of disability in Canada:

Hansen inspired and galvanized a nation, changed perceptions about people with a disability and set the course for improving lives of people with spinal cord injury (SCI) and the search for a cure.... In the two and a half decades since, Canada has become one of the most accessible and inclusive countries in the world and is ready to showcase its progressive approach during the Vancouver 2010 Olympic and Paralympic Games.

This media release echoes the discourses of inclusion and accessibility ‘showcased’ regularly by the Olympic organizing committee, the City of Vancouver, and the Canadian Government in the months preceding and during the Games (Vanwynsberghe, Surborg, & Wyly, 2012; see, for example, Shore, 2010). The resounding message: Canada is proud of how it includes and celebrates diversity. The spokespersons: a well-dressed, spectacularly fit, wheelchair-using Rick Hansen, as well as a handful of Aboriginal supporters (Hansen, 2009; Tyee, 2010).

That same year, Jim Derkson — a far less famous and physically fit wheelchair-user than Hansen, and a founding member of the Council of Canadians with Disabilities (CCD) — released a video to gather support for the National Action Plan for meaningful disability inclusion and support. Derkson and the CCD (2009) paint a far different picture of disability in Canada than Hansen and the Olympic Committee do:

exclusion and a lack of access to disability supports perpetuate the poverty of people with disabilities and their families. The result is isolation, increased vulnerability, and limited opportunity for Canadians with disabilities to participate and be valued as full citizens...Alarming, Canadians with disabilities are more than twice as likely to live in poverty than other Canadians. They face exclusion from quality education, from employment and from participation in their communities. Rates of violence and abuse against people with disabilities are among the highest for any group in Canadian society...More than 10,000 persons with intellectual disabilities remain warehoused in institutions across this country.

I cannot reconcile the above two discourses about disability in Canada. Is one of them lying? How could both of these truths co-exist? Are they speaking about the same 'persons with disabilities'? Could these be different 'persons' with different histories?

In 2009, I did not have the language or the theoretical tools to imagine why I was pulled by these particular stories, or why they resulted in such deep epistemological tears (Butler, 2002) for me. This tear, however, opened up a possibility for, and even an imperative for, critique. That year, I decided that my dissertation would take the shape of a Foucauldian genealogy, which I will discuss at length in my methods chapter. Genealogy, I hoped, would enable me to address these deeply historical and discursive questions in ways that could be irreverent to dominant histories of progressive disability empowerment, and also not bound to contemporary notions of what a person with a disability is. I wanted to write a different kind of history. I wanted to write in ways that that could account for the potentially divergent histories of different kinds of disabled subjectivity.

## Inspirational Incoherence

For 6 years I have been lecturing in university classrooms about the politics of disability. That is, I have been teaching about disability as a set of complex political phenomena (to be discussed more in-depth over the next two chapters) that are akin, and interrelated, to the production and governance of gendered, racial, and sexual difference (see Clare, 2009; McRuer, 2006; Withers, 2012). Not unlike disability scholar Clare (2008), I have struggled with the fact that “people get stuck at the point of inspiration... people can usually give pity up, but it’s inspiration that people just get stuck on. They get hooked and they just cannot get themselves unhooked.” Students, relatively early on, often develop a desire to rid themselves, and their worlds, of pity. They quickly embrace critiques of its political and personal dangers. Inspiration, on the other hand, is an affect and an orientation to disability that most students are unwilling to critique, let alone to challenge in themselves and in others.

During the 2010 Olympics in Vancouver, numerous students (and friends, and family members, and strangers) excitedly approached or emailed me to tell me how proud they were to watch Hansen and other Paralympians carry the Olympic (rather than the Paralympic) torch. They beamed about how inspiring it was — how emotionally affected they were — to see Canada fully recognize and include its Paralympic athletes on the Olympic stage. Yet, not one person (aside from Paralympian friends of mine) told me how proud they were of Canada’s extraordinary Paralympic medal count, or how inspired they were by the athletic performance of any particular Paralympian. In the months after the Paralympics, not one of my students could name a single Paralympic medalist — despite most being able to name the majority of their Olympic counterparts. Further, not one person ever approached me, or emailed me, about the CCD National Action Plan — even after I sent it out to a handful of those who seemed so

inspired by the inclusion of Paralympians. No one told me how it made them feel to live in a country that systemically impoverishes, abuses, and excludes people who experience disability. No one asked how they could help to change it.

Vancouver 2010 was an important teachable moment; and I have never learned so deeply in a semester. I learned that being inspired by Canada's inclusion of Paralympians in widely broadcast Olympic spectacles is entirely unconnected to an investment in Canada's Paralympic athletes. In other words, those who are inspired by the Paralympian carrying the torch are often indifferent to their athletic accomplishments. Further I learned that those who are inspired by spectacles of Canada's disability inclusion are often entirely uninterested in knowing about or supporting the actual inclusion of people with disabilities in Canada. If inspiration over torchbearers was not about the Paralympic athletes, not about sport, and not about the very notion of inclusion purportedly being celebrated, then what was it about?

A class of particularly generous and engaged students, the following year, brainstormed three things that made inspiration so hard for them think about critically. First, it seemed so natural: it was such an embodied, knee-jerk (or rather tear-jerk) sensation. Second, it seemed so benevolent: the intention was to celebrate someone, how could that be bad? Third, it seemed so positive: it felt so good to be inspired.

These answers only reassured me of the usefulness of a genealogical approach. Genealogy, after all, is useful for denaturalizing that which we take most for granted. Foucault (2003c) writes: "every sentiment, particularly the noblest and most disinterested, has a history... We believe, in any event, that the body obeys the exclusive laws of physiology and that it escapes the influence of history, but that too is false" (p. 360). In other words, through genealogical inquiry, I can trace the historical conditions of possibility, and political usefulness,

of something as natural seeming as an inspired tear.

For the second answer, benevolence, I was drawn to Clare's advice of teaching the "difference between intention and impact" (unpublished interview, 2008). While this was useful, to some degree, I came to realize that neither the students nor I were entirely clear on what the impacts were, and for whom. As I discuss in the following chapter, critical disability scholars have outlined a handful of problematic effects of inspirational disability representations, but few have discussed the effects of being inspired, of expressing inspiration, or of being inspirational. This realization had me return, again, to Foucault, who wrote that: "people know what they do; they frequently know why they do what they do; but what they don't know is what what they do does" (in Dreyfus & Rabinow, 1982, p. 187). Thus, my students knew that they were treating certain disabled athletes as inspirational, they knew that they did it because it made them feel good, but they had no real sense of what the political implications of this inspirationalization were. My genealogical project, thus, became a way of mapping out the political uses and effects of inspiration, particularly in relation to the various kinds of inspirational and inspired subjects who are invested so deeply in it.

### **Shreds of Myself**

Inspirational disability gets under my skin. It gets on my nerves. It itches, it aches, and it incites. I mean this not only in the metaphorical sense, a symbolic discussion of how incessant inspirational discourses have come to frustrate and annoy me. I also mean it literally: inspiration is in my flesh. As Canada was gearing up to host the 2010 Olympic Games, I was literally gearing up in an advertisement-clad white suit and patriotic red mittens to wheel up a snow-covered hill with the Olympic torch. Like Clare (2009), the "supercrip lives inside my body, ready and willing to push the physical limitations, to try the 'extraordinary'" (p. 12). I have



spoken the inspirational slogans. I have pushed over that impossible hill. I have fallen down many other hills since. The supercrip has shaped me, it has served me, and it has screwed me over. I have come to feel its sharp edges. I can't help but wonder: which bodies were at the sharpest edges of the inspirational discourses I have wielded so many times?

Foucauldian scholar McWhorter (1999) writes: “every aspect of a human being, including our bodies, is implicated in the powers and knowledges we want to critique. What is at stake in critique, then, is our very bodies, our very selves” (p. 148). This dissertation is thus as intensely personal as it is political. The epistemological tears run right through me. As Foucauldian disability scholar Tremain (2006) argues: “a critique of what we are is at the same time the historical analysis of the limits imposed on us” (p. 192). In the first four substantive chapters of this dissertation, I trace the emergence, limitations, and dangers of my own (at times inspirational) subjectivity through historical archives. In the final substantive chapter, I analyze the archive of my own experiences and flesh through poststructuralist autoethnography. I do so in order to trace how these histories imbed themselves within contemporary bodies and power relations. I do so in order to imagine how we can shift these bodies and relations, that is, how we might imagine and enact disability differently.

### **The Critique: A Genealogy and Autoethnography of Inspirational Disability in Canada**

In this dissertation, I use Foucauldian genealogy and poststructuralist autoethnography to trace the emergence of inspirational, physically fit disability in Canada, from Confederation to contemporary times. I ask: what are the conditions of possibility for the contemporary existence of an athletic, supercrip subject like myself? What are the political implications of inspirational disability, from micro-level interpersonal power relations to those of the Canadian nation-state? How does inspirational disability impact upon the subjectivities of those being inspired, of those

being inspirational, and of those not deemed inspirational (enough)? What can this kind of analysis tell us about the possibilities of engaging with disability otherwise?

I begin, in the following chapter, by outlining the ways that popular culture and critical disability scholars have engaged with inspirational disability thus far. I then outline a few key gaps in this literature, including the lack of historically oriented analysis. I follow with an overview of insights offered by previous historical and genealogical research that — although not touching on inspirational disability directly — offer key theoretical or archival leads for my own project. Then, in chapter three, I introduce Foucauldian genealogy and poststructuralist autoethnography, and describe some of the key methodological and theoretical underpinnings of this research.

In chapter four, I begin my genealogical analysis by tracing some of the conditions of possibility for the later emergence of the inspirationally athletic supercrip. I draw primarily from Canadian immigration documents from Confederation to the start of World War One in order to trace the emergence of *physically defective* kinds of subjects, as differentiated from *degenerate defective* kinds: the former, I argue, is the kind of subject that will eventually be targeted as inspirational. In chapter five, I trace the differential governance of these two kinds of disabled subjects within the increasingly institutionalized and centralized eugenic social security nets of the War Years (1910 to 1945). In chapter six, I argue that the Canadian government began to explicitly use discourses and techniques of inspirational disability, in the interwar years, in order to both govern injured soldiers and to legitimize increased federal (often eugenic) intervention into the health and physical fitness of the Canadian population. In chapter seven, I demonstrate how making certain kinds of disabled subjects the explicit target of eugenic practices helped to rebrand white supremacist practices and formations in Canada during the post-war, welfare state

years (1945-1970s). In chapter eight, I trace how – since the mid-1970s – spectacles of disability inspiration and compassion have been used to exalt Canada (and Canadian nationals) as the apex of superior Western inclusion, tolerance, and morality. I trace how this exaltation has been accomplished through legislative changes, as well as through spectacles of inspirationally athletic physical disability. Further, I discuss the implications of such inspirational spectacles in light of the ever-present neo-eugenic and white supremacist formations that it serves to exalt.

In chapter nine, I shift methodological gears by offering a poststructuralist critique of my own inspirational subjectivity. Through this autoethnography, and the conclusion in chapter ten, I explore the implications of this research on the daily enactments of disabled subjectivity, and come to imagine alternative, non-inspirational, and even potentially revolting practices for undermining and reimagining the subjectivities and inequalities that are reproduced and governed through inspiration.

## Chapter 2: A Literature Review of Inspirational Disability

The prevalence of celebratory representations of athletic disability in the mainstream media has been noted by numerous disability scholars (Clare, 2009; Garland-Thomson, 2001; Hardin & Hardin, 2004; Tynedal & Wolbring 2013). A pervasive reading of these hyper-able disabled figures is that they are, at least partially, in the best interest of those who experience disability (Berger, 2008; Linton, 2006; Silva & Howe, 2012; Withers, 2012). Scholars have found that interviewees who experience disability, for example, comment on the power of such affirmative images amidst a sea of negative and pitiful disability portrayals (Hardin & Hardin, 2003; Hardin & Hardin, 2004; Kama, 2004). Such ‘feel good’ messages, it is argued, help to show the nondisabled world what disabled people can accomplish, thereby potentially lowering stigma, increasing openness to inclusion, and thus increasing opportunities for disabled people (Berger, 2008; Silva & Howe, 2012).

At the same time as inspiring nondisabled people to include disabled people in society, these images also purportedly inspire disabled people to empower and include themselves (Berger, 2008; Kama, 2004). Silva and Howe (2012) argue, for example, that “some positive outcomes may occur by motivating others to adopt a more proactive attitude toward disability, emphasizing personal agency, self-determination, and inviting disabled people to contest the dependency roles normally imposed on them” (p. 190). Put differently, such figures “serve as role models and objects of emulation” for certain members of disability communities (Kama, 2004, p. 453). Some scholars hypothesize that these rampant images lead to greater social participation in general, and greater participation in disability sport in particular: participation which is often constructed as inherently empowering (see Ashton-Shaeffer et al., 2001; Berger, 2008; Guthrie & Castelnovo, 2001). From this perspective, hyper-athletic, highly mediated,

disabled figures inspire all people of all abilities to move towards a more inclusive world.

In direct response to this popular, positive reading of inspiration, numerous disability scholars and activists have developed the ‘supercrip’ critique. As Hardin and Hardin (2004) explain:

critics charge that the ‘supercrip’ media model – a standard framework for stories about disabled ‘heroes - serves as a hegemonic device that keeps people with disabilities at the bottom of the social hierarchy and deflects the culture’s responsibility for its ableist infrastructure. (section 1.3)

Using a neo-Marxist approach, Hardin and Hardin argue that media representations of the supercrip serve to reproduce the ideology of ableism, that is, the widespread idea that disabled people are naturally inferior to nondisabled people, and thus they should strive to become more able-bodied. Ableist ideology, in turn, serves to justify dominant (i.e., hegemonic) structures that systematically exclude, impoverish, and devalue disabled people (e.g., through inaccessible buildings, rampant unemployment, and euthanasia, respectively). There are at least four interrelated arguments within the supercrip critique for exactly how the inspirational supercrip story “keeps people with disabilities at the bottom of the social hierarchy” (section 1.3): it undervalues the achievements of disabled athletes, it creates unrealistically high expectations, it perpetuates unrealistically low expectations, and it misrepresents the nature of disability.

The first argument is that supercrip stories undervalue the accomplishments of celebrated disabled athletes by overshadowing athletic accomplishments with a focus on disability (Hargreaves & Hardin, 2009; Kama, 2004; Silva & Howe, 2012). This problem is epitomized by the frequent placing of disability sport stories in the ‘human interest’ newspaper section, rather than in the sport section (Berger, 2008; Tynedal & Wolbring, 2012). This devaluing is rampant

not only in newspapers, but also in the media campaigns of disability sports organizations (Silva & Howe, 2012). The official 1996 Paralympic motto, for example, was: “the Olympics is where heroes are made. The Paralympics is where heroes come” (Steadward & Peterson, 1997, p. 8). To paraphrase: some Olympians are heroic because of their extraordinary athletic feats; all Paralympians are heroic simply for having a disability and participating — their athletic accomplishments are unimportant (Silva & Howe, 2012; Peers, 2009).

The second argument is that inspirational stories often highlight extraordinary achievements of exceptionally talented, trained, and physically able athletes in ways that create unrealistic expectations about what all people who experience disability should be able to achieve (Howe, 2011; Longmore, 2003; Withers, 2012). A prime example of this is the motto “no excuses, no limits!” championed by the Canadian dance troupe Ill-abilities (2014), which is made up entirely of “minimally impaired” supercrip men (Silva & Howe, 2012, p. 870). As Darcy (2003) argues, “the elite athlete’s attitude that if you want to do it you can, no matter what,” might work for some athletes, “but for the majority of people with disabilities this is not their lived experience” (p. 747). Some people have very good “excuses” (e.g., inaccessibility, structural violence). Some people have more biological, social, political, and financial “limits” than others. These supercrip images, Longmore (2003) argues, may lower nondisabled people’s social tolerance for people who experience disability when they cannot thrive in the face of major physical and social barriers. In effect, supercrip images can be used as “a weapon to blame handicapped people who have not proved their worth by cheerfully ‘overcoming’” (p. 130). In addition, such rampant images may make most people who experience disability feel like a comparative failure, lowering their sense of self worth (Black & Pretes, 2007; Silva & Howe, 2012).

The third argument, seemingly in contrast to the second, is that supercrip stories often celebrate some of the most mundane or normative acts of people who experience disability (Hardin & Hardin, 2004; Howe, 2011; Smart, 2001; Withers, 2012). As Kama (2004) argues, “society’s expectations are so low that banal actions achieve heroic proportions” (p. 458). Such normative supercrip stories are critiqued for two reasons. First, celebrating banal acts as though they were extraordinary tends to reproduce low expectations of what people who experience disability are capable of (Kama, 2004; Silva & Howe, 2012). Second, such representations tend to reinforce normalizing social forces that coerce people into conforming to able-bodied (hetero)norms: most notably those of bipedal walking and getting married (Charlton, 1998; Clare, 2009; Titchkosky, 2003). Often such celebrations, according to Clare (2009), serve to “reinforce the superiority of the nondisabled body and mind,” to which all disabled people are supposed to aspire (p. 2), valuing, for example, nondisabled ways of moving (i.e., bipedal-ambulation-without-tools) over equally or more effective forms of movement (i.e., wheeling or crutching). Clare argues that the second and third supercrip arguments are not mutually exclusive: “in the creation of supercrip stories, nondisabled people don’t celebrate any particular achievement, however extraordinary or mundane. Rather, these stories rely upon the perception that disability and achievement contradict each other and that any disabled person who overcomes this contradiction is heroic” (p. 8).

The fourth argument is that supercrip stories reproduce individual and medical models of disability (Hardin & Hardin, 2003; Schell & Rodriguez, 2001; Shapiro, 1994; Withers, 2012). That is, they reinforce the idea that disability is a tragic medical problem in individual bodies, as opposed to a social-structural problem of oppression and marginalization (Charlton, 1998; Oliver, 1990). Clare (2009) argues, “supercrip stories never focus on the conditions that make it

so difficult...I don't mean medical conditions, I mean material, social, legal conditions.... The dominant story about disability should be ableism, not the inspirational supercrip crap" (p.2). In other words, stories of individual overcoming veil the socio-political structures that actively marginalize and exclude those with a variety of non-normative embodiments. This veiling lets nondisabled people off the hook for their perpetuation of ableist structures and attitudes (Clare, 2009; Linton, 2006; Longmore, 2003). At the same time, "disabled people internalize the demand to 'overcome' rather than demand social change" (Linton, 2006, p.165, see also Clare, 2009). For all four of these reasons, scholars argue that heroic supercrip stories undermine disability activism, and are potentially dangerous to people who experience disability.

As useful as the supercrip critique has been for disability scholars and activists, I argue that it has at least three significant limitations that my work will attempt to address. These are: the nearly exclusive focus on representation, its decontextualized and universalized application, and the focus on a single, isolated axis of oppression.

### **Inspiration Beyond Representation**

The first limitation of most supercrip critiques is that they tend to consider the supercrip, primarily, as a representational strategy of mainstream media (e.g., Garland-Thomson, 2001; Hardin & Hardin, 2004; Tynedal & Wolbring, 2013). They thus offer minimal tools for analyzing the production, experiences, and effects of the supercrip as a kind of person. There are, however, a few key exceptions.

Berger's (2008) "Disability and the Dedicated Wheelchair Athlete: Beyond the 'Supercrip' Critique" is unique in its interview-based analysis of the beliefs, experiences, and actions that make up dedicated, collegiate 'supercrip' wheelchair athletes. Berger calls for a much more nuanced reading of the supercrip, which acknowledges them both as unintentionally



politically problematic and also as good disability role models. His work reveals the degree to which supercrip-like identity is constructed through distancing oneself from less inspirational others. Berger writes: “some of the players I interviewed were rather critical of nonathletes, who they believed subvert the cause of people with disabilities by lacking initiative or feigning more dependency than they require” (p. 670). He argues, however, that such athletes are unfairly stereotyped as politically problematic supercrips, when really they are simply dedicated athletes who care little about disability politics. They simply want to be accepted, recognized, and celebrated for their athletic accomplishments. Although Berger offers important insights into the experiences of supercrips, he offers minimal analysis of the social structures through which wheelchair athletes’ experiences and identities are (re)produced, and played out.

Clare’s (2009) chapter, “The Mountain,” offers a more overtly political, and deeply embodied, autoethnographic journey into the life of a supercrip. Clare mobilizes a neo-Marxist social model of disability to try to pry apart the spaces where his impaired body meets the disabling inaccessible structures and ideologies of an ableist culture. To do so, he beautifully reads two superimposed and inextricable experiences of climbing a mountain: the physical act of hiking, and the symbolic act of overcoming disability, which strongly influence Clare’s choices along the hike. Through this narrative, Clare offers a glimpse into the motivations of a supercrip-in-action. He writes: “on the other side of supercripdom lie pity, tragedy, and the nursing home.... We use supercripdom as a shield, a protection, as if this individual internalization could defend us against disability oppression” (p. 9). This driving fear fuels his daily decisions to overcome, which over time becomes habituated, internalized, and embodied: “supercrip lives inside my body, ready and willing to push the physical limitations, to try the ‘extraordinary,’ because down at the base of the mountain is a nursing home” (p.12). What Clare makes clear is

that deeply political structures of ableism come to act upon impaired bodies in very intimate ways, and the everyday actions of these bodies, in turn, come to reproduce disabling ideologies and structures.

In contrast to Berger (2008) and Clare (2009), Titchkosky (2007) offers a much more poststructuralist reading of how supercrip representations interact with hyper-able disabled subjectivity. In relation to ‘success’ stories outlined within the Canadian government’s 1998 disability report, *In Unison*, she writes:

there is a tacit battle regarding what should and should not be overcome in any overcoming story, and this should remind us that the body never appears outside of the meanings made of it. We are not alone in our bodies. (p. 193)

In other words, the body is fundamentally social. For Titchkosky, as for other poststructuralist disability scholars (Sullivan, 2005; Tremain, 2006, Snyder & Mitchell, 2006), there is no biological/social divide between impairment and disability. The body is shaped (Sullivan, 2005), interpolated (Tremain, 2006), and experienced (Scott, 1992) through discourse, through relations of power, and through history (Foucault, 2003c).

Tremain (2006), although not addressing the supercrip specifically, offers the most detailed description of how and why certain kinds of human variation come to be targeted as, and transformed into, impairments. She writes:

subjects are produced who “have” impairments because this identity meets certain requirements of contemporary political arrangements... impairments are materialized as universal attributes (properties) of subjects through the iteration and reiteration of rather culturally specific regulatory norms and ideals about (for instance) human function and structure, competence, intelligence and ability... historically contingent power relations

that materialize them *as* natural.... Disciplinary practices into which the subject is inducted and divided from others produce the illusion that they have a prediscursive, or natural antecedent (impairment), one that in turn provides the justification for the multiplication and expansion of the regulatory affects of these practices.... The category of impairment emerged and in part persists in order to legitimize the disciplinary practices that generated it in the first place. (p. 192)

For example, in Canada the crucial role of literacy and driving has rendered sight — and in particular the capacity to read language at a certain distances — a highly valued sense. Therefore legal blindness has been produced as a highly defined, widely tested for, and incessantly normalized bodily variation, fueling — and in turn fuelled by — a host of experts on pathologies of sight. Variations of smell or taste, on the other hand, are not so closely monitored by nearly so many experts, who do not produce and differentiate nearly so many *impaired* people. To use the language of the social model: it is not that impaired bodies become disabled by social contexts, it is rather that social concepts of disability determine which bodily variations and subjects will be produced as impaired, and importantly, which will be produced as able-bodied.

The (re)production of able-bodied subjects has yet to be significantly theorized as an effect of supercrip subjectivity. This is a rather significant gap given that, as Withers (2012) argues, “supercrips are not necessarily special for their actions, rather, they are special because of the emotional response or the feeling of inspiration they can elicit in others” (p. 70): most notably, nondisabled others. As McRuer (2006) argues, in a context unrelated to the supercrip, repetitive able-bodied interest in nondisabled normalization “reveals more about the able-bodied culture doing the asking than about the bodies being interrogated” (p. 382). The popularity of the supercrip, I argue similarly, reveals at least as much about the inspired subject, and the

inspiration-craving culture, as about the inspirational subject.

The supercrip is thus both an effect of, and a means of reproducing, dominant discourses and relations of power. This resonates with Titchkosky's (2007) argument that:

overcoming, oriented to and by ableism, allows for the possibility of making, for example, a child's medicalized embodied existence into a signifier of decisive individualism... the life of disability can be colonized for the sake of sustaining neo-liberal able-ist values. (p. 192)

Importantly, however, Titchkosky argues further that these processes are anything but stable:

"we recognize how others recognize us, and in that reciprocal experience a variety of things can rise up, only one of which is the conforming acquiescence of the silent smile" (ibid). The supercrip is an intricate, shifting, culturally imprinted, and contingent set of subjectivities and embodiments. The supercrip is inscribed into the flesh, into life. It is objectified and hailed into existence. It is periodically owned and disowned, adopted and disavowed, sought after and shaken off, reproduced and transformed. In short: the supercrip is not a universal representation. Supercrips breathe just as they inspire. Supercrips have a history. In fact, I argue, they may well have multiple, twisted, overlapping and contradictory histories.

### **Historicizing (Inspirational) Disability**

The second limitation of supercrip critiques to date is that they mostly function as one-size-fits-all theoretical tools. Analyses of the supercrip tend to offer little recognition of how inspirational disability might take different forms, and have different effects, within different historical and political contexts. In failing to historicize and contextualize the supercrip, we risk ignoring the contexts through which the supercrip is navigated, reproduced, and potentially resisted. Further, we risk naturalizing the supercrip phenomenon, offering limited recognition of

how it has been, and might be made, otherwise.

Although the supercrip has never been explicitly traced through historical study, there are a number of disability histories that offer important theoretical and archival grounding from which to study the emergence and effects of supercrips in Canada. My research, for example, builds upon historical work that denaturalizes how disability is currently understood and treated in Western culture (e.g., Finkelstein, 1981; Garland-Thomson, 1997; Stiker, 2000; Stone, 1984). One of the most theoretically useful of such histories is Davis' (1995) *Enforcing Normalcy: Disability, Deafness, and the Body*, because it traces histories of disability through the phenomenon of normalcy: a set of discourses and techniques against which disability, impairment, and many other forms of difference have come to be produced and naturalized. Although theoretically useful, Davis' European and American literary history offers minimal direct support for my research of inspiration and disability governance in Canada.

Another pivotal American history is Snyder and Mitchell's (2006) *Cultural Locations of Disability*. In the first half of the book, the authors offer a Foucauldian historical reading of the discourses and practices of the *Eugenic Atlantic*: a Western European and North American scientific and policy alliance built upon white supremacy and disability extermination. In so doing, Snyder and Mitchell offer a rare theorization of the eugenic race-disability nexus, which will prove crucial in my analysis of Canada's eugenic past and present.

There are a handful of useful disability histories that are rooted primarily in Canadian archives. These include several histories about the progressive empowerment and integration of disability through sport and adapted physical activity (Gregson, 1999; Legg et al., 2004; Wall, 2003). Other histories at least partially complicate this progressive arc. For example, Tremblay's (1995, 1996) historical work on the treatment of Canadian soldiers with spinal cord injury after

World War II celebrates their increased social acceptance, but also demonstrates how striated the Canadian treatment of disability was, and how little effort was made to reduce disabling social structures. Numerous scholars have complicated stories of disability progress by tracing shifts in Canadian disability policy (Hanes, 2009; Jongbloed, 2003; Prince, 2009), struggles for disability rights (Valentine & Vickers, 1996; Vanhala, 2010), and the formation of disability movements in Canada (Driedger, 1989; Valentine & Vickers, 1996). Many of these scholars argue that Canada's legal recognitions are far from being secured the equal and full participation of people who experience disability (Prince, 2009; Vanhala, 2010). In Prince's (2009) words, to this day, "persons with disabilities" remain for the most part "absent citizens" (viii).

The most clearly critical histories of disability in Canada, however, are analyses of Canadian eugenics (Malacrida, 2015; McLaren, 1986, 1990; Park & Radford, 1998). Each deeply rooted in archival records, these histories trace the systemic institutionalization and sterilization of those (disproportionately women of colour) deemed idiotic and insane, during the first three quarters of the 20<sup>th</sup> century. Interestingly, Canada's eugenic past is never discussed in the disability sports histories discussed above, and often only briefly discussed in many of the above histories of disability rights and policy. There has been, to date, no historical analysis that has explicitly accounted for potential relationships between these various techniques of disability governance (i.e., eugenics, rights, and sports), or furthermore, the relationship between these techniques and those for producing and governing other forms of difference in Canada (e.g., race, gender, sexuality, class).

### **Inspirational Disability and Overlapping Systems of Subjection**

The third limitation of supercrip critiques is that they tend to engage with disability as a singular and isolated form of marginalization. Although the vast majority of widely celebrated

supercrips seem to be white, heterosexual men with lower-body amputation or paralysis (e.g., Oscar Pistorius, Terry Fox, Rick Hansen), analyses of how inspirational disability intersects with gendered, classed, or racialized identities have been remarkably rare. One notable exception is Schell and Rodriguez's (2001) study that offers an explicitly intersectional analysis of the ways that television media desexualized and degendered female Paralympian Hope Lewellen, despite her attempts to "claim subjectivity through sport, thereby subverting stereotypic concepts of gender and disability" (p. 127). As is somewhat typical of Paralympic research — particularly from neo-Marxist social model perspectives — the authors acknowledge only the intersections of identity through which athletes are oppressed: there is no analysis of Hope's race, class, or relative ability privilege (M. Hardin, 2007; Hardin & Hardin, 2005; Schell & Rodriguez, 2001).

Clare's (2009) "The Mountain" offers a far more nuanced reading of how intersectional identities play out in both oppressive and oppressing ways. Clare is explicit about how his experiences of disability oppression and supercripdom are intimately linked to his rural working class roots, his violated butch female body, his queerness, and his whiteness. He describes how he has been the object of a gawking ableist gaze most of his life, but also writes that "for a long time after moving to the city... all I could do was gawk at the multitude of humans.... Black people, Chinese people, Chicanos, drag queens and punks... This is how I became aware of my whiteness" (p. 9-10). Clare theorizes himself as a target of, and as complicit in, certain forms of oppression. Although deeply insightful and compelling, Clare's autoethnography does not adequately speak to why the same kinds of subjects always seem to end up on that supercrip pedestal, and how this trend may be related to other systems of oppression.

American trans legal scholar Spade (2011), by contrast, uses Foucauldian theory in ways that may help me to address these questions. In his research, Spade focuses less on the ways that

different identities intersect within subjects, and more on how social systems overlap in ways that help to (re)produce differentiated kinds of subjects who can be governed differently. He argues that interwoven webs of law, discourse, and other technologies of governance “arrange people through categories of indigeneity, race, gender, ability, and national origin to produce populations with different levels of vulnerability to economic exploitation, violence, and poverty” (p. 20-21). Overlapping systems of subjection thus produce different kinds of subjects, and in so doing, serve to justify, naturalize, and (re)produce the “maldistribution of life chances” (p. 193). Although Spade occasionally includes disability within this analysis, his work focuses on trans and queer subjects and movements.

The analysis of overlapping structures of subjection has rarely been taken up in relation to disability. The most common exception has been that of feminist disability scholars who have theorized the ways that gender and disability oppressions might overlap (Garland-Thomson, 2002; Wendell, 1989). As numerous disability studies scholars have noted, however, disability is rarely considered in most analyses of oppression (Davis, 2002; Sherry, 2010; Snyder & Mitchell, 2006; Wendell, 1989; Withers, 2012). Further, as fewer scholars have noted, racialization and colonialism are even more rarely considered within ‘white disability studies’ (Bell, 2010; see also Sherry, 2010; Withers, 2012). Snyder and Mitchell (2006) offer a welcome but brief exception to this lacuna in their discussion of race and disability in the eugenic era. McRuer (2006) offers another rare exception, with his in-depth reading of how systems of compulsory able-bodiedness and compulsory heterosexuality are inextricably entwined, and how they collectively serve to (re)produce differentially gendered, queered, and disabled subjects. McRuer’s engagement with the role of race and colonialism within this matrix is present, but far less developed. Despite contributing important writings elsewhere on the role of disability in



reproducing Western exceptionalism, this gap has yet to be significantly addressed (McRuer, 2010; McRuer & Wilkerson, 2003).

### **Addressing These Gaps Through Genealogy**

Genealogy is one methodological approach that has proven useful – for other projects – in addressing gaps similar to those I discuss herein: the complex role of subjectivity, the deeply historical contexts for the emergence of naturalized/universalized phenomena, and the ways that overlapping systems of subjection work to unequally distribute social resources and life chances. Genealogy is, in essence, “a history of the present” (Foucault in Dreyfus & Rabinow, 1983, p. 118). It is an alternative, deeply politicizing history — often built through deep archival research — that enables a shifted engagement with the complex web of political stakes in (often naturalized) contemporary phenomena (Kendall & Wickman, 1999; Meadmore, Hatcher, & McWilliam, 2000). The methodological specifics of genealogy will be discussed in detail in the following chapter. For now, I will discuss which genealogies most inform my project.

Although there has yet to be a genealogy that, even in passing, deals with inspirational disability, there are numerous genealogies that historicize and deconstruct complex disability-related subjectivities. Some of the most useful of these, for my project, are written by Foucault. Foucault’s research has proven very useful for denaturalizing the ways that Western cultures produce and govern pathologized subjects (Foucault, 1980; Menzes, LeFrançois, & Rheame, 2013; Tremain, 2005, 2006), particularly in his early archeological work on madness and the clinic (Foucault, 1988, 2003a). His later genealogies, and the lectures that inform them, however, also provide crucial historical analyses of the interwoven web of techniques for producing truths (e.g., psychiatry), subjects (e.g., the psychiatric patient), and unequal relations of power (e.g., the expert-patient relationship).

In *Discipline and Punish: The Birth of the Prison*, for example, Foucault (1995) traces the emergence of new technologies of discipline, and how they came together to form and justify the modern prison. He also demonstrates how such technologies, and attendant knowledge-systems, came to be used to govern and produce (docile) subjects within other contemporaneous institutions, including the school and the hospital: two institutions that have figured heavily in the production and governance of disability. In Foucault's (1985, 1988, 1990) subsequent three-part genealogical text, *The History of Sexuality*, Volumes I through III, he focuses more explicitly on the technologies for constituting both the self and others within specific configurations of knowledge-power. Although he focuses on sexual subjects, his work has implications for the historical production of all kinds of abnormal and pathologized subjects. The Collège de France lectures that accompanied Foucault's genealogical research offer even more in-depth discussion of the production of disability, in particular the lectures later published as *Abnormal* (1999) and *Society Must Be Defended* (1997). In what I see as a crucial passage for studying disability through overlapping systems of subjection, Foucault (1999) writes:

with this notion of degeneration and these analyses of heredity, you can see how psychiatry could plug into, or rather give rise to, a racism that was very different in this period...racism against the abnormal, against individuals who, as carriers of a condition, stigmata, of any defect whatsoever, may more or less randomly transmit to their heirs the unpredictable consequences of the evil, or rather the non-normal, that they carry within them...it is an internal racism that permits the screening of every individual within a given society. (p. 316-7)

I argue that this passage, when read within the context of his other works, offers one of the most insightful historically grounded analyses of the mutual construction of race and disability to date.

Although Foucault's research has had a significant impact on disability studies (e.g., Tremain, 2005, 2006; Sullivan, 2005; Snyder & Mitchell, 2006), relatively few scholars have explicitly taken up Foucault's methods to excavate additional disability histories (Diedrich, 2005). There are a handful of scholars whose work is infused with genealogical analysis (i.e., historicizing naturalized phenomena), but many of these do not engage deeply with historical archives (e.g., De Moor, 2005; Moser, 2005; Tremain, 2002). Tremain (2006), for example relies largely on secondary sources and philosophical texts to create what is nonetheless a deeply historicized and politicized reframing of the contemporary construction of impaired subjects.

Archival-based genealogies of disability are even more rare. Shildrick's (2005) history of disability-based social exclusion and integration is notable as the only archive-based analysis in an entire special disability and genealogy issue of *Cultural Studies* (Diedrich, 2005). It is also notable for its theoretical complication of Foucauldian genealogy through the injection of psychoanalysis. Genealogy has also been used: to analyze the uses of dependence and disability discourses in the Soviet Union (Hartblay, 2014); to trace the role of sex and work in the production of disabled subjectivity (Galvin, 2006); to politicize the production of special education by historicizing the production of *exceptional* children (Ashton, 2011; Copeland, 1997); and to reimagine the historical *echoes* and possible future alliances between feminist health movements and AIDS activism (Diedrich, 2007, 2013).

The above genealogies have each made important contributions to the historicization of disability, and the destabilization of disability identities. The three genealogies, however, that offer me the most clear archival and theoretical support for analyzing the overlapping systems of subjection at play within my research have — on the surface — almost nothing to do with disability: these are Brown's (2006) *Regulating Aversion*, McWhorter's (2009) *Racism and*

*Sexual Oppression in Anglo-America*, and Thobani's (2007) *Exalted Subjects*. In fact, two of them do not mention disability or pathology at all. They each trace the shifting and interlocking techniques for governing other forms of difference — most notably racial, gendered, and sexual difference — largely in North American contexts. Each of these works nevertheless offers crucial archival leads and important theoretical tools for recognizing the ways that shifts in disability governance might be fundamentally interrelated with shifts in the production and governance of other kinds of human difference.

One such genealogy is Brown's (2006) *Regulating Aversion*, which traces the use of tolerance from its emergence in European inter-religious relations (i.e., between Catholics and Protestants) to the current Western liberal governance of homosexuality, gender, religion, and race. Through her deeply contextual and historical analysis, Brown demonstrates how current discourses of tolerance function as “a moral-political practice of governmentality” (p. 9). That is, they organize the “conduct of conduct” of individuals and states (ibid). In particular, Brown argues that circulating discourses and practices of tolerance have numerous effects. They (re) produce and naturalize meaningful difference. They de-politicize structural inequality and violence, coding it instead as individual prejudice. Further, tolerance is used to unevenly incorporate differentiated subjects into the state, including the entitled Western subject that tolerates others, the conditionally tolerable marginalized subject, and the barbaric other whose intolerance renders him intolerable. Although Brown does not mention disability or pathology in her work, her genealogy offers important tools for analyzing the Canadian shifts towards the tolerating of (certain kinds of) disability.

Another pivotal genealogy for my work is McWhorter's (2009) *Racism and Sexual Oppression in Anglo-America: A genealogy*. Her detailed archival research begins with early

colonization and the slave trade in the Southern United States, and ends with contemporary relationships between race and sexuality-based activism in the United States. McWhorter offers rich archival detail to substantiate Foucault's claims about the 19<sup>th</sup>-century emergence of biological racism. Further she intricately traces the shifting eugenic and neo-eugenic interrelationships between histories of racial oppression and histories of sexual oppression. She argues convincingly that racism and heterosexism "are historically codependent and mutually determinative. Approaching them separately therefore insures that we will miss their most important features" (p. 14). In order to draw the political connections between sexuality and race, however, McWhorter often passes through the historical treatment of the pathologized, the impoverished, and the de-humanized, without explicitly linking them into her theory of historically overlapping oppressions (see critique by Taylor & Nichols, 2010). Although not offering a clear theoretical analysis of the role of disability, McWhorter offers a generous archival trail for tracing alternative connections and histories, and offers a rich theoretical and methodological example of how overlapping systems of oppression can be traced and analyzed through genealogy.

The genealogy that has most closely influenced my work is Thobani's (2007) *Exalted Subjects: Studies in the Making of Race and Nation in Canada*. Thobani traces the Canadian histories of race and nation-making from early colonialism through to post 9/11 neoliberalism and neo-imperialism. Through her detailed archival research, Thobani theorizes shifts in the governmental technique of exaltation — a process through which celebrated characteristics come to be mutually projected upon a nation and its most desirable citizens. Exaltation, she argues, has been a key technique in constituting the legitimacy and superiority of white 'nationals,' in opposition to undeserving and threatening Aboriginal and racialized Others. In so-doing,

Thobani (2007) demonstrates that racism is not just a problem of occasional personal prejudice, but rather, that “racial domination lies at the very heart of Canadian nationhood, at the core of its identity and its social, juridical, and moral order” (p. 18). Most useful for my project is Thobani’s third and fourth chapters, which trace a mid-20<sup>th</sup>-century move from an “an overt racial dictatorship” to an implicitly white supremacist nation that loudly celebrates itself as a compassionate and multicultural welfare state (p. 25). Thobani’s genealogy is very usefully rooted in many of the same Canadian archives with which I am working. However it touches even less than McWhorter on the function of disability in the (re)constitution of the nation, the national, and the outsider. Thobani is cognizant of these gaps: “this book is not a full genealogy of the Canadian national subject. Mapping out this genealogy more completely is a task that remains to be undertaken, and the more that task remains unattended, the more necessary it becomes” (Thobani, 2007, p. 252).

### **A Genealogy of Inspirational Disability in Canada**

Through this genealogy, I add a layer onto the necessary work that Thobani, McWhorter, Brown, and Foucault have started. Or, perhaps, more genealogically, I excavate, historicize, and denaturalize a layer of the stories Canadian nationals like to tell about themselves at the expense of those whom they marginalize. Through this genealogy, I tell different stories, erudite stories. I tell stories of inspirational disabled subjects and marginalized disabled Others. I tell stories that will address each of the gaps that I have outlined above.

First, I analyze inspirational disability not only through the ways that it is popularly represented, but also through the techniques that (re)constitute it as subjectivity: the ways that it comes to be produced, differentiated, recognized, self-identified, and embodied. I trace the development and deployment of such techniques through four genealogical chapters, and I trace

their most intimate and embodied contemporary effects through my final, autoethnographic, chapter.

Second, I research inspirational disability within the specific context of the Canadian nation-state from Confederation to contemporary times. I analyze it as a set of historically-contingent and culturally specific phenomena: a set of subjectivities, practices, and discourses that emerge in particular moments of Canadian history, and that shift in form, meaning, and effect over time.

Third, I analyze inspirational disability for the ways that it relates to other contemporaneous technologies for the production and governance of meaningful difference within the Canadian nation-state. Through genealogy, I offer a deeply historical and political analysis of how inspirational disability impacts upon the distribution of life chances across a complex range of subjectivities and embodiments, and through a range of technologies and discourses – which may or may not appear to relate to disability. In so-doing, I trace not only how inspirational disability in Canada effects the pathologized, racialized and colonized bodies of others, but also how it impacts upon the reproduction of the white Canadian national, and the (white) Canadian nation.

### Chapter 3: Theory and Methods

In *Two Lectures* (1976), Foucault states: “let us give the term *genealogy* to the union of erudite knowledges and local memories which allows us to establish a historical knowledge of struggles and to make use of this knowledge tactically today” (p. 83). Genealogy, thus, is defined by (at least) the three following components: historical knowledge of struggle, the union of erudite knowledges and local memories, and contemporary tactical utility. I suggest that these components can be read as the *what*, *how*, and *why* of genealogical research. In this chapter, I will unpack each of these components, I will discuss how they have informed my methodological choices, and I will discuss how they may help with assessing the quality of this work.

#### The *What* of Genealogy: Historical Knowledge of Struggles

Throughout this genealogical project, I am looking to build an “historical knowledge of struggles” (Foucault, 1976, p. 83) that has been veiled by biological discourses of disability as an apolitical, bodily fact, and veiled by dominant narratives of progressive disability rights and inclusion. Poststructuralist sport scholar Andrews (2000) argues that “Foucault developed a radically different conception of history founded upon the antithesis of the idea of progress” (p. 115). Foucault (1976, 2003c) distrusted a number of things about mainstream historical narratives, including: the tendency to focus on power as a centralized, top-down phenomenon; the tendency to focus on the deeds of important men as the engine of history; and the use of grand narratives, such as that of *progress*, to explain historical changes. In other words, Foucault is critical of historians’ engagement with three of his most central theoretical concepts: power, the subject, and knowledge. The difference between a typical historical inquiry and a strong genealogical analysis, I argue, thus begins with a theoretically consistent engagement with these



three concepts. This *theoretical consistency*, Meadmore (2000) argues, is a commitment to engaging with foundational theoretical concepts in ways that would not “be inappropriate given the epistemological and ontological assumptions being made by Foucaultian scholars” (p. 466).

### **Power Relations**

Foucault’s (1978, 1995, 2003d) conceptualization of power differs greatly from many contemporary uses of the word. For Foucault, power is not a possession that is owned by some and used solely to repress others. Rather, power is a constantly shifting, capillary-like network of forces that permeates all social relationships (although often in unequal and problematic ways). These relations of power (relatively equal or unequal as they may be) are de-centralized and precarious. Each local and specific relationship of power can be maintained and reproduced only through the perpetual exercise of power. Each exercise of power, in turn, opens up the possibility for those very relations of power to be contested or transformed.

Foucault (2003d) argues that power is exercised by a person or group of people “acting upon the actions of others” (p. 140). Relations of power, he writes, are less about direct conflict or violence and more about *government*, where to govern is to attempt to constrain, coerce or otherwise “structure the possible field of actions of others” such that they are more likely to *choose*<sup>2</sup> to act as is desired of them (p. 138).

This definition is useful for analyzing disciplinary techniques for exercising power. Discipline involves techniques that act upon the bodies and behaviors of individuals for the explicit purposes of shaping them, and inducing them to shape and regulate themselves

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<sup>2</sup> Choice, here, refers to the freedom to select between at least two possible courses of action. As one’s field of action is acted upon by others, one’s available choices (i.e., degrees of freedom) can be narrowed and constrained. At the same time, freedom is a necessary pre-requisite for the employment of power: one has to be capable to freely choose between multiple courses of action in order to enable another to act upon that choice. Freedom, therefore, is both constrained by and a precondition for the exercise of power (Foucault, 2003d).

(Foucault, 1995). As an example, hospital rehabilitation regimes act upon the bodies and behaviors of individuals who have been categorized as abnormal. This is done through various techniques involving the organization of space (e.g., hospital rooms), time (e.g., hospital time tables around eating, moving bowels, exercising), and movement (e.g., specific rehabilitation exercises). It also involves surveillance techniques of hierarchical observation (e.g., the physiotherapists charting observations of your progress, which are in turn observed by doctors, etc.), normalizing judgment (e.g., comparing progress to normal recovery curves or to normal movement and health), and examinations (e.g., doctor's check ups and tests) (Foucault, 1995; Sullivan, 2005). Although these disciplinary techniques of power will be present in my analysis, throughout, they will come most into play in chapter nine, when I analyze techniques through which my own inspirational body, subjectivity, and capacities have been formed.

Biopolitical techniques of power will be much more central to my analysis in chapters four through eight. Through biopolitical techniques, one may continue to act upon the behaviour of individuals, but one does so in order to target the rates of birth, death, health, illness, or other life forces of a statistical entity called a *population* (Foucault, 1978, 2004). The eugenic movement offers strong examples of biopolitical techniques at work. IQ tests, for example, were developed and administered to all school children in order to produce knowledges and calculate averages and outliers of the intelligence of Canada's young population. This knowledge was then used in Canada-wide campaigns to differentially govern the sexual reproduction rates of different subsets of that population over time. This was achieved through institutionalizing and sterilizing some individuals, while encouraging others to procreate through public education campaign (Malacrida, 2015). Although eugenics involved doctors acting upon individual bodies, the purpose of such interventions was to act upon the average intelligence of future Canadian

populations.

In its most contentious forms (such as forced sterilization), the exercise of power can be clearly understood as repressive. However, Foucauldian disability scholar Tremain (2005) argues that “power functions best when it is exercised through productive constraints, that is, when it *enables* subjects to act *in order* to constrain them” (p. 4). In other words, power is sometimes most dangerous when it is productive: when it produces specific knowledges (medical diagnoses), desires (for normalization), and subjectivities (disabled) that induce individuals to discipline themselves into increasingly narrow fields of possible action, and to comply with increasingly uneven relations of power (Foucault, 1995, 2003d). If it is the constant need to exercise power that accounts for its relative precariousness, then it is the productive capacities of power that account for its relative stability. The knowledges, the institutions, the subjectivities, the desires, the techniques, and the “field of sparse possibilities” (Foucault, 2003d, p. 139) produced by the past circulation of power all serve to reproduce the unequal power relations that we experience in the present.

Throughout this genealogy, therefore, I explore how the circulation of power has enabled, and has in turn been enabled by, the production of certain techniques (e.g., social security), structures (e.g., residential schools), discourses (e.g., degeneration), desires (e.g., to be *normal*), subjects (e.g., the *physically defective*), and populations (e.g., Canadian citizens), which have created the conditions of possibility for inspirational disability. All of these phenomena “have their own history, their own trajectory” (Foucault, 1976, p. 99). Therefore, I trace the histories of each of these, and several other, seemingly-unrelated phenomena in order to demonstrate how they eventually come to be consolidated within, colonized by, and transformed through a multicultural Canadian nation that exalts itself through producing and spectacularly celebrating

inspirationally athletic disability. Chapters four through eight of this dissertation trace this consolidation: the specific ruptures, transformations, struggles, power relations, and plays of chance that have rendered inspirational disability not only possible, but also somehow “economically advantageous and politically useful” in the contemporary era (p. 99). In short I analyze the techniques, discourses, and power relations through which inspirational disability has, literally, *materialized*.

### **The Subject**

Foucault’s (1978, 1995, 2003c, 2003d) genealogies do not trace the important deeds of powerful people. Rather, they trace the historical plays of power that have produced particular *kinds* of subjects. My genealogy, similarly, focuses less on inspirational individuals who experience disability than on the production of inspirational and non-inspirational disabled subjects in Canada – and importantly – the effects of those subjectivities. As Tremain (2005) articulates, “subjects are produced who ‘have’ impairments because this identity meets certain requirements of contemporary social and political arrangements” (p. 10). That is, particular kinds of subjects are produced, and reproduced, because such subjectivities prove – as discussed above – “economically advantageous and politically useful” (Foucault, 1976, p. 99) for, for example, the doctor who diagnoses the disability, the institution that houses the diagnosed subject, or the Canadian national who is inspired by this subject. Through this genealogy, therefore, I trace exactly which social and political arrangements inspirational disabled subjectivity has come to serve.

Foucault (2003d) explicitly outlines the process through which subjectivity comes to be produced. “Power,” he writes, “applies itself to immediate everyday life, categorizes the individual, marks him by his own individuality, attaches him to his own identity, imposes a law

of truth on him which he must recognize and others have to recognize in him” (p. 130). Foucault identifies three specific processes (i.e., modes of objectivation) “that transform human beings into subjects” (p. 126). These are: scientific classification, dividing practices and subjectivation. Scientific classification often involves the whole host of tests, measurements, diagnoses and classifications by which I, for example, have been identified as a certain *kind* of person: a person with a disability. Based on these scientific classifications, I have been subjected to a whole host of dividing practices, that is, “social and spatial divisions” (Markula & Pringle, 2006, p. 26) that separate me from others, based on our degree of difference from a norm. Disability dividing practices include segregated schooling, diagnosis-based sport divisions, and separate adapted transportation. The final mode of objectivation is subjectivation (Foucault, 2003d). It is the process through which someone like me becomes tied to my own identity. It is through this process than I come to act upon my own subjectivity and actions by, for example: identifying myself as disabled; distancing myself from abnormality (e.g., through rehabilitation); or attempting to critically and creatively remake, or unmake, my subjectivity (e.g., through a genealogy about my subjectivity). Foucault’s (1978, 2003b, 2003e, 2003f) later work revolves largely around this third mode and, in particular, the political and ethical potential of engaging critically and creatively with modes of subjectivation.

In discussing the genealogical method, Foucault (1976) writes: “we should try to discover how it is that subjects are gradually, progressively, really and materially constituted through a multiplicity of organisms, forces, energies, materials, desires, thoughts, etc.” (p. 97). Thus, he warns, we should not seek out the conscious intention of subjects who employ power, but rather we should study how subjects, and their intentions, are produced through the workings of power. In particular, he argues: “we must attempt to study the myriad of bodies which are constituted as

peripheral subjects as a result of the effects of power” (p. 98). In the following chapter, for example, I use immigration documents to trace the early 20<sup>th</sup>-century multiplication in the numbers of dangerous peripheral subjects recognized by border officers and doctors. Not only do I trace how these subjects have come to be historically constituted, I also demonstrate how this multiplication of subjects serves to justify the very experts, discourses, and power relations through which they were produced. As Foucault suggests, we must study the subject as “an effect of power, and at the same time, or precisely to the extent to which it is that effect, it is the element of its articulation” (p. 98). In other words, the genealogist must analyze subjectivity as an effect of power, as a means through which power circulates, and as a means through which unequal relations of power are reproduced, consolidated, and potentially transformed.

### **Knowledge**

Much of Foucault’s work involves analyzing, denaturalizing, and critiquing the historico-political construction of some of the most widely accepted knowledges, and knowledge-producing practices, of his time (1978, 1995, 2003b, 2003d). Foucault (1976) argues that knowledge is produced through (and judged according to) complex historical and political processes, including: the production of subjects that can speak the truth (e.g., doctors); the production of truths against which the truthfulness of other statements will be assessed (e.g., diagnostic criteria); and the production of techniques and “instruments for the formation and accumulation of knowledge” (e.g., scientific methods, IQ tests) (p. 102).

Foucault (1976) argues that the genealogist should trace not only the emergence of knowledges, but also their conditions of possibility, and their power-effects. “Power,” he explains, “cannot but evolve, organise and put into circulation a knowledge, or rather apparatuses of knowledge, which are not ideological constructs” (p. 102). Foucault (1992) argues against the

Marxist distinction between ideology and truth, claiming that the function of dominant knowledges was not to obfuscate the truth, but to produce it. Through genealogy, therefore, I have sought to trace and critique the mechanisms, subjectivities and relations of power through which particular disability knowledges and ‘truths’ have come to be produced.

The power-knowledge relationship, however, does not only go in one direction. The genealogist must also acknowledge how knowledge is utilized in the production of subjectivities (e.g., scientific knowledges produce the disabled subject), and in the reproduction of uneven power relations (e.g., scientific expertise justifies the expert-patient relationship) (Foucault, 1972, 1978, 2004). The power-effects of knowledge are often studied through Foucault’s concept of *discourse*. Foucault (1972) used the term discourse in at least three interrelated and inextricable ways: “treating it sometimes as the general domain of all statements, sometimes as an individualizable group of statements, and sometimes as a regulated practice that accounts for a certain number of statements” (p. 80). In this dissertation I engage with the term largely as “an individualizable group of statements” (p. 80) that – through description (e.g., diagnosis), proscription (e.g., not medically clearing a patient for work), or prescription (e.g., sending a patient to rehabilitation) – systemically produce the very subjects (e.g., the disabled), practices (e.g., rehabilitation), relations of power (e.g., doctor-patient), and knowledges (e.g., bio-medical knowledge) of which they speak (Foucault, 1972, 1978; Foucault et al., 1992). I use discourse, thus, as a tool for analyzing and describing the power-effects of particular statements that are made about disability, for example, in immigration legislation or in federal advertisements about inspirational returning soldiers. I analyze how, for example, the power effects of a statement about inspirational disability might be contingent upon its reproduction of established medical knowledges about physical disability. I analyze how such discourses serve to determine who gets

to be produced as an inspirational disabled subject, and who does not. Further, I analyze how such discourses prescribe the treatment of particular kinds of subjects (e.g. they are to be watched closely and encouraged; they are to be emulated and idolized), and how such prescriptions have shifted over time, along with the particular relations of power they serve to reproduce.

### **The *How* of Genealogy: Erudite Knowledges and Local Memories**

If establishing a “historical knowledge of struggles” (Foucault, 1976, p. 81) is *what* genealogy is all about, then tracing the “*insurrection of subjugated knowledges*” (italics in original, p. 81) is *how* Foucault says that we should go about it. Foucault’s genealogies are the result of countless hours searching through historical archives for two different forms of subjugated knowledges: erudite knowledges and local memories. In the sections below, I define these two different forms of subjugated knowledges, and discuss how I have accessed them through this research. In addition to this methods section, I have documented my sources, cited them extensively, and unpacked my analysis of them throughout this manuscript. I do so because I strive for methodological transparency (Karlsson, 2007; Meadmore et al., 2000), and as a result, intelligibility (Kearins & Hooper, 1999) throughout my work.

#### **Erudite Knowledges**

Foucault (1976) describes erudite knowledges as the “historical contents that have been buried and disguised in a functionalist coherence or formal systematisation” (p. 81). In other words, erudite knowledges are the images, ideas, and knowledges that are relatively available in the archives, yet are marginalized, effaced or subsumed by dominant knowledges, such as those of progressive history or scientific truth. For example, many Canadian histories argue that disability rights and inclusion has progressively grown since the World Wars (e.g., Gregson,



1999; Legg et al., 2004; Tremblay, 1995, 1996; Wall, 2003). Yet evidence of forced sterilization, institutionalization, and systemic unemployment and poverty during this period are clearly present within official legislation, government reports, and national statistics, which are all widely available archives. The violence and struggles of Canada's histories have not been expunged from the archives; they are simply excluded or not searched-for because they do not match the expected narrative.

Foucault (1976) offers advice on how we might recognize or choose useful erudite knowledges from the potentially vast archives. He writes: "the historical contents allow us to rediscover the ruptural effects of conflict and struggle that the order imposed by functionalist or systematising thought is designed to mask" (p. 82). The key is to find plays of power and evidence of struggle where the grand narratives lead us to believe that there were none. For example, a cornerstone of the Canadian narrative about their progressive treatment of people who experience disability is that Canada enshrined disability-related rights into their Constitution long before any other country had done so (Vanhala, 2010). What is missing from this narrative, however, is readily available archival information that disability was not included until the very final drafts, and only begrudgingly, upon significant pressure from disability activists (Prince, 2009; Vanhala, 2010; see also "Constitution Act," 1982). Following this sign of struggle, I dove deeper into the House of Commons debates, reports from the mainstream media, and disability movement archives and found that these rights were enshrined due to intense and vehement struggle, and strategic plays of power, not sheer benevolence and progressive tolerance.

Foucault (1976) argues that these kinds of ruptures and struggles are more than merely accidental exclusions from the dominant narratives (see also, Foucault, Fontana, & Pasquino, 1992). These plays of power, and their subsequent marginalization within dominant histories and

discourses, are the very conditions of possibility for (re)producing the dominance (and seeming benevolence and naturalness) of many contemporary institutions, knowledges, and practices of disability. As this one example demonstrates, archival research of erudite knowledges (and transparent reflection on these sources and their resulting use) can create the conditions of possibility for mounting a critique of dominant practices, and thus, the possibility for our stories, institutions, practices and subjectivities to become other than what they currently are.

The actual archival process of finding and analyzing erudite knowledges is not a linear or pre-determinable one. Speaking of his own genealogies, Foucault (1976) claims that “it was important that they did not have a predetermined starting point and destination” (p. 78). The process of genealogy is precisely that, a process: it is only through archival research into erudite knowledges, and the exploration of local memories, that one finds out which sources one must seek out next, or which critiques one might be able to mount. Foucault elaborates further:

It is not, therefore, via an empiricism that the genealogical project unfolds... what it really does is to entertain the claims to attention of local, discontinuous, disqualified, illegitimate knowledges against the claims of a unitary body of theory which would filter, hierarchise and order them in the name of some true knowledge and some arbitrary idea of what constitutes a science and its objects...they are precisely anti-sciences. (p. 83)

My role as genealogist, therefore, has been to follow the trail of small shreds of contradiction within the available archives. Many of these led me nowhere of interest. Some of these led me to larger archives, or to new connections between archives. Some of these held hints, or large elaborations, of effaced and subjugated knowledges, memories, and struggles. Through these archives, I traced the emergence of now-dominant discourses, and the ways that such discourses have served in the subjection and government of certain *kinds* of disabled people. The process of

genealogy rolls quickly once in the archives. The hardest part was knowing where to start.

My intention was to begin just before the unique moment in the first half of the 1980s when three Canadian men who experience disability began charitable marathons that would not only make lots of money, but also make two of them Canadian icons. However, as I dove into the archives of the mid 1970s, I kept catching glimpses of forgotten struggle, local memories, and emerging discourses and techniques that struck me as crucial conditions of possibility for the inspirational figures of the 1980s. These archives kept pulling me backwards in time, and jolting me sideways to different sets of archives. After reading several hundred documents, I eventually decided which documents would primarily inform my first chapter: Canada's first three post-confederation immigration documents, from 1869 to 1910: more than a century earlier than where I expected to start.

The choice of this starting point, as with every choice since, is entirely strategic (Kearins & Hooper, 1999; Kendall & Wickham, 1999). 1869 was theoretically useful given its proximity to Confederation, and given the emerging role of nation-making in my analysis. The 1869 immigration legislation was also important because it offered a prime example of the relative unimportance of disabled subjects compared with subsequent, more obviously eugenic, legislation. Further, this eugenics turn was crucial to trace because, as I began to discuss above, it forms a largely unacknowledged history of disability struggle and violence that is contemporaneous with popular histories of disability inclusion and rights: the latter histories being those that inspirational figures like Fox and Hansen, I will argue, come to represent.

Although most of the archival research predated the writing, I continued to research throughout the process. Each archival document I sought out, and chose to include, was determined according to theoretical usefulness. The majority of archives were accessed online

through various databases, including Early Canadiana Online (n.d.), the Historical Debates of the Parliament in Canada (2014), and the not for profit, InternetArchive.org (2014). I accessed other archives in person through the collections of libraries both in Edmonton and in cities to which I travelled, and – when otherwise difficult to access – through secondary sources, such as other histories and genealogies. I collected copies of all of my archival, historical, and theoretical sources within the writing and researching software Scrivener (Literature & Latté, 2014b), and mapped out shifting theoretical connections between them along the way, in the associated software Scapple (Literature and Latté, 2014a). I have included one of over a dozen such maps at the end of this chapter, as an example (fig. 1). Throughout the writing process, I have attempted to offer significant direct citations from the archives, and significant discussion of their theoretical importance in order to produce as transparent and intelligible a manuscript as possible.

### **Local Memories**

Foucault's (1976) second category of subjugated knowledges is "local memories" (p. 83), which he defines as: "a whole set of knowledges that have been disqualified as inadequate to their task or insufficiently elaborated: naive knowledges, located low down on the hierarchy, beneath the required level of cognition or scientificity... unqualified, even directly disqualified knowledges..." (p. 82). These disqualified or invalid knowledges are not the kinds of knowledges that are widespread and widely agreed upon. Foucault writes: "it is far from being a general common sense knowledge, but is on the contrary a particular, local, regional, knowledge, a differential knowledge incapable of unanimity" (p. 82).

In contrast to standardized and validated psychiatric knowledge, and even in contrast to the widespread 'common' knowledge about 'crazy' people, Foucault (1976) focuses on the local

memories of the psychiatric patient and of their doctor. Such knowledges may have been (in)formed to some degree by dominant discourses of psychiatry, but they may also have shards of unscientific knowledges, anti-scientific sentiments, or seemingly irrational or discordant beliefs. Some of these unqualified knowledges may be shared among some local and specific groups of patients, or they may seemingly be held only by one, or a few. The crucial point, here, is not to amass a substantially common disqualified perspective in order to validate it within contemporary discourses, but rather, to simply demonstrate the existence of alternate, invalidated knowledges as evidence of discursive disunity and conflict where the image of discursive unity appears. Where there is disunity and conflict, there is the possibility for denaturalizing a naturalized discourse (e.g., disability is in the patient's body), or for critiquing and creating gaps in a universalizing discourse (e.g., everyone would be better off being able-bodied).

What is unclear in Foucault's work, however, is how he accessed these local, subjugated memories, particularly in cases (like psychiatric patients or other institutionalized subjects) where these voices are almost entirely absent from the writings of the time. Like Foucault, I have often focused on the discursively discordant writings or articulations of individual experts or public figures (Foucault, 1978, 1983, 1995; Peers, 2009, 2012b). Additionally, I have relied upon the detailed research of other historians and genealogists who have had access to rare or restricted archives to which I do not have access. For example, Scrivener's (2000) history of Terry Fox offers glimpses into what Fox wrote in his diaries: an archive that is strictly guarded by the Fox Family, and one that demonstrates (despite Scrivener's use of it) how divergent some of Fox's memories and beliefs were from his heroized image. Another invaluable resource has been Driedger's (1989) history of the Canadian and International disability movements: a history built from historical archives as well as the memories of frontline disability activists whose

voices had never been incorporated into official histories. A third crucial resource for local memories has been Malacrida's (2015) forthcoming manuscript on the Michener Center, which is the institution where most sterilizations in Alberta were performed. Malacrida lent me a pre-publication copy of the manuscript, which includes a decade of research into the most public and most guarded of written and visual archives on the center, as well as research into the often personally guarded local memories of past employees, and the greatly devalued – yet institutionally guarded – local memories of former and current inmates.

Alongside this indirect access to local memories, I spend the ninth chapter of this manuscript engaging with a more direct source: my own experiences, and those of my disability and sports communities. This is not the first time that I have narrated my own discordant experiences, my own unqualified knowledges, and the communally circulated histories of my communities in order to reflect upon conflict, struggle and discursive discordance in the histories of those with similar subjectivities as mine (e.g. Peers, 2009, 2012a). Foucault offers little to follow in this regard, given that he was not prone to autoethnography. Foucault (1983, 1985) did, however, write about the ethical potential of self-writings that serve to undermine, multiply, critique, and experiment with subjectivity. He (2004) also emphasized the importance of analyzing power at the level of the subject: analyzing the ways that a subject is formed and governed through both intimate and local relations of power, as well as through larger, biopolitical techniques. Building on Foucault and other poststructuralist scholars, Scott (1992) offers a crucial insight into how one might mobilize one's memories in the analysis of phenomena through which one is subjected. She argues that experience "is at once and always already an interpretation and is in need of interpretation" (p. 37). Critique, therefore, "entails focusing on the processes of identity production, insisting on the discursive nature of

‘experience’ and on the politics of its construction” (p. 37). Thus, rather than offering one’s experience as *a more authentic or representative knowledge* about the effects of living in a disabling society, for example, one can analyze such experiences and knowledges effects of disabling societies and their power relations.

A handful of Foucauldian scholars have followed Scott’s suggestion, and have mobilized their own experiences, capacities, and bodily practices as archives for Foucauldian analysis and critique. Heyes (2007), for example, uses her personal experiences of dieting to ground, nuance, and, at times, destabilize her broader critique of various gendered projects of bodily self-transformation. Rather than pulling from her experience as somehow authentic, Heyes argues that one’s self and one’s experiences are insightful precisely because they have been socially constructed. She argues, for example, that “one can look at the skills one has developed through being disciplined and turn them against the institutions that cultivated them in the first place” (in Heyes & McGarry, 2011, p. 113). The critique, in other words, is not unidirectional: the written work and the experiences serve to reciprocally enrich and unravel each other. McWhorter (1999), similarly, engages with her self as the primary archive through which to explore and elucidate key Foucauldian concepts such as discipline and technologies of the self as they relate to sexuality. McWhorter argues that the use of autobiography in her work helps her not only to critique dominant uses of sexuality, but also to critique and destabilize the self: “because I am identified in particular ways and because I can’t simply ‘disidentify,’ I must acknowledge my identities and work to understand them if I hope for a future that they do not dictate entirely” (xix). Following Scott (1992), Heyes (2007), and McWhorter (1999), my poststructuralist autoethnography uses my experiences of inspirational disability both as a catalyst for critique and as an object of critical exploration.

In my ninth chapter, therefore, I narrate my experiences in order to theorize how they have constituted me as a (certain kind of) disabled subject, and in turn, how such a subjectivity has been constitutive of my experiences. In other words, such experiences are theorized, through a Foucauldian lens, as: the result of dominant discourses and practices of differentiation and normalization; as evidence of multiple, alternate, and/or disqualified knowledges; as moments of rupture that created the possibility for critique; and, as processes of subjectivation, through which a disabled subject – and their experience and knowledge – is (re)produced or altered.

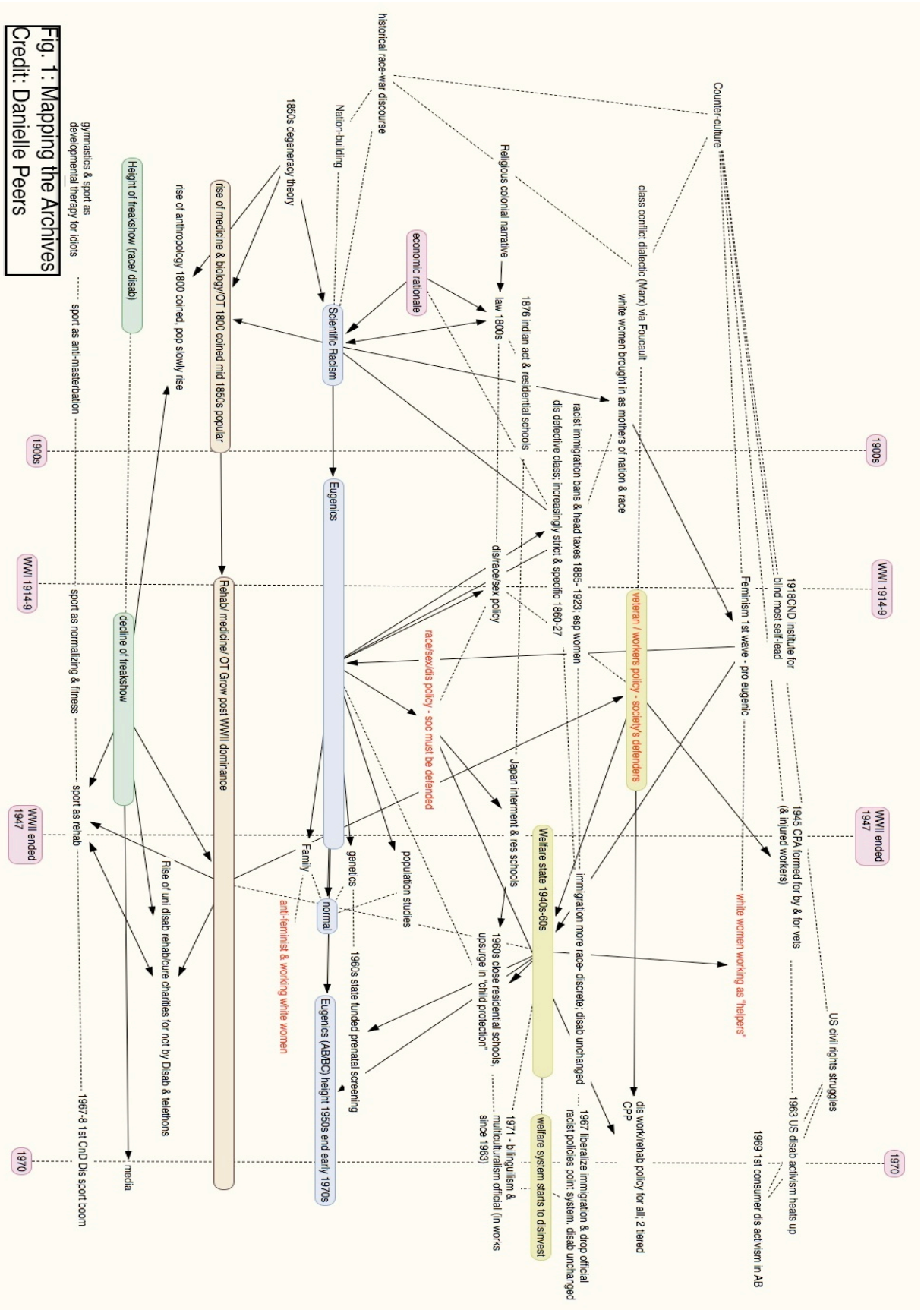
### **The *Why* of Genealogy: Tactical Utility**

The purpose, for Foucault (1976), of all of the painstaking archival research and intense theoretical analysis of genealogy is to develop alternative knowledges of the past and to “make use of this knowledge tactically today” (p. 83). The purpose of genealogy, in other words, is to mount, or at the very least to support, critiques of dominant knowledges and power relations, as well as their effects (Foucault, 1976, 2003c, 2003f; Foucault et al. 1992). As Meadmore et al. (2000) argue, through genealogy, “the legitimacy of the present can be undercut by the foreignness of the past, offering the present up for reexamination and further enquiry” (p. 464). If the quality of this dissertation is to be judged, therefore, I hope that it will be not only for its theoretical consistency, transparency, and intelligibility, but also for its usefulness (Karlsson, 2007; Meadmore et al., 2000), particularly for those desiring to critique, challenge, or transform dominant ways of producing, governing, and knowing disability in the present. Genealogy is, above all, a *history of the present*. In researching the struggles of the past, we also research the conditions of possibility for alternative discourses, subjectivities, power relations and institutions (Kendall & Wickham, 1999). In seeing how it could have been otherwise, we can begin to imagine (and fight for) other kinds of worlds and selves



I aim this critique at contemporary discourses, subjectivities, power relations and practices of inspirational disability because I have experienced a particular epistemological tear (Butler, 2002) that rendered this critique both possible and, in many ways for me, imperative. This tear emerged from having been celebrated as a heroic, empowered, and fully included disabled athletic subject. This was an experience that created an almost unspeakable contrast with my lived daily experience of structural exclusion, marginalization, and lack of access to basic human needs. This study emerged from witnessing my own subjectivity, and the highly mediated and colloquial stories told about it, used against those subjects who cannot or will not overcome. Through this research, therefore, I have produced a history in order to understand how to better disrupt it. That is, I have traced the emergence and effects of inspirational disability, in order to learn how I might think about, critique, and *do* disability otherwise.

In summation, this dissertation is the outcome of deep theoretical and methodological engagement with Foucault's work. It has taken shape both by drawing from, and pushing against, various theoretical and historical works outlined in my literature review. The substance of this genealogy has emerged through my reading of over 200 archival documents – as well as the archives of my own life – and the erudite and disqualified knowledges contained within them. Through this process, I have sought to produce a theoretically consistent, transparent, intelligible, and politically useful genealogical analysis of the emergence and uses of inspirational disability in Canada, from Confederation (1867) to the present. Although this manuscript holds no explicit prescription for future disability activism and research, I hope that it offers some disruption to contemporary ways of engaging with disability: particularly ways that naturalize its existence, celebrate our national treatment of it, and heroize individuals for attempting to overcome it.



**Fig. 1 : Mapping the Archives**  
 Credit: Danielle Peers

## **Chapter 4: Canadian Nation-making and the Production of Defective Kinds**

“We must attempt to study the myriad of bodies which are constituted as peripheral subjects as a result of the effects of power.” (Foucault, 1980, p. 98)

Inspirational disabled subjects are anything but natural. Following Foucault (1980), I argue that inspirational, and non-inspirational, subjects – like all kinds of subjects – have a history that is deeply imbedded in power relations, scientific discourse, and techniques of differentiation. In this genealogical chapter, I trace some of the techniques, discourses, and power relations that make up the conditions of possibility for the later emergence of the inspirational disabled subject. Specifically, I use archival sources – most notably immigration documents from Confederation until the years leading up to the First World War – to trace four crucial shifts in the ways that different kinds of ‘defective’ subjects came to be produced and governed as peripheral subjects in the emerging Canadian nation-state.

The first shift is the increasingly intensified interest Canadians came to take in defectives and other excludable kinds. The second shift is the racialization of a wide range of differentiated kinds, and subsequent attempts at their elimination from Canada’s population. The third shift is the confluence of kinds, in which a range of subjects come to be understood and administered according to overlapping (eugenic) discourses and technologies of race, sex, gender, class, and disability. The fourth shift, the bifurcation of defective kinds, refers to the early 20<sup>th</sup>-century distinction between the treatment of intolerable degenerates and conditionally tolerable physically defective subjects.

These four interrelated and overlapping shifts— intensification, racialization, confluence,

and bifurcation — each represent changes in the relationship between the burgeoning Canadian nation-state and the kinds of subjects it differentiates and excludes. Although I trace these shifts primarily through the above-described immigration documents, I also link these legislative shifts to other policies, practices, and discourses within Canada’s borders. Throughout this chapter, I draw from archival texts, as well as from the work of other Canadian and American genealogists and historians, to demonstrate that these shifts in immigration represent larger, eugenic changes in the ways that disability would come to be understood and enacted. These shifts, I contend, constitute some of the crucial conditions of possibility for the later emergence of inspirational disabled subjects.

### **Intensification: The Multiplication and Prioritization of Excludable Kinds**

In this section I argue that between Confederation and the Immigration Act of 1910, various Canadian acts of Parliament, policies and practices demonstrate a proliferation of, and an intensified focus upon, the *kinds* of subjects who can be excluded from the nation. In 1869, two years after the Confederation of Canada, the Dominion’s first official immigration act was ratified by Britain, in consultation with the new Canadian legislature (“An Act Respecting Immigration,” 1869).<sup>3</sup> The act revolves largely around the administration of immigration, and does not prohibit the entry of any particular kind of subject. It does, however, single out five kinds of immigrants, who — by virtue of their potentially dependent status — face different conditions of entry than all other immigrants. These conditionally accepted subjects are “pauper immigrants,” (dealt with in its own section, 16), as well as “lunatic, idiotic, deaf and dumb, blind or infirm persons” travelling without family (dealt with collectively in section 11, entitled

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<sup>3</sup> This first Canadian immigration act, still under British jurisdiction, built upon previous immigration acts of each of the newly confederated provinces (Hanes, 2009; “Provincial Statutes of Canada,” 1848).

“Special Duty of Quarantine Officers”) (p. 39, 36). Although the act stipulates economic conditions of entry for both groups, the details of these conditions, and the kinds of security required for entry, differ.

The Immigration Act of 1869 was replaced in 1906, introducing for the first time a section that outlines “Persons Prohibited from Landing - Deportation” (beginning with paragraph number 26 out of 73 paragraphs) that lists over a dozen excludable kinds of subjects (“Immigration Act,” 1906, p. 1714). The first paragraph under this section calls for the *unconditional* exclusion of any person who: “is feeble-minded, an idiot, or an epileptic, or who is insane, or has had an attack of insanity within five years” (ibid)<sup>4</sup>. It also calls for the *conditional* exclusion of anyone who is “deaf and dumb, or dumb, blind or infirm, unless he belongs to a family accompanying him or already in Canada and which gives security” (ibid.). Those deemed to be “a pauper, or destitute, a professional beggar, or vagrant, or who is likely to become a public charge,” are now dealt with in the same section as the above defects (ibid.). This section also prohibits (and calls for the future deportation of) various other kinds, including: people with “loathsome,” contagious or incurable diseases (ibid.); and any person involved in prostitution or convicted of “crimes involving moral turpitude” (p. 1715).

It took thirty-seven years for the above changes to be made to Canada’s immigration legislation. It took only an additional four years for the 1906 act to be replaced. In the Immigration Act of 1910, the “Prohibited Classes” section includes a few new excludable kinds (e.g., imbeciles, mentally defectives, physically defectives, and charity immigrants) and has been

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<sup>4</sup> This first list of defects appears to focus almost exclusively on conditions we would now understand as intellectual disabilities and mental illnesses. However, as will be expanded upon later in this chapter, the category of feeble-mindedness is misleading: it served as a catch-all for conditions not only for various mental illnesses and intellectual disabilities, but also for conditions we now name as tuberculosis, syphilis, mental illness, malnutrition, and various congenital disabilities, including muscular dystrophy (Kafer, 2013; Snyder & Mitchell, 2006).

moved to the very first section after the initial legal “Interpretation” preamble: paragraph number three out of 82 (“Immigration Act,” 1910, p. 208-9). In just over forty years, excludable kinds have shifted from a tangential few notes under the administrative duties of an officer, to the central focus of the immigration act.

In using the term *excludable kinds*, I am drawing on the work of two scholars, who in turn draw heavily on Foucault. First, I draw from Canadian disability scholar Titchkosky (2011) who analyzes Canadian policies and practices that “include disability as a justifiably-excludable type” (p. 78). Through this lens, the inclusion of particular kinds of disability (or defect) within Canadian immigration legislation serves for the most part only to constitute such defects as categories of humanity that can be justifiably – or perhaps even should be necessarily – excluded from the nation. Second, *excludable kinds* draws from Hacking’s (1995) notion of *human kinds*. Human kinds refer to people who are objectified by the human sciences by way of a particular classifications into groups of humans and who come to be studied and governed as such in ways that inevitably influence the behaviour and identities of the classified – thus further naturalizing the category. Thus, when I refer to *kinds*, my intention is to de-naturalize the category, while at the same time acknowledging the real, material, embodied, and historically significant effects of that construction.

The Foucauldian theory of subjectivity that underlies Hacking’s work on human kinds is useful for theorizing this multiplication of, and intensified focus upon, excludable kinds. A recurring theme within Foucault’s genealogical research is that different kinds of subjects — such as criminals (1995), homosexuals (1990), and the insane (1999) — are neither simply born nor objectively discovered by the human sciences. Rather, subjectivity is a historically contingent effect of power (Foucault, 2003c, 2003d). That is, the kinds of subjects that get

differentiated and categorized in a particular context tell us more about a specific historical moment than they tell us about the bodies and capacities of the people being subjected (Foucault, 2003c; McWhorter, 2009; Rose, 1996). For Foucault (2003d), contemporary Western processes for transforming humans into subjects involves three modes: the objectification of people through scientific discourses of classification; dividing practices that systemically differentiate and separate people according to kinds; and subjectivation processes through which people come to recognize and govern themselves as a particular kind of person.

The multiplication of excludable, defective kinds within Canada's first three immigration acts clearly engages with Foucault's first two modes: scientific classification and dividing practices. The burgeoning human and medical sciences of the 19<sup>th</sup> and early 20<sup>th</sup> centuries (e.g., medicine, sociology, psychiatry, criminology) were increasingly differentiating, classifying and studying defective kinds (Foucault, 1990, 1995). The multiplication of such classifications served scientific practitioners because it increased the authority, importance and profitability of their work (Foucault, 1980; McLaren, 1990; McWhorter, 2009). These scientific classifications then became reified and applied within laws, policies and practices. In the Canadian context, for example, such scientific classifications were inscribed as prohibited classes within immigration documents (e.g., insane, mental defective, criminal, vagrant).

For the post-Confederation Canadian state, and its agents, these scientific classifications were crucial tools for the enactment of Foucault's second mode for creating subjects: dividing practices. Classifying a person as a particular (scientifically defined) kind of subject renders that person subject to a whole host of discourses and technologies through which they can be more easily governed (Foucault, 1990; McWhorter, 1999). Scientific classifications were the tools through which medically trained immigration officers could legally: separate, segregate and

detain a subject; apply different regulations and protocols to them (e.g., different conditions of entry); seek to limit a subject's range of possible choices (e.g., threaten deportation if they use public or charitable aid); and thus attempt to influence how a subject might choose to act, think, and identify. Classifying and dividing subjects, in short, makes it easier for administrators to discipline, and to otherwise exert control over, the capacities and choices of certain individuals and groups. Influencing the capacities, choices and identities of differentiated individuals contributes to Foucault's third mode of creating subjects, subjectivation. Subjectivation is the process by which an individual comes to understand themselves as, and increasingly chooses to act as, a particular kind of subject (e.g., an insane person, a rugged and independent Canadian).

For example, upon arrival to Canada in 1869, an English woman who was classified by the immigration officer as an idiot would have been subject to entirely different rules of entry than her fellow, undifferentiated, passengers. Her entry, and thus future opportunities, would have been subject to the actions of a host of other people: subject to the support of family members; subject to the discretion of quarantine officers; or subject to the financial backing of the Master of the Vessel ("An Act Respecting Immigration," 1869). In other words, numerous others would have had an increased capacity to influence the life choices — and life chances — of this *idiotic woman* simply by virtue of her being differentiated as such. In order to navigate these limited life chances, this woman would have been likely to subjectivate herself by, for example: submitting herself to testing and to the authority of others; to identify herself administratively according to the ways she has been classified; and to further navigate the immigration system *as if she were* an idiot. It is worth noting that by 1910, this same woman would have been subject to further differentiation than in 1869: subjected as perhaps an idiot, an imbecile, or a feeble-minded person ("Immigration Act," 1910). This subjectivity would, at this



point, have had an even greater effect on her range of possible actions, by prohibiting her legal entry into the country altogether.

The classification, dividing, and subjectivating of defective kinds were also increasingly practiced within Canada's borders. Between Confederation and the beginning of World War I, for example, most Canadian provinces introduced compulsory, publicly funded, primary schooling (McLaren, 1986; Oreopoulos, 2005). These schools were proudly articulated as "a place of observation, a kind of 'Sorting House'" (MacMurchy, 1907). Public schools provided an ideal population upon which a growing number of professionals (e.g., school nurses, medical officers, physical educators, psychologists, etc.) could perform standardized testing and other forms of individual and population surveillance (e.g., IQ tests, fitness tests) (Courturier, 2005; Malacrida, 2015; McLaren, 1990). These professionals and their tests produced new scientific classifications (e.g., feeble-minded), which in turn enabled various new dividing practices, including the creation of segregated classes and schools for the subnormal, and the institutionalization of the unfit (McLaren, 1986; Withers, 2012). Such divisions inevitably subjected individuals to relations of power that influenced their further subjectivation as feeble-minded, idiotic or subnormal kinds. In essence, public schooling was not only a technology for the production of skilled Canadian nationals, it was also a pivotal technology for the production, differentiation, and exclusion of the nation's defective Others (Thobani, 2007). As I will argue later, this production of the Canadian national was not only parallel to, but also reliant upon, the differentiation and production of the defective Other.

Perhaps the most obvious example of the increased Canadian interest in defective kinds is the post-Confederation shift in institutions for housing the idiotic and insane. In the mid to late 19<sup>th</sup> century, different jurisdictions dealt with intellectual and behavioral variations through

various combinations of charity, criminalization and institutionalization (Bates, 1977; Simmons, 1982; Valentine & Vickers, 1996). Alberta, for example, had no incarceration capacities for those subjected as idiotic or insane until 1911 (“Alberta Hospital,” n.d.), while Toronto was rapidly filling up one of the largest buildings in the Dominion: the Ontario Lunatic Asylum (opened in 1849) (Sedgwick, Cockburn, & Trentham, 2007; Simmons, 1982). Despite its name, the Ontario Lunatic Asylum, and others like it, rarely separated out or differentiated between criminal, insane, and idiotic kinds of inmates (Sussman, 1998). By the early 20<sup>th</sup> century, however, institutions were quickly multiplying in number and size, and they were more consistently used across jurisdictions. They were also increasingly dividing up and separating out the various differentiated kinds of subjects who would fill them (e.g., housing the feeble-minded separately from the idiot, the insane, and the criminal) (Jongbloed, 2003; MacMurchy, 1907, 1912; Sedgwick et al., 2007). Asylums increasingly gave way to hospitals and training schools that offered differentiated disciplinary and medical interventions for different kinds of subjects. Electric shock, painful surgeries, solitary confinement, gymnastics, competitive sports, recreational activities and occupational training, for example, were differentially administered in order to render certain kinds of subjects more normalized, more docile, or more economically useful for the institutions (Driver, 1968; Malacrida, 2005; Sedgwick et al., 2007).<sup>5</sup> Institutions thus are both an example of, and a contributor to: the multiplication of defective kinds, the differentiation and dividing of defective kinds; the multiplication of technologies to which such

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<sup>5</sup> Gymnastics and physical training exercises were first introduced as a way to restart and bend the developmental path of some who were deemed degenerate (McWhorter, 2009). Other sports-based, recreational and occupational therapies were used to curb “emotional mischief” and quell “social unrest” in institutionalized populations with “idle hands” (Sedgwick, Cockburn & Trentham, 2007, p. 407; Couturier, 2005). For those inmates who were deemed higher functioning (such as the feeble-minded), physical and occupational training were used to prepare them for a lifetime of labour in, or towards the profit of, the institutions in which they were incarcerated (Malacrida, 2015; McLaren, 1990; MacMurchy, 1907).

kinds are subjected; and the multiplication of professional helping kinds who are invested in the continued pathologization and institutionalization of subjects.<sup>6</sup>

This last point introduces a crucial function of defective kinds within Canadian nation-making: they serve in the subjectivation of helping professionals and (comparatively normal) exalted nationals. In her genealogy of race and nation-making in Canada, Thobani (2007) argues that exaltation is a technique of government that constitutes national subjects, “as the embodiment of the particular qualities said to characterize the nationality” (p. 5). That is, it equates the celebrated characteristics of the nation with the qualities of (those it claims as) its nationals, and vice versa. Exaltation induces subjects to identify with the nation, and with other nationals, as a way to identify oneself as someone who holds nationally celebrated characteristics. Importantly, exaltation is relational and is thus produced through the simultaneous co-construction of the national and its Other: the outsider who is defined as antithetical to nation(al) characteristics and values (e.g., the Indian, the Chinese immigrant, the mentally defective). The very processes that produce and differentiate the irrational idiotic Other, for example, simultaneously produce and exalt: the benevolent and rational Canadian doctor who classifies her; the normative, rational, white Canadian national; and the benevolence and rationality of Canada as a nation. This production and celebration of Canada as rational then further reproduces the notion that the idiotic Other does not belong to (or in) the nation. This relational construction of exalted citizen and defective Other is spelled out relatively clearly in archival documents of the time. For example, the 1912 Report on the Feeble-Minded in Ontario explicitly crafts the argument that “the ordinary citizen is not a dependent,” which is followed directly by: “the essential characteristic of the mentally defective is their inability to conduct

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<sup>6</sup> See, for example, the professionalization and diversification of occupational therapy in Canada (Driver, 1968; Sedgwick, Cockburn & Trentham, 2007).

themselves in the same way as other people” (MacMurchy, 1912, p. 12). This leads directly to the conclusion that “the mentally defective person is not a citizen, and cannot be made a citizen” (ibid.). The mentally defective, the prohibited immigrant, the segregated student, and the institutionalized idiot are all constitutive of (and constituted by) emerging notions of what it means to be (un)Canadian. This reciprocal process of national expulsion and exaltation is a technique of power that “has been central to the process of modern national formation” in Canada and elsewhere (Thobani, 2007, p. 5). The intensified differentiation and pathologization of subjects, thus, can be traced as a crucial technique for the production and exaltation of Canadians, and the Canadian nation-state.

### **The Racialization and Elimination of Degenerate Kinds**

In the Immigration Act of 1869, all excludable kinds of immigrants (except those quarantined due to serious transmittable diseases) are conditionally included subject only to evidence of economic dependence or techniques of economic security. The term *race* and references to particular racialized or ethnic kinds are entirely absent. Explicitly racialized immigration restrictions emerged two decades later with the Chinese Immigration Act (1885): the very year that (mostly) Chinese labourers completed the Canadian Pacific Railway (Royal Commission on Chinese Immigration, 1885). The Chinese Immigration Act levies an entrance tax of \$50 per Chinese national: an amount that increased ten-fold by 1903 (“Asian Immigration,” 2011). Notably, racialized immigration regulations were not instituted as amendments to the Immigration Act of 1869, but rather were regulated by an entirely separate document, and entirely separate techniques (e.g., head tax versus proof of family or employment).

In the subsequent Immigration Act of 1906, almost all the defective kinds that are listed

become unconditionally prohibited, and a paragraph is added that vaguely justifies exclusion based on race or ethnicity. In 1910, explicitly race-based paragraphs are introduced into the main immigration document ("Immigration Act," 1910). In this section, I will argue that many of these above changes are tied to late 19<sup>th</sup>-century shifts in the meaning and function of race in Canada: shifts that were operationalized towards the production, management and elimination of certain kinds of subjects within the Canadian population.

In the mid to late 19<sup>th</sup> century, immigrants from England – and other Western European countries like France – were undoubtedly targeted for immigration recruitment, and received preferential treatment at the border and beyond (Roy, 1989; Thobani, 2007). Policies, practices and legislative discussions suggest, however, that pretty much any immigrant who could be put to work was treated (at the very least) as a tolerable asset in the infrastructure and settlement projects of colonization, nation-building, and maintaining sovereignty, particularly in the West (Li, 1998; Royal Commission on Chinese Immigration, 1885; Roy, 1989). Early post-Confederation nation-making projects were thus tied less to the exclusion of certain immigrants than to the colonization and elimination of Aboriginal peoples, their land, their cultures, and their uprisings (Thobani, 2007; Wright, 1993). In early colonial practices, this elimination involved explicit, legalized assaults and murders of Aboriginal people (Smith, 2005; Thobani, 2007; Wright, 1993). As Canada increasingly shaped itself into a modern nation-state, however, this explicit colonial violence was increasingly practiced alongside more indirect and legitimating forms (Thobani, 2007). Foucault (1997) argues that, within modern nation-states, power is no longer primarily exercised in ways that let some people live and make other people die (e.g., colonial wars). Rather, the modern state tends to make its subjects live, while letting certain subjects die. That is, states make subjects live by disciplining individuals and managing

populations, “harnessing developmental force and bending it in the direction desired” (McWhorter, 2009, p. 200). Furthermore, these states tend to let certain kinds of subjects die, through a host of techniques for “indirect murder”: abandonment, incarceration, systemic impoverishment, exposure to risk of death, removal of sustenance or care, or otherwise unequally distributing the life chances of targeted individuals and populations (Foucault, 1997, p. 256; see also Bernasconi, 2010; Foucault, 1990; Spade, 2011).

The emerging, biopolitical Canadian state sought to indirectly eliminate (let die) Aboriginal peoples in numerous ways. They indirectly murdered individuals through practices and policies that all but ensured the deaths of great numbers of Aboriginal people to treatable and preventable diseases, such as tuberculosis (Milroy, 1999; Whalen, 2010). They legislated the legal elimination of Aboriginal people through the loss of treaty rights for women and children not attached to men with treaty rights (Thobani, 2007; “Indian Act,” 1876). The cultural elimination of Aboriginal peoples was enacted through compulsory residential schooling, which systemically alienated Aboriginal youth from their families, communities, languages and cultures (“An Act to Amend the Indian Act,” 1884; Milroy, 1999; Regan, 2011). Additionally, this colonial project was accomplished through seemingly unrelated laws, such as the Immigration Act of 1869, which – through the maximization of immigration – perpetuated the confiscation and settlement of Aboriginal lands, and enabled the building of railroads, farms and cities that cemented and protected colonial land claims. That is, I argue that although Aboriginal people are not mentioned in the Immigration Act of 1869, the act’s relatively unrestrictive approach to immigration ultimately aided in the elimination and control of Canada’s foundational Other, the Indian: a figure that had increasingly come to be understood in primarily racial terms (Thobani, 2007).

Foucault (1990, 1997) argues that the meaning of *race* shifted significantly over the 18<sup>th</sup> and 19<sup>th</sup> centuries. Races had previously referred to groups with shared cultural traditions and lineage more so than shared morphology (e.g., the Saxon and Norman races that struggled over control of their country, England) (Foucault, 1990, 1997). Race, in the 19<sup>th</sup> century, was increasingly understood through the emerging science of biology: that is the study of human functions as developed over time (Foucault, 1997; McWhorter, 2009). This biological understanding of the species revolved around a single human race, wherein human differences could be attributed to some being more or less developmentally advanced than others: where advancement was understood in terms of the characteristics that upper class Western Europeans imagined themselves to possess. Biological race struggle, argues Foucault (1997), “is not a clash between two distinct races. It is the splitting of a single race into a super race and a subrace.... It is the reappearance, within a single race, of the past of that race” (p. 60-1). Those who are ‘stuck’ in earlier stages of development come to be understood as degenerates: as adult children subject to paternalistic protection; as uncivilized remnants of the past subject to nostalgic curiosity; as primitive savages subject to strict discipline and control; and as dangerous reproducers subject to segregation and elimination from the national population.

This relatively recent emergence of biological racism is hard to comprehend in the face of earlier, widespread colonial practices of slavery and genocidal violence. However, as Foucault (1997) and others have argued, these colonial practices were not first instituted or justified through the discourses and technologies of race (see also Bernasconi, 2010; McWhorter, 2009). For example, in her American-based genealogy of racial and sexual oppression, McWhorter (2009) demonstrates that the implementation of race-based legal inequalities and segregation techniques in southern Anglo-American colonies emerged in the early 18<sup>th</sup> century, explicitly in

response to relatively frequent slave uprisings: uprisings that were enabled by the solidarity and relative equality shared by slaves of African, English and Native American descent. McWhorter writes: “by creating inequality in their labour force where it had not existed before, the great landowners incited interpersonal conflict and gave labourers of European decent a much larger stake in the status quo” (p. 72). The laws began by distinguishing between Christians and heathens, but with the rapid conversion of non-whites, the laws shifted in 1723 to differentially apply laws based solely on skin colour. Many governors and lawyers argued against such laws, claiming – like General West – that it made no sense to govern a man by different laws, “merely upon account of his complexion” (in McWhorter, 2009, p. 75). It subsequently took generations, McWhorter argues, for these economically driven laws to be widely understood as representative of a natural racialized biological inferiority. This naturalization was aided in the 19th century by the notion of biological race, which “followed and attempted to explain, justify, and refine practice[s]” of racial segregation and inequality (p. 73). As Williams (1944) argues: “slavery was not born of racism: rather, racism was the consequence of slavery” (as cited in McWhorter, 2009, p. 70).

Thobani (2007), similarly, traces how discourses of Christianity and the economics of land confiscation justified most of the early colonial practices in Canada. That is, the “heathen status” (p.44) of Aboriginal peoples ethically justified the confiscation of their lands and the sacrifice of their wellbeing over that of Christians. In addition, the conquest in general – regardless of how brutal – was often justified as a form of benevolent Christian conversion. It was only in light of the subsequent conversion of many ‘heathens’ that religious justifications for economic inequalities and colonial power relations were replaced by secular, biological and racialized ones. At this point, she argues, the “categorization of their status as savage, as well as



determinations regarding the stage of their evolution, became central to the question of whether indigenous peoples could be understood to be properly sovereign” (p.44). Race retroactively justified, and served to transform and legitimize, colonial relations of power and violence. In other words, race was not the original logic of colonization, but it became a crucial discourse within Canadian settlement and nation-building.

This shift from economic to racialized discourses is also evident within late 19<sup>th</sup>- and early 20<sup>th</sup>-century Chinese immigration legislation. As discussed above, 19<sup>th</sup>-century Chinese immigrants were brought to Canada as economic and colonial assets. Their inexpensive and life-risking labour was pivotal for building the National Pacific Railway, which in turn was crucial to securing the further colonization of racialized Indians in the west. Discourses about the racial incompatibility and degeneracy of Chinese immigrants – including discourses about opium dens polluting white lives, inferior intelligence, dirty animal-like habits, and indifference to their children ballooned only once their economic utility was outweighed by their economic threat as competition for jobs that European immigrants wanted, resulting in the Chinese Immigration Act of 1885 (Royal Commission on Chinese Immigration, 1885; Thobani, 2007). The production of this racialized immigrant kind enabled the use of differentiated technologies and policies (e.g., separate immigration legislation and head taxes) aimed at the eventual elimination of this Canadian subpopulation. High head taxes, in particular, served not only to significantly delimit the current influx of Chinese labouring men into the population, but also to almost entirely eliminate the immigration of (much lower paid) Chinese women. These head taxes, when implemented within a context of intense interracial relationship taboos, significantly altered the reproductive potential of Chinese immigrants, and thus their subsequent subpopulation levels (Thobani, 2007). The production of the Chinese as an excludable racialized kind thus enabled the

biopolitical Canadian state to differentially manage the immigration, life, and reproductive chances of this subpopulation, and to justify it through the interconnected projects of nation-building and racial progress.

Importantly, in the examples of slavery, colonization and the Chinese head tax, it is not that economic motivations ceased to come into play. Rather, biological race becomes an explicit and increasingly central discourse for justifying the economic inequalities, unequal relations of power, unequal distribution of life chances, and disciplinary and biopolitical technologies that are foundational to modern nation-states like Canada. As Foucault (1997) argues, biological racism is “state racism” (p. 62). It is not that Canada just happened to be run by some people who had irrational personal prejudices based on skin pigmentation, but rather that biological racism and white supremacy were foundational to the rationality of turn-of-the-century settler states (McWhorter, 2009; Thobani, 2007). Race constituted an explicit, official, “centralized and centralizing power,” which was exercised by the Canadian state, largely in relation to its own population (Foucault, 1997, p. 61). State racism is “a racism that society will direct against itself, against its own elements and its own products. This is the internal racism of permanent purification, and it will become one of the basic dimensions of social normalization” (p. 62). Biological racism, in other words, enabled the constitution of the modern Canadian state, largely through the production and governance of racialized Others.

By the early 20th century, immigration, colonization and development in Western Canada had minimized American and Aboriginal threats to Canada’s colonial project. It is within this climate that Canadian nation-building efforts refocused upon the internal biological threat of the racial degenerate. This shift is evident within the Immigration Act of 1910, which introduces the explicit inclusion of race as an excludable type within Canada’s main immigration legislation.

One paragraph, for example, stipulates that financial requirements of immigrants “may vary according to the race, occupation or destination of such immigrant or tourist” (p. 217-8). This paragraph was in full use by 1910, in the form of the Chinese head tax (which continued to be legislated under a separate document). A second paragraph enables the Governor to “prohibit for a stated period, or permanently, the landing in Canada... of immigrants belonging to any race deemed unsuited to the climate or requirements of Canada” (p. 218). The use of the *climate*, in this quote, is important. Early biological race theorists posited that the harsh Northern European climate accelerated the development of whites in relation to others (McWhorter, 2009). *Climate*, here, is thus a racialized rationale for limiting people from Africa, South Asia or even Southern Europe who were understood as not evolved enough to thrive in Canada’s harsh climate.

A “continuous journey” paragraph within this section, though not mentioning race specifically, would prove one of the most useful new tools for racialized immigration control. This paragraph, first put into place 2 years earlier (Minister of the Interior, 1908), prohibits entry to any immigrant “who has come to Canada otherwise than by continuous journey from the country of which he is a native or naturalized citizen” (p. 218). This paragraph was specifically designed to bar immigrants from India who, because they had the status of British subjects rather than aliens, could not legally be barred or taxed as a racialized kind (Thobani, 2007). Through these three paragraphs, racialized immigration policy is purposefully written into Canada’s primary immigration act, bringing racialized, sexualized, criminalized, classed, and pathologized kinds together for the first time under the same regulatory immigration document.

The racialization of Canada’s immigration legislation is not only evident in the above three paragraphs. Race also became an increasingly important factor in the subjection of many kinds who might not currently be understood as racialized. The 1906 shift from conditional

entrance to prohibition ("Immigration Act," 1906), for example, signals a crucial shift in the threat that the newly-prohibited immigrants posed to the nation. This threat was no longer understood as one of economic dependence, which a familial economic guarantee could assuage. This new threat was increasingly one of racial degeneration and contagion, which could only be warded off by elimination from the Canadian reproductive pool. Just as Aboriginal peoples were understood as less developmentally advanced, and thus inferior humans destined to remain in the past, it was understood that "the mentally defective child represents a reversion to an ancestral type of humanity when on its way up to civilization" (MacMurchy, 1907, p. 10). This reversion, or degeneracy, was further understood through the logic of contagion. The child of a feeble-minded mother or father was "all but sure to be feeble-minded himself, and absolutely sure to transmit the taint of feeble-mindedness and so be an expense, a disgrace, and a danger to the community" (p. 4). In this way, immigrants who were deemed feeble-minded, criminal, immoral, or otherwise racially inferior were subject to legislation aimed at eliminating the spread of their particular deficiencies through future generations of the human race – and in particular the white superior members of the race – thus securing the racial supremacy, health and success of the Canadian nation.

The 1906 and 1910 prohibition of defective kinds can thus be theorized as an enactment of state racism: "racism against the abnormal...an internal racism that permits the screening of every individual within a given society" (Foucault, 1999, p. 316-7). McWhorter (2009) unpacks this passage:

exclusion, oppression, hatred, and fear of abnormality as practiced and perpetuated in our society have everything to do with race, no matter which group of "abnormals" are the targets. Modern racism is about racial purification; it defines the abnormalities it

identifies as racial impurities or as threats to racial purity. Modern racism is not really about nonwhites; modern racism is really all about white people. (p. 35)

In other words, biological state racism is about differentiating and eliminating reproductive lineages that threaten the purity and further progressive development of the human race: wherein the most advanced qualities are allegedly those of normal white (North) Western Europeans. The sense was that Canadian society must be defended (Foucault, 1997) not only against the rapid procreation of those who were not white, but also against the procreation of degenerate whites who would bring upon the decline of superior white racial stock. The 1907 Ontario Report on the Feeble-Minded echoes this sentiment:

it is of but little use to try to keep people who are mentally and physically unfit<sup>7</sup> for citizenship out of the country if we pay no attention to keeping the Canadian national stock fit mentally and physically. It is necessary to refuse entrance to undesirable emigrants, but it is, if possible, more necessary, not to refuse to the Feeble-Minded that protection and care which alone can prevent them from wrecking their own lives and bringing into the world native-born Canadian citizens more Feeble-Minded and unfit in mind and body than they are themselves. (MacMurchy, 1907, p. 22)

The absolute prohibition of the mentally defective, criminal, and morally circumspect immigrants (and the internal institutionalization and control of these same subjects), therefore, can be understood in primarily racialized terms: it entails the elimination of racial threats to the future (white) supremacy of Canada.

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<sup>7</sup> The discourse of *fitness* will be discussed in more detail in the following chapters. For now, it is important to note that mental and physical fitness does not equate to contemporary uses of the term. Fitness, here, refers explicitly to eugenic and Darwinian notions of being racially fit for procreation and citizenship (Couturier, 2005).

### **The Confluence of Excludable Kinds**

As I have argued above, most of the excludable kinds outlined within the 1906 and 1910 immigration acts (e.g., paupers, prostitutes, criminals, idiots, the insane, and the feeble-minded) were increasingly treated as developmentally delayed (i.e., degenerate) members of the biologically defined race. This increasing racialization of a wide variety of difference, I argue, partially explains the increasing proximity and confluence of various excludable kinds under a single legislative document, and for the most part, under the shared discursive and administrative category of prohibited classes (“Immigration Act,” 1910). Race, however, was not alone in its interpenetration and collusion with other discourses and techniques of differentiation. As McWhorter (2009) argues, sexual discourses, technologies and subjectivities also came to penetrate the governance of racialized and pathologized kinds to such a degree that 20<sup>th</sup>-century race and sex must be studied as “historically codependent and mutually determinative” (p. 14). This is perhaps nowhere so clear as in the turn-of-the-century trans-Atlantic project of eugenics, wherein techniques for population management and theories of sexual heredity merge with biological discourses of race to create a series of “institutionalized mechanisms of sexualized, race-driven social control” (p. 203; see also Foucault, 1997; Snyder & Mitchell, 2006).

Specifically, Mendel’s agricultural theory of heredity was used to posit that virtually all human characteristics (including pauperism, idiocy, promiscuity, and criminality) would be passed on to offspring — either as dominant or recessive (i.e., latent) characteristics— through sexual reproduction (Malacrida, 2015). Mendel’s theory gave population scientists and policy advocates a scientific rationale for the increased differentiation and policing of defective kinds. It allowed them to argue that the reproduction of defectives would beget more defectives who would spread poverty, immorality, criminality and degeneracy to future generations, and

potentially taint superior white bloodlines with latent defective characteristics. Thus, Mendelian theories of sexual inheritance infused racial, white supremacist, discourse with the notion of sexual contagion: the idea that the degeneracy of today would be multiplied in future populations through sexual reproduction, and thus effect the progress and supremacy of the (white) nation (McLaren, 1986; McWhorter, 2009).

Mendelian fears of racial degeneracy were further heightened by the injection of discourses about the dark rapist, and the loose idiot. That is, discourses began to circulate about how the racially degenerate subject was also an inherently promiscuous subject, because he or she was constructed as not having the racially advanced capacity to control their sexual desires (McWhorter, 2009). This discourse fuelled fears that degenerates were more likely than racially fit nationals to spread their traits through unchecked procreation, and to taint strong racial lines through seduction or violation (Malacrida, 2015; McLaren, 1990; McWhorter, 2009). These sentiments are evident in many writings of the time, including the *Official Report on the Feeble-Minded in Ontario* (1912), which describes three generations of mentally defective women living together in squalor:

This is typical. Going to find out about one mentally defective person, we find out about four instead of one, and all of them living in such physical and moral dirt and degeneracy as to taint the community, and degrade the name of Canadian. (MacMurchy, 1912)

The mental defective, in other words, is a threat to the community, nation and race, both because of their present incapacities, poverty and criminality, as well as the inevitability (due to uncontrollable sexuality) of passing on their racial degeneracy and taint to a multiplicity of children. It is worth noting that in the Canadian context, citations like those above – much like the resulting sex-segregated institutions and sterilizations — tend to target the sexuality of

women much more so than men: most notably targeting the overlapping categories of single mothers, impoverished mothers, promiscuous women, pathologized women, gender deviant women, racialized women, and prostitutes (e.g., Cran, 1911; Hodgins, 1919; MacMurchy, 1907, 1912, 1916, 1918; see also Malacrida, 2015; Park & Radford, 1998)

Because the spread of racial degeneracy was increasingly understood in sexual terms, many eugenic technologies engaged directly with sexuality, regardless of the kinds of subjects they sought to manage. The province of Ontario, for example, sought to control the sexual reproduction of degenerates through their 1896 marriage ban, which legislated a \$500 fine to anyone who “shall celebrate the ceremony of marriage between two persons knowing or believing either of them to be an idiot or insane” (“Marriage Act,” 1896, p. 135). By 1911, these laws had intensified, subjecting the marriage celebrant to a \$500 fine and up to a year in prison (“Marriage Act,” 1911, p. 258).

Perhaps the most widely used sex-based technology for racial control in Canada was the incarceration of those (especially women) deemed to be insane, idiotic, criminal or (moral) morons in sex-segregated institutions for their entire reproductive lives (Malacrida, 2015; McLaren, 1990; Withers, 2012). Archives suggest that, although the official discourse of most early 20<sup>th</sup>-century institutions was that of training the feeble-minded, practitioners and legislators understood these institutions as serving a higher, prophylactic function. The 1907 Ontario Report on the Feeble-Minded, for example, argues that “the Feeble-Minded are a growing danger and burden to society and that segregation can not only stop their reproduction but can also nearly extinguish their race” (MacMurchy, 1907, p. 37).

The high cost of long-term incarceration gave way to legislative pushes for a more “humane,” effective and economically efficient (sexually-based) alternative: “the sterilization of



the feeble-minded” (McLaren, 1986, p. 132). Legislation for such sterilizations had already been passed in several American states (i.e., Indiana in 1907, California, Connecticut, and Washington in 1909), when it was brought before the Ontario parliament in 1912 (McLaren, 1986; Withers, 2012). The 1912 legislation failed to pass, however, largely due to a vocal Catholic minority that opposed all forms of birth control (McLaren, 1986). It was not until 1928 and 1933 that Alberta and British Columbia successfully passed Canada’s first and second Sexual Sterilization Acts (1928, 1933). Sterilization, segregated institutions, marriage laws and other sexual technologies were particularly useful for biopolitical states because “sex was a means of access both to the life of the body and the life of the species” (Foucault, 1990, p. 146). That is, technologies that targeted sexuality served both to discipline degenerate (especially female) individuals and to selectively manage the reproductive rates of various racially constituted subpopulations.

The above-described analyses of the eugenic interpenetration of race and sex (and to some degree gender and class) are useful for understanding overlapping histories of violence, but they are often also, I argue, incomplete. It is telling that in every single example in the paragraphs above, the kinds of subjects that are named and targeted are not explicitly racial or sexual subjects, but rather pathological and defective ones: mental defectives, idiots, the insane and the feeble-minded. The racialized targets of eugenic sexual technologies are largely those who are medically produced as, in contemporary terms, *disabled*. The role of disability within eugenics has often been effaced or uncritically treated by otherwise critical scholars. In its most extreme case, the Nazi T4 program — wherein nearly 240,000 psychiatric and hospital patients were ‘euthanized’ in mass killings through which the gas chambers later used within concentration camps were developed — has neither been recognized by many scholars, nor by the Nuremburg trials, as part of the Nazi eugenic crimes against humanity (Snyder & Mitchell,

2006). Perhaps a more ubiquitous example is the critique of eugenics on the basis that people of colour, promiscuous women, sexual minorities, or people with congenital diagnoses that do not affect cognition were either misrecognized, or disproportionately targeted, by racist eugenicists as feeble-minded: an argument that tends to naturalize the historical (and contemporary) institutionalization, sterilization and extermination of those we currently understand as *real* feeble-minded people.

I argue that the technologies, discourses, and experts of medicine served a crucial role in the differentiation, multiplication and production of pathologized (i.e., defective or disabled) subjects who could then be more easily targeted by sexual technologies of racial purification. Put differently, eugenic subjects, such as the defective, the feebleminded and the degenerate were often constituted through the objectifying gaze and dividing practices of medical and psychiatric experts: including the medical officers who inspected incoming immigrants, the doctors who ran institutions; and the nurses and medical officers who segregated students in schools (“An Act Respecting Immigration,” 1869; Malacrida, 2015; McLaren, 1986). Even the most obviously sexualized of eugenic subjects, those targeted for sexual promiscuity, homosexuality, or prostitution, were often subjected to medical diagnostic testing, and were classified as feeble-minded or moral morons (Couturier, 2005; Park & Radford, 1998). According to Kafer (2013) this included:

people with disabilities... people from “suspect” racial, ethnic, and religious groups as well as poor people, sexual “delinquents,” and immigrants from the “wrong” countries. All were united under flexible concepts of degeneracy, defect, and disability, with “feeble-minded” serving as one of the most effective, and expansive, classifications of all.

(p. 30)

Disability and pathology, in other words, served as ways for eugenicists to target a whole host of subjects who were believed to pose a threat to the progress of the human race, and in particular, to the supremacy of white racial progress.

Snyder and Mitchell (2006) argue that the role of disability in eugenic belief systems and practices has long been left critically unexamined: “while fears of racial, sexual, and gendered ‘weakness’ served as the spokes of this belief system, disability, as a synonym for biological (or in-built) inferiority, functioned as the hub that provided cross-cultural utility” (p. 101). As central and intertwined as race and sex were in the biopolitical project of eugenics, they were absolutely intertwined with, and dependent upon, the biomedical discourses, technologies and — perhaps above all else — subjectivities of disability. Thus, I challenge the ubiquitous argument that promiscuous women, people of colour, homosexual and physically disabled people were *misrecognized* as — and thus had their economic, reproductive and general life chances unfairly limited as though they were — *real* feeble-minded people. I argue, instead, that medical technologies were used to differentiate and produce *every* feeble-minded and defective subject (and to produce endless kinds of differentiated defective subjects) *precisely in order to* subject them to unfairly distributed economic, reproductive, and general life chances (i.e., biopolitics). I argue that these historical subjects were not *misrecognized* as feeble-minded because of the racist or sexist logic of some doctors. Rather, they were medically *produced* as feeble-minded in order to submit them to sexual technologies within a systemic biopolitical regime of fundamentally racial (that is, white supremacist) population management. This, I argue, is the confluence that enabled much of the Canadian (and arguably the trans-Atlantic) eugenic project.

This eugenic confluence of race, sex and disability can be traced within Canada’s immigration legislation at the turn of the century. Most obviously, the 1906 and 1910

immigration acts introduce, and increasingly discursively and administratively group, excludable kinds such as “idiots...women and girls coming to Canada for any immoral purpose...professional beggars and vagrants” and “immigrants belonging to any race unsuited to the climate or requirements of Canada” (“Immigration Act,” 1910, p. 4-5, 14). That is, as salient discourses and technologies of race, sex and disability collude and interpenetrate, the subjects to which they refer (and which they serve to produce) come to be governable through increasingly overlapping rationalities, policies, processes, institutions and administrative categories.

This confluence can also be read into the move from conditional entry to unconditional prohibition for most excludable immigrant classes. As I have argued in the previous section, this shift towards prohibition coincides with the racialization of excludable types. The need for prohibition, however, does not so much stem from the racial degeneracy of the individual immigrant, but rather the procreative threat that this immigrant poses to the Canadian population: the sexual multiplying, that is the contagion, of his/her racial degeneracy within future generations. Although the threat is at the level of population, the stemming of this threat — the prohibition of degenerate immigrants — is most often operationalized through the pathologization of each targeted individual. That is, most racial degenerates are eugenically targeted only after they have been examined and classified by a medically trained immigration officer (“An Act Respecting Immigration,” 1869; “Immigration Act,” 1910). The prohibition (and other eugenic management) of degenerate kinds, therefore, often requires their racialization, sexualization and pathologization.

### **The Bifurcation of Defective Kinds**

These above three shifts in the relationship between Canada and its excludable kinds (i.e., intensification, racialization and confluence) are all crucial conditions of possibility for the

fourth shift: bifurcation. Bifurcation refers to the early 20<sup>th</sup>-century trend of defective kinds being split into two groups: those understood as racial degenerates, and those understood as physical defectives (and later, physically disabled). This split first emerges in Canadian immigration legislation in the Immigration Act of 1906, along with the racially-driven logic of prohibition discussed above. The split, at first, is subtle: mentally and physically defective kinds continue to be covered within a shared paragraph (and therefore remain the same class of immigrant), but they are separated by a crucial semicolon. The kinds listed on one side of the semi-colon (e.g., feeble-minded, insane, epileptic, idiot) are articulated as prohibited while the kinds listed on the other side of the semi-colon (e.g., deaf, dumb, blind, infirm) are offered conditional, economically based, entry.

This 1906 bifurcation of defective subjects is emboldened in the Immigration Act of 1910, in which the defective class (the original class of excludable kinds) is separated out into two distinct immigrant classes. The first class is referred to as “persons mentally defective”: that is, “idiots, imbeciles, feeble-minded persons, epileptics, insane persons and persons who have been insane within five years previous” (“Immigration Act,” 1910, p. 208). This class is subject to unconditional prohibition. A separate, conditionally accepted, class is created for “immigrants who are dumb, blind, or otherwise physically defective” (ibid.). These classes are further differentiated from each other by moving the “diseased persons” class to now sit between the formerly conjoined “persons mentally defective” and “persons physically defective” classes (ibid.): arguably demonstrating the increasing discursive proximity of mental deficiency and contagious diseases (i.e., the reproductive ‘passing on’ of mental degeneracy). These three classes are followed by six additional classes of unconditionally prohibited immigrants, based on criminal activity, involvement with prostitution or immoral activity, begging, vagrancy, and the

suspicion of past or future reliance on public or charitable funds. In summation, not only is the defective class now bifurcated, the treatment of all prohibited classes is bifurcated: eight prohibited classes are unconditionally excluded, while the physically defective class is conditionally accepted.

The differentiation of the physically defective from both the mentally defective and all other prohibited kinds, I argue, is imbedded in a racial and eugenic logic. As discussed above, the vast majority of excludable kinds, in the early 20<sup>th</sup> century, came to be understood as racial degenerates: as subjects who were stuck in (or had reverted to) earlier developmental stages of the human race, and whose offspring were likely to stunt or reverse the future development of (the white members of) the race and nation. In other words, degenerate subjects were medically differentiated as a sexual threat to racial improvement, and thus they were targeted for eventual elimination from the Canadian population (i.e., eugenics). Those who were categorized as physically defective were medically constituted as less valuable and less obviously economically useful than normal citizens, but their deficiency tended not to be understood in developmental (that is, racial) terms. It is tempting, therefore, to conclude that subjects with physical defects were not conceptualized as racial degenerates. I argue, instead, that pathologized subjects who were not deemed to be racial degenerates were categorized as physically defective. This distinction may be grammatically subtle, but is theoretically pivotal. The bifurcation of defective kinds was less about perceived ability than about perceived etiology: whether one's deficiency was *developed* (i.e., racially-based), or *acquired* (i.e., non-racially-based).

This increased concern about developmental conditions can be traced through turn-of-the-century changes to the Canadian census. Canada's first three national censuses after Confederation (1871, 1881, 1891) account for only general numbers and age ranges of three

kinds of ‘infirmity’: deaf and dumb; the blind; and people of unsound mind (*Census of Canada*, 1873, 1884, 1893). It is worth noting that these defective kinds match up well to those in Canada’s first immigration act (1869). In 1901, the national census starts to account for whether the infirmity in question begins in childhood or not, and in 1911, the census gathers more detailed information about the specific ages of onset (Library and Archives Canada, 2013a, 2013b). These shifts, I argue, are a result of (and, further, result in) the proliferation of developmental, and eugenic, understandings of those whose infirmity emerges in childhood. This increased focus on developmental conditions (i.e., seemingly-hereditary conditions appearing at birth or as the child develops) contributes to the addition of new (mostly developmentally-understood) defective kinds to the 1911 census questionnaire. The updated list includes: blind; deaf and dumb; crazy or lunatic; and idiotic or silly (Library and Archives, 2013b). By introducing these new kinds, the census produces a correlating increase in the proportion of the population that is enumerated as infirm (Malacrida, 2015; McLaren, 1986; McWhorter, 2009). The increased numbers of infirm people, along with the added developmentally focused onset data, were systemically read against the increased number of racialized immigrants and their high reproductive rates. The above-described, seemingly small, shifts in the census questionnaires thus demonstrated and perpetuated a eugenic panic about immigrants disproportionately flooding the nation and the race with their degenerate offspring (McLaren, 1986; Withers, 2012).<sup>8</sup> Such population-based, developmental, and eugenic arguments were pivotal in producing and justifying the increasingly restrictive immigration acts of the early 1900s (McLaren, 1990; Roy, 1989). They were also pivotal in (re)producing the bifurcation of defective kinds.

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<sup>8</sup> For example, the *Western Women’s Weekly’s* (1919) claimed that 51 % of feeble-minded people were new immigrants who would breed feeble-minded children (in McLaren, 1986).

In the first decades of the 20<sup>th</sup> century, censuses were also carried out by eight Canadian provinces for the explicit purpose of enumerating the racial threat of developmentally defined degenerates (McLaren, 1986). The first such census was commissioned by the Province of Ontario in 1906, and focused specifically on the “feeble-minded”: a kind that had been introduced into Canadian immigration documents that same year. In the resulting census report, the feeble-minded subject is principally defined by his or her developmental etiology: “one whose mind from birth has been defective” (MacMurchy, 1907, p. 3). The feeble-minded are distinguished from other developmental categories, such as idiots and imbeciles, by their higher intelligence, with IQ scores ranging from mildly subnormal to above normal. Given this range of IQ scores, the feebleminded are articulated as “difficult to define” in relation to “normal” (i.e., not racially degenerate) citizens (p. 4). Characteristics of the feeble-minded include:

they are not capable of protecting and taking care of themselves out in the world at large.

They lack prudence and self-control. They have not proper will or judgment. Hence we find them in maternity hospitals, refuges, gaols and poor houses. (p. 4)

In other words, the feeble-minded category could encompass any person whose moral, sexual, financial, criminal or dependent behavior is understood both as pathological and as degenerate: that is, who is understood to have a defect that stunted the natural developmental curve from fetus to adult, or who potentially shares this defect with their familial/national/racial kin (Parks & Radford, 1998). The 1906 Report on the Feeble-Minded further clarifies that this category is not only traceable through a subject’s mental competence, but also through their actions and embodiment: “there can be no doubt that feeble-mindedness goes hand in hand with moral weakness and physical weakness or at least a poor standard of physical health” (p. 8). Feeble-mindedness is thus operationalized as a catch-all category that could include anyone who was



understood as a threat to the racial or national breeding stock, including those exhibiting: promiscuity, homosexuality, gender deviance, muscular atrophy, hemophilia, dwarfism, congenital deformities, or susceptibility to certain diseases (including tuberculosis and cancer) (McLaren, 1990; McWhorter, 2009, 2009a; MacMurchy, 1907, 1912; Park & Radford, 1998; Snyder & Mitchell, 2006). The creation of an entire provincial census for the sole purpose of enumerating feeble-minded subjects demonstrates the degree to which developmentally defined kinds served as a threatening degenerate Other against which early 20<sup>th</sup>-century, exalted, white Canadianness was constituted.

The early 20<sup>th</sup>-century category of feeble-mindedness, and its introduction into the Immigration Act of 1906, is crucial to theorizing the bifurcation of physically defective subjects from all other excludable kinds within that same piece of legislation. Feeble-mindedness offers a category through which to prohibit any physically (or otherwise) non-normative immigrant who does not fit any of the other prohibited classes, but is nonetheless understood by the immigration officer as developmentally or racially tainted. Similarly, the physically defective class enables immigration officers to conditionally accept injured, aged, or non-normative immigrants who present as normative contributors to white Canadian society and racial stock. Thus an immigrant with a noticeable limp could be categorized as either physically defective (conditionally accepted) or feeble-minded (unconditionally prohibited) depending on whether: the limp was due to a work-related injury or congenital atrophy; other family members were categorized as racially fit or as degenerates; the person was a married father or an unwed mother; the person was a middle-class British subject or an impoverished Eastern European immigrant. The categories of physically defective and feeble-minded – and the bifurcation of defective kinds in general – are therefore much more about eugenic notions of racial development than about

medically categorized bodily capacities. This bifurcation is both an effect of, and an instrument for, the biopolitical and white supremacist Canadian settler-state: it is a tool through which the future Canadian population, and its racial make-up, will be managed by the state and its agents.

### **Summation and Implications**

In this chapter, I have used immigration legislation, as well as other archival and historical sources, to trace four interrelated and overlapping shifts in the post-Confederation relationship between Canada and its defective kinds: intensification, racialization, confluence, and bifurcation. First, I demonstrated how the classification and differentiation of defectives and other excludable kinds became increasingly prolific within, and important to, Canada's post-Confederation nation-building efforts. Second, I traced how many of Canada's excludable kinds came to be understood in terms of biological race and degeneracy, and that such racialization largely explains the move towards techniques of prohibition and elimination. Third, I argued that the discourses, technologies and subjectivities of race, sexuality, class, gender, and disability came to interpenetrate each other within Canadian eugenic projects, and thus come to co-constitute many of the excludable subjects of the early 20<sup>th</sup> century. Last, I argued that the bifurcation of degenerates and physical defectives could be understood through this confluence: it is a eugenic and biopolitical technique for the making of a white supremacist Canadian nation-state and its nationals.

These four shifts served to increasingly restrict the immigration opportunities of a growing number of subjects, as well as to restrict their life and reproductive chances within Canada's borders (e.g., institutionalization, sterilization). The biopolitical techniques associated with these shifts, like all techniques of power, however, can be theorized as not only restrictive but also productive (Foucault, 1990, 1995). These techniques served to produce dozens of

excludable kinds, and served to subject thousands of people as racial degenerates, in order to more effectively control and restrict them. In producing the unfit and un-Canadian Other, these techniques also served to produce and exalt the racially fit, white Canadian subject, which further served to produce and justify the white Canadian nation (see Thobani, 2007). In the early 20<sup>th</sup>-century space between the degenerate and the national, however, yet another kind of subject emerged: the physically defective subject. As the tolerable result of the bifurcation of defective kinds, physically defective subjects are marked both by their lack of medicalized normalcy as well as their lack of sexual threat to the race (i.e., degeneracy). In this sense, the subjectivity of the physically defective is deeply embedded in (and reproductive of) whiteness, and the interrelated Canadian nation-building projects of eugenics and white supremacy.

Physically defective subjects are a theoretically important, though not particularly salient, figure in the post-Confederation archives covered within this chapter. They emerge relatively late in the period, between 1906 and 1910. They are given very little space in the archival texts covered: a single bifurcating paragraph in the immigration documents, and no mention in the marriage laws, institutionalization archives, and the national and provincial censuses. The physically defective subject is, in a way, the somewhat tolerable, largely uninteresting, white exception produced in the wake of increasingly dominant and affectively charged eugenic discourses of degeneracy. It is also the precursor to the physically disabled Canadian.

In the following chapter, I will trace this physically defective subject through the two World Wars, the height of eugenics, and the welfare era. I will demonstrate how a seemingly inconsequential bifurcation in the 1906 immigration document will develop into a deeply entrenched, widely practiced, and fundamentally eugenic bifurcation of Canadian disability policy. Further, I will demonstrate how the once-unimportant physically defective subject will

come to enjoy increasing discursive importance and emotional resonance over this period: shifting from a largely ignored white exception, to a figure of exalted, exceptional whiteness. In this exalted and inspirational form, I will argue, the physically defective subject will come to be more important than the degenerate Other in the reproduction, justification and exaltation of the white Canadian nation(al).

## Chapter 5: Social (In)security Nets

In the previous chapter, I traced how 19<sup>th</sup>- and early 20<sup>th</sup>-century Canadian nation-making efforts increasingly relied upon the subjectivation and differential treatment of particular human kinds. I argued that, by 1910, the technologies and discourses of race, sex, class, and ability had become thoroughly interpenetrated, and each fed eugenic discourses about degenerate racial throwbacks (whether dark-skinned or feeble-minded) threatening the progress of the human race, the supremacy of white members of the race, and the future of the nation. These discourses materialized in early 20<sup>th</sup>-century immigration legislation and practices that were designed to actively recruit British (and some other European) desirables (Canadian Council for Refugees, 2000), and to systemically exclude a growing number of undesirable, degenerate kinds (“Immigration Act,” 1906, “Immigration Act,” 1910).

As I argued in the previous chapter, not all undesirables were subject to unconditional exclusion. Most notably, the Immigration Acts of 1906 and 1910 demonstrate a bifurcation between financially useful physically defective immigrants, and all other defective and degenerate members of the prohibited classes (e.g., feeble-minded, mentally defective, moral defectives) (“Immigration Act,” 1906, “Immigration Act,” 1910). Similarly, while Chinese and South Asian immigrants were categorically denied in this period, some economically useful yet purportedly racially inferior Europeans (from Eastern, Northern, and eventually Southern Europe) were at times allowed into Canada in order to populate the West (Canadian Council for Refugees, 2000; Department of Mines and Resources, 1947). Thus, between the categorically accepted white British immigrant and the categorically excluded racial degenerate, there remained numerous subjects whose inclusion into (white) Canadian society was provisional and somewhat precarious.

Although there are dozens of human kinds that are differentially constructed within the immigration documents analyzed in the previous chapter, I argue that they can be usefully discussed through the three above-described categories: desirable white nationals; undesirable racially degenerate Others; and conditionally desirable precarious white(ish) Canadians. To be clear, I use these categories not to reify racial differences or to distinguish between legal citizenship statuses, but rather to refer to groups of subjects who come to be understood and treated as though they are more or less racially advanced, and thus come to be interpolated and governed as more or less Canadian.

In my discussion of these different kinds of subjects and their subsequent treatment, I borrow heavily from Thobani's (2007) genealogical research on exaltation, race, and nation-making in Canada. Thobani's work is foundational for this research because she offers a compelling reading of how certain social security measures differentially produced and secured nationals and their racialized Others. In so doing, she argues that "the welfare state has never been quite as compassionate or as universal as has generally been presumed" (p. 109-10). I add to Thobani's important work by reading early Canadian social security programs through the logic of eugenics, thereby analyzing the overlapping governance of race, disability, and other seemingly-degenerate kinds. Further, I introduce a third subject into her national/Other dyad – the precarious Canadian – in order to account for the treatment of white(ish) physically defective subjects (and other provisionally accepted subjects discussed above) within this eugenic, colonial, and white supremacist history of Canadian social (in)security.

The analysis of the precarious disabled Canadian enables me to argue that there are at least two, widely divergent, histories of disability in Canada. There is the history that Canadians love to tell, which is the history of increasing social, medical, and financial support for Canada's

(increasingly less precarious) physically disabled members. Then, there are the histories Canadians tend to leave out. That is, histories of increasingly systematized eugenic ‘welfare’ programs for segregating and rendering more insecure the lives and reproductive possibilities of its degenerate disabled and racialized Others. This chapter will set the stage for the following chapter, in which I will argue that both of these histories, and their subjects, are intimately involved – albeit very differently – in the emergence and effects of inspirational disability in Canada.

### **Canada’s Differentially Targeted Populations**

White Canadian subjects, or in Thobani’s (2007) terms, “nationals,” can be understood as economically productive British subjects and, at times, other people of select European descent<sup>9</sup> who could pass as pale-skinned and relatively intellectually and physically normative (p. 3). Thobani argues that “the figure of the national subject is a much venerated one, exalted above all others as the embodiment of the quintessential characteristics of the nation and the personification of its values, ethics, and civilizational mores” (p. 3). Many of these exalted quintessential characteristics are based on romantic myths about Canada’s founding white explorers and settlers. These include (some arguably Protestant) narratives “of pioneering adventure of wild lands and savage peoples, of discovery and enterprise, of the overcoming of adversity through sheer perseverance and ingenuity” (p. 33). Regardless of their official citizenship status or their date of arrival to Canada, as members of Canada’s founding race, white nationals are interpolated both as entitled to greater wealth and benefits and as deserving of the benefits they have earned through their racially superior intelligence and work ethic.

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<sup>9</sup> For example, a pale-skinned person from Germany in 1910 would not have been coded by immigration as a desirable white immigrant. However, by 1925, pale-skinned Germans start to be categorized as preferable, but still not ideal, white immigrants (Department of Mines and Resources, 1947).

Thobani (2007) argues that “master narratives of Canadian nationhood define the national’s character relationally” (p. 5). That is, Canadians are only meaningfully constituted as an exalted population in relation to their inherently (i.e., racially) inferior unCanadian Other: a group of degenerates, I argue, that included Aboriginal people, non-Europeans, the poor, the immoral, and the feeble-minded. During the first half of the 20<sup>th</sup> century, the supposed racial inadequacies of “backward” cultures and populations served to justify the near-constant physical and economic threat that degenerate Others faced (MacMurchy, 1912, p. 13; Thobani, 2007). These threats included: lower wages, more physically dangerous work, less hygienic living quarters, greater risk of contagious disease, increased chances of incarceration, as well as direct colonial and racial violence (Backhouse, 1999; Regan, 2011; Smith, 2005; Thobani, 2007).

Despite strong, categorical, and binary techniques for (re)producing the national and its degenerate Other, not all nationals are equally successful or equally exalted. Thobani (2007) argues that “within the boundaries of the nation, ‘national’ worthiness is certainly not distributed equally among all subjects... Exaltation enables nationals with even the lowliest ‘internal’ status to claim...civilizational superiority in their daily encounters with outsiders” (p. 21, italics in original). Thobani does not offer these lowly nationals a separate status, but she does mention that, unlike white Canadians and degenerates, these subjects tend to be constructed less as categorical representatives of their kinds, than as individual exceptions to these categories (Thobani, 2007). That is, their breeding and characteristics may make them technically white, but their non-ideal behaviors or capacities render them exceptions to categorical claims about exalted whiteness. Building on this argument, I have named this lowly group of white national exceptions *precarious Canadians*: subjects whose relative whiteness protects them from the immediate threat faced by degenerates; yet whose relative lack of exalted Canadian



characteristics (e.g., productivity, financial independence, heteronormativity, or physical capacity) perpetually places their national status and privilege under question. The white(ish) physically defective subject – the exception to prohibitive immigration policies discussed in the previous chapter – serves as a prime example of the precarious Canadian.

I use the adjective *precarious*, here, to refer to Butler's (2009) notion of precarity rather than her notion of precariousness. For Butler (2004, 2009), precariousness is a fundamental condition of living. Interdependence, bodily vulnerability, and the inevitability of death are experienced by all humans (and non-human animals), including those exalted as Canadian nationals, those excluded as degenerate Others, and those who are provisionally included within Canada's borders. Butler uses the term precarity, by contrast, to refer to the unequal distribution of security and support that leaves certain kinds of beings exposed to greater danger – whether human-induced danger or otherwise. In short, precariousness is an existential condition of all beings, while precarity is the result of biopolitical techniques for securing the lives of certain beings more than others. UnCanadian Others are subject to the most significant precarity by virtue of their exclusion and non-recognition as national subjects. The provisionally accepted subject – whom I refer to as the precarious Canadian – exists in a liminal, insecure, and constantly shifting space between the extreme precarity of the Other and the securitization of Canadian nationals. Precarious Canadians have been recognized as just white enough and just economically or politically useful enough to be included in (and minimally secured by) the Canadian nation – for now. Their precarity is produced both through the relatively minimalist supports they receive from the state as well as through the constant threat that their non-normativity, their non-productivity, or general shifts in the political or economic climate (e.g., a recession) will lead to their sudden recognition as unCanadian Others who are unworthy of any

securitization whatsoever.

Throughout this chapter, I will demonstrate how the social security nets that were deployed in Canada during the first half of the 20<sup>th</sup> century served to differentially target, secure and govern all three of these Canadian kinds (the national, the degenerate Other, and the precarious Canadian). In so doing, I will demonstrate the crucial roles that race, eugenics, and social security have played in producing at least two very distinct experiences of disability in the early welfare era.

### **The Unequal Distribution of (In)Security**

For many of Canada's residents, the first half of the 20th century was marked by significant insecurity and precariousness, resulting from: internal colonial violence and displacement, periods of severe drought, physically dangerous labour, extreme economic instability, rampant poverty, two World Wars, and increased crime and transmittable disease rates in growing urban centers (Gower, 1992; Reichwein, 2003; Regan, 2011; Wright, 1993). Although few within Canada were immune to all of the factors above, not all subjects were equally vulnerable to their effects, meaning not all experienced similar precarity (see Butler, 2009). Various laws, policies and social security programs were implemented over the first half of the 20<sup>th</sup> century that served to "make some people more secure at the expense of others" (Spade, 2011, p. 194). This "maldistribution of life chances" lies at the heart of biopower in that it involves the specific targeting of differentiated populations in ways that either "foster life or disallow it to the point of death" (Spade, 2011, p. 193; Foucault, 1990, p. 138). Contrary to popular discourses about benevolent and progressive welfare programs, Foucault (1997) tells us, "socialism was a racism from the outset" (p. 261). That is, socialist approaches not only failed to mount a substantial critique of the racist underpinnings of biopower, but also tended to function

in intensely biopolitical ways, such as serving to reproduce racialized populations and the uneven distribution of life chances amongst them (p. 261).

In keeping with Foucault's critique, I trace how Canadian social security programs were designed less for improving the lives of marginalized individuals than for strategically securing the life chances of more economically useful and racially desirable populations, leading to differentially securing the national, the precarious Canadian, and the degenerate Other. For these purposes, I conceptualize social security in a very broad sense, as a set of biopolitical techniques (whether government deployed or not) that match the following two criteria. First, such techniques are explicitly deployed to impact population-based probabilities of "who lives, for how long, and under what conditions" (Spade 2011, p. 26). Second, such techniques are discursively constructed to create improved opportunities, quality of life, safety, or security for the targeted population and/or for society as a whole.

My analysis of the differential uses and effects of social security programs has benefitted greatly from the ubiquitous metaphor of the social security net. Not unlike social security programs, nets can be used for various different functions, sometimes simultaneously:

- Nets can secure (e.g., a safety net): they can enable people to take greater risks, knowing that they will be safe if they fall.
- Nets can support (e.g., a hammock): they can sustain people's weight, keeping them from hitting rock bottom, and offering them a place to rest.
- Nets can ensnare (e.g., a butterfly net): they can capture and perpetually contain beings, drastically delimiting their range of possible actions.
- Nets can sieve (e.g., a strainer): they can filter out, sort, or isolate particular kinds, thus producing, justifying, perpetuating, and enacting difference.

Through these four functions of the net – securing, supporting, ensnaring, and sieving – social security programs can be strategically used to target the life chances of specific populations: accentuating, naturalizing and/or shifting unequal distributions of physical, economic, and reproductive (in)security.

### **Securing Nationals: Financial Safety Nets**

At the turn of the 20th century, there were very few well-organized systems to offer financial security, even for exalted nationals (Jongbloed, 2003; Reichwein, 2003). As early as the 1870s, however, a handful of large corporations in Canada began offering old-age pensions for some of their managers and other highly paid employees, helping to secure these employees against post-wage poverty (National Union, 2007). Although pensions were articulated as entitlements earned through loyalty and merit, only a very small percentage of workers had the opportunity to ‘earn’ them: almost all of whom would have been upper class white men. For example, by the early 1900s, railroad companies most frequently offered pensions to their managers (National Union, 2007), while at the same time their railway lines were being built with the low-paying, temporary labour of Chinese and South Asian immigrants who were certainly not enabled to earn pensions (Royal Commission on Chinese Immigration, 1885; Thobani, 2007). Thus despite merit-based discourses, only a select group of white male nationals were entitled to earn this privatized economic security net.

In 1908, the federal government tried to increase the number of Canadians who would have some kind of financial, post-wage security. It thus introduced a purportedly universal, optional pension plan that enabled *anyone* in Canada to purchase annuities for securing their own financial future (“Government Annuities Act,” 1908). Such annuities, however, were so far out of the price range of the vast majority of Canadian workers that only a very small percentage of

well-off nationals ever profited from this safety net (National Union, 2007).

The most successful early 20<sup>th</sup>-century program for financially securing Canadian nationals came out of the provincial workman's compensation legislation. Near the beginning of World War I, war-related shortages of labour together with very high rates of worker injury and increasing litigation against companies created both corporate and worker demand for legislation. In 1914 Ontario ratified its first workman's compensation legislation, followed quickly by similar legislation in most other provinces (Association of Worker's Compensation Boards, 2013). Workman's compensation programs provided financial security to certain male workers in case they were to become injured or physically disabled through work, while also securing corporations against injury-related litigation.

Workman's compensation was explicitly sold as a universal entitlement for workers, not as charity or welfare (Storey, 2008). This discourse veiled the unequal distribution of this security net across raced, gendered, and classed lines. Workman's compensation legislation applied only to select major industries where large corporations were frequently caught up in work-injury litigation by employees with just enough resources and entitlement to sue (i.e., mostly nationals, or newly-precarious Canadians) (ACWBC, 2013). Such legislation was also designed – and continues to be – in ways that make it not applicable to the kinds of labour largely done by non-Europeans, poor women, indentured labourers, and institutional inmates (e.g., the work of farm hands or domestic labourers) (Fraser Valley Farmworkers, 1982). Even for those who were covered by Workman's Compensation, there is evidence that the payout of benefits was ethnically skewed by doctors and boards who were notorious for blaming injuries and lack of recovery on the inherent racial weakness or laziness of workers of non-British origin (Storey, 2008). The discourse of universal entitlement further served to distance its deserving

Canadian national recipients from the degenerate and precarious Canadian recipients of charity and welfare programs, to be discussed next. Workman's compensation thus offered a legal safety net to Canadian corporations and their rich white owners, as well as a purportedly universal – yet highly gendered and racialized – financial and physical safety net to a large number of working Canadian nationals. It therefore served as a crucial mechanism for increasing the disparity between the financial and life chances of white nationals, and those of precarious Canadians and degenerates. Specifically in terms of disability, such programs ensured that many working nationals would face far less precarity when they (almost inevitably) experienced injury or disability, as compared to physically defective subjects who did not become disabled through work and degenerates who were understood as inherently disabled.

### **From Support to Sieving: Poverty Relief for Precarious Canadians**

At the turn of the 20th century, the largest systems of social support for impoverished people in Canada were informal community supports and church-run charities (Jongbloed, 2003; Valentine & Vickers, 1996). Whether community-based supports came through family relations, rural neighbors, ethnic communities, or church membership, they were mostly offered exclusively to those within one's social group, as they relied upon unofficial and unspoken agreements of reciprocal support, and were subject to the availability of resources and goodwill (Reichwein, 2003). In an era characterized by significant disparity in wealth (Thobani, 2007), by the social ostracization of many degenerates (Jongbloed, 2003), and by laws that limited the immigration of racialized family members ("Chinese Immigration Act," 1885), community-based support was undoubtedly dispersed in very unreliable and uneven ways.

Turn-of-the-century church-run charity was similarly unreliable, often delivered in a piecemeal way, according to varying volunteer and funding resources. Church supports often

took the form of direct poverty relief: soup kitchens, shelters, and clothing donations often loosely targeted at those deemed too old, young, sick, disabled, vulnerable, or unlucky to feed themselves and their families (Reichwein, 2003; Titchkosky, 2003, p. 520). There is some evidence that much church charity was relatively indifferent to the kinds of subjects they supported, offering similar forms of care to, for example, physically defective, feeble-minded, and sometimes even explicitly racialized subjects (Jongbloed, 2003; Royal Commission on Chinese Immigration, 1885).

With the rising urbanization of the early 1900s, cities were generating increased poverty, crime (especially child crime), social unrest, and disease (Historica Canada, 2013a; Ruddy & Sullivan, 2010). Municipal, and to some degree, provincial governments began to partner with, oversee, legislate or take over charitable support programs in order to mitigate poverty and its resulting social insecurities. For example, during a drought in 1909, the city of Edmonton partnered with charities to create a council for the more regular and efficient distribution of poverty relief (Reichwein, 2003). In 1911, the city took over the efforts entirely, creating a civic relief office as a branch of the police service, demonstrating a clear link in municipal strategic thinking between supporting the poor and securing the city.

By the second decade of the 20th century, while municipal governments were offering widespread poverty support in hopes of securing cities, outspoken feminists and medical professionals were successfully campaigning at provincial levels for much more targeted and medicalized social security nets: nets designed to secure the race and nation from degeneration. These early champions of the social hygiene movement generally sought to secure the quality of life of Canadians nationals by trying to improve the racial quality of the Canadian population (McLaren, 1990). “Instead of ameliorating poor conditions as reformers did,” Couturier (2005)

argues, “social hygiene sought to advance the race by preventing social problems through scientific developments” (paraphrasing Ellis, p. 32). Social hygiene thus marked an allegedly ‘progressive’ move from caring for the poor and disabled, to ‘curing’ the society and race of poverty and degeneracy. This transformation justified a shift in the responsibility for social security from those who specialized in caring, such as churches and charities, to medical professionals specializing in curing, and governments specializing in controlling (Jongbloed, 2003; Reichwein, 2003). The social hygiene movement thus offered Canada’s emerging medical profession a much-needed opportunity to “highlight the social importance of their profession” (McLaren, 1986, p. 129). The movement offered Canada’s politicians a ready-made set of biopolitical techniques, and related justificatory discourses, for increasingly intervening in the life forces of its populations (Foucault, 1997; Snyder & Mitchell, 2006; McWhorter, 2009).

Social hygiene discourses were deployed and reproduced by many groups other than doctors and politicians – such as psychologists, occupational therapists, educators, and physical educators – who leveraged eugenic discourses and techniques to increase their own social importance and income (e.g., Dunlop, 1933; Nova Scotia Journal of Education, 1917). The most vocal proponents of social hygiene in Canada, however, were maternal feminists: a collective of prominent white nationals who leveraged eugenic logic to fight for greater political representation, and leveraged their resulting political representation to accomplish eugenic goals (McLaren, 1990; see MacMurchy, 1912, 1916, 1918). Cran (1911) offers relatively typical examples of such feminist and eugenic discourses:

If ignorant women of our lower orders go out and marry as they will... their children will go down, not up, in the scale of progress; a woman of refinement and culture, of endurance, of healthy reasoning and courage, is infinitely better equipped for the work of



homemaking and race-making than the ignorant, often lazy, often slovenly lower class woman. (p. 109)

This quote is typical in its eugenic confluence of race, sex, class, gender and ability, which I discussed in the previous chapter. That is, the “ignorant,” and “lower class” subjects are conflated, they are conceptualized through racial discourses of the biological “scale of progress,” and they are targeted through the sexual reproduction of women in particular (ibid). This quote is also typical in its link between babymaking, “homemaking and race-making” (ibid). That is, maternal feminists like Cran argued that the rise or fall of the white race and Canadian nation was dependent upon the wombs and homes of the nation’s women. This discourse gives weight to white feminists’ demands for a greater say in the nation’s politics as well as to their demands for greater social supports around childbirth and childrearing. It also, however, reproduces women’s sexuality as the primary target of eugenic interventions. It justifies increased medical and governmental intervention in women’s, and, in particular, in poor women’s, lives.

The greatest criticism that maternal feminists and other champions of the social hygiene movement brought against church and city poverty relief programs is that these exacerbated, rather than solved, social insecurity. Maternal feminist and medical doctor, Helen MacMurchy (1912), for example, argues that supporting the feeble-minded within the community only enables them to procreate, which is:

a wrong to them, a wrong to their unfit, unhappy, wretched children, and a crime against the country...Legislation to improve the housing or the feeding or anything else about the Feeble-minded is useless. The root of the matter is to prevent their birth. (p. 25)

The answer, according to MacMurchy and others, was to move the support of degenerates – especially female degenerates – from the community to institutions, to segregate them from

nationals, precarious Canadians, as well as from degenerates of the opposite sex, and thus remove any opportunity for their sexual reproduction (Hodgins, 1919; MacMurchy, 1912, 1916). Social support nets thus increasingly came to take on the role of a sieve: helping to differentiate between, and differentially governing, the needs of different precarious and degenerate kinds. As MacMurchy (1918) argues in her Ontario legislature report: “Canadians do not want... poor-houses. There should be homes for the aged and hospitals for the sick and defective mentally or physically” (p. 12). The social security nets that MacMurchy champions all involve large, provincially-funded institutions run by medical doctors: experts who could more efficiently segregate and govern different human kinds.

As a result of the pressure from social hygienists, provinces started to invest in more institutionalized programs of poverty relief (Valentine & Vickers; 1996; Jongbloed, 2003). This institutionalization involved the building of, brick and mortar institutions to house, treat, and segregate of the degenerate and sick. It involved the use of more formalized scientific discourses and, increasingly rationalized techniques for targeting – with increased precision and intensity – the bodies of defective kinds and the life forces of degenerate populations (see Foucault, 2003d). The new social hygiene programs were much more proactive than poverty relief had been, seeking not just to offer support to the poor but “to study them very seriously and very thoroughly... to hunt them out in every possible place and take care of them” (Goddard in Snyder & Mitchell, 2006. p. 117). Further, the resulting programs did not support “the poor,” per se, but rather served to sieve and differentially target relief-seeking populations of different kinds (Valentine & Vickers; 1996; Jongbloed, 2003). They served to identify and weed out degenerates, (barely) supporting them in segregated institutions (to be discussed at length later in this chapter). Further, they identified, conditionally supported, and differentiated precarious

Canadians who could not work (e.g., the old, the sick, the widowed, the physically disabled), from impoverished precarious Canadians who were deemed simply too lazy to work. These programs served to calibrate each choice of supports to deter nationals from joining the welfare lines, to maximize the productivity of precarious Canadians, and to discourage the reproduction of degenerates (see Hodgins, 1919; MacMurchy, 1918).

### **Sieving Nationals, Precarious Canadians, and Degenerates: Public Education**

By the beginning of World War I, almost all Canadian provinces had mandated provincially funded compulsory education for youth of specific age-ranges (McLaren, 1986; Oreopoulos, 2005). Public education was discursively produced as an entitlement, not a handout. As a purportedly universal program, it invested in the present and future financial security of all youth by instilling marketable skills and capacities. Schools also offered various health and hygiene-related curricula and examinations to support physically disabled, impoverished or other precarious Canadian youth (MacMurchy, 1918; Nova Scotia Journal of Education, 1917), in order to help to turn them into young nationals. Public schools also served to increase the security of Canadian nationals who were not in schools. Schools took urban kids off the streets, thus promising to diminish crime and social unrest. They instilled the knowledges, capacities, and subjectivities needed for the province's future labour force and citizenry in ways that increased their potential productivity and docility, and thus their profitability to future employers (see Foucault, 1995). Furthermore, through its very 'universality,' public education served to justify rampant social inequality. That is, because public schooling was purportedly universally available, the vastly different levels of economic and physical security experienced by educated youth could be justified as simply meritorious. The inevitable success of rich nationals over precarious and degenerate Others could be credited to the superior (white) work ethic and

intelligence of nationals (see, for example, MacMurchy, 1912, 1916, 1918). As Thobani (2007) argues:

the state organizes the rights that nationals come to acquire by treating these as rooted in their own intrinsic worthiness and not in the colonial violence, political, racial, and ethnic dominations, or in the classed and gendered exploitations and resistances that characterize nation formations. (p. 11)

In other words, discourses of universality, meritocracy, entitlement, and inherent white supremacy effaced the role that colonial and eugenic techniques – including public education – played in securing the livelihood of business owners and other nationals at the expense of labourers, precarious Canadians, and degenerates. Educational entitlements thus functioned to some degree as an equalizer of future life chances, but also as a tool for dismissing, naturalizing, and reproducing substantial social inequalities.

Public schooling also differentially supported the present and future wellbeing of students because it acted not only as a security net and social support, but also as a sieve. As MacMurchy (1907) clearly states, the school was designed as “a place of observation, a kind of ‘Sorting House’” for future Canadians (MacMurchy, 1907 p. 7). Though purportedly universal, public education was specifically designed and deployed to filter out, to deny, or to differentially distribute entitlements to degenerates. Through standardized testing, regular medical surveillance, and later, physical education and hygiene classes, slow developing, lazy, unintelligent, socially ostracized, and morally degenerate Others could be much more easily identified (or produced) than they could in their homes (MacMurchy, 1907; McKenzie, 1900; Nova Scotia Journal of Education, 1917). Once identified, degenerates were often segregated into special classes, or as I will discuss shortly, into institutional training schools for the life-long

segregation and containment of degenerate Others (MacMurchy, 1907; McLaren, 1990). Further, Federal-Provincial jurisdiction differences over the education of Indians and non-Indians, respectively, also served as a useful sorting device – ensuring that Aboriginal youth would be educated in segregated institutions, away from young nationals. Public education was thus one of the most efficient social security nets in early 20<sup>th</sup>-century Canada, because it served, at once, to secure nationals, to support precarious Canadians, and to sieve out degenerates towards programs where they could more easily be ensnared.

### **Ensnaring Degenerate Others: Residential Institutions**

The sieves of universal education and institutionalized poverty support, along with the Indian Act (1927), served to greatly increase the populations ensnared within the social support nets of provincially and federally funded residential institutions for degenerate Others. These institutions included training schools, hospitals for the feeble-minded, asylums, Indian residential schools, work camps for detainees, and penitentiaries. Such institutions were designed as nets for securing nationals, the nation, and the race through ensnaring and containing the reproductive and revolutionary potential of degenerates by keeping them safely away from the Canadian gene pool, the influence of inferior parents and cultures, their own bad judgment, and from stolen Canadian lands (McLaren, 1990; Regan, 2011; Royal Commission on Aboriginal Peoples, 1996). While such institutions thrived on discourses of benevolent support, residential institutions often served not to diminish, but to exacerbate, the physical, cultural and financial insecurity of their ensnared charges.

For example, while schools and hospitals for Canadians were intentionally built so that youth could be educated or treated near their supportive families and communities (Reichwein, 2005), degenerates were intentionally shipped off to far-away institutions that often intentionally

limited visiting privileges, thus separating inmates from their families and communities (Malacrida, 2015; McLaren, 1986; Regan, 2011). Furthermore, whatever financial security inmates had when they entered residential institutions (in terms of funds, land, or other possessions) were often confiscated to fund their involuntary confinement (Malacrida, 2015, Royal Commission on Aboriginal Peoples, 1996). Stripping them of local supports and financial resources left inmates entirely exposed to the technologies and whims of the professionals who housed them.

Residential institutions for degenerates were filled disproportionately by non-British immigrants and Aboriginal people (MacMurchy, 1912, Hodgins, 1919; Park & Radford, 1998) who were often subjected to a host of ethnocentric, eugenic and genocidal techniques. For example, institutional professionals regularly used prohibition and punishment to rid inmates of their 'backward' religions, languages, and cultures, further alienating them from potential community support (McLaren, 1990; Regan, 2011). In the case of Aboriginal inmates, these techniques worked alongside other genocidal techniques enacted outside of the institution's walls, which, for example, banned Aboriginal religious ceremonies (1885) and required government permission to wear ceremonial dress (1914) (Backhouse, 1999; "Indian Act," 1927; Royal Commission on Aboriginal Peoples, 1996). Institutions of compulsory Aboriginal education further created insecurity for Aboriginal men and their communities. For example, the Gradual Civilization Act (1857) automatically enfranchised literate male Indians. That is, if an Aboriginal man were made to read English, they would be granted Canadian status at the expense of their Indian status and of their land claims. Indian residential schools thus sought to "kill the Indian in the child," not because the Aboriginal person had any hope of becoming a white Canadian national (regardless of his legal status), but because the Canadian government

had hopes of confiscating more Indian lands (Truth and Reconciliation Commission, 2014, “historical overview,” para. 1).

Perhaps the most obvious forms of insecurity deployed by residential institutions came in the form of direct violence. Training schools for the feeble-minded and Indian residential schools share long histories of rampant and systemic physical, emotional and sexual abuse, often doled out in the name of discipline, training, treatment, or research (Malacrida, 2015; McLaren, 1990; Regan, 2011). As a result of such abuses of systemic malnutrition, overcrowding, and a shocking indifference to human life, such ‘charitable’ institutional support nets all but secured an early death for many of those whom they ensnared, as evidenced in 42% average annual death rate of Aboriginal youth in residential schools (Bryce Report in Thobani, 2007; McLaren, 1990; Whalen 2010).

Although many disabled degenerates were first segregated in institutions because they were deemed unable to earn a living, forced and indentured labour filled the days of many institutional inmates (MacMurchy, 1912; Malacrida, 2015). Labour-based training was not designed to prepare inmates for future economic opportunities, greater economic security, or the promise of freedom: no amount of treatment or labour could make degenerates safe for the white national gene pool. Labour-as-training began primarily to keep dangerously idle minds and hands busy, and thus docile (Driver, 1968). Over time, however, this function of labour was compounded with the possible economic benefits. MacMurchy (1912), for example, advocates for the creation of more “working and farming colonies where feeble-minded persons shall be detained throughout their lives,” in order to render “high functioning” inmates useful to local communities and businesses (p. 75). Through such indentured labour camps, as one expert boasted in the Nova Scotia Medical Bulletin, social problems like “feeble-mindedness may be

converted from a liability to an asset” (Prince, 1934, p. 322). In this way, Canadian business owners and citizens profited from the cheap and non-consensual industrial, farming, public works, and domestic labour of institutional inmates. The most notable benefactors, however, were not the businesses, but the residential institutions and their employees. Because of their profitability, institutions often ensured that economically useful inmates would “remain in training schools, working at the trades and occupations which will enable them to produce much that is needed for the upkeep of those institutions” (Hodgins, 1919, p. 17). That is, the confiscated wages of inmates, as well as the confiscation of inmates’ land and other property, helped to secure the wages of the white, Canadian professionals and nationals who kept the inmates ensnared. The nets that ensnare and threaten the degenerate inevitably serve to further secure the national.

### **Summation and Implications**

In this chapter, I argued that the Canadian social security nets of the first half of the 20<sup>th</sup> century served to reproduce the unequal distribution of life chances between those constituted as white nationals, precarious Canadians, and degenerate Others. Specifically, I argued that such social nets largely served to secure the financial privilege of white nationals, to offer basic medical, financial, and educational supports to precarious Canadians; and to systemically sieve out, ensnare, and undermine the life chances of those pathologized and racialized as degenerates. As these social nets became more institutionalized, ‘universalized,’ and centralized by municipal, provincial, and to a lesser degree, federal governments, they became increasingly useful for legitimizing, naturalizing, and reproducing the discourses and unequal power relations of white supremacy in Canada.

As Thobani (2007) eloquently puts it: “the utter degradation of the children instituted



within the residential school system...was occurring within the same period, and in the same 'national' space, as was the development of the compassionate and caring welfare system" (p. 122). Within this same period and space, the Canadian welfare system was also contributing to the mass institutionalization, segregation, sterilization, and indirect murder of thousands of subjects pathologized as, for example, idiotic, insane, and feeble-minded degenerates. All of these things occurred while many precarious, physically disabled Canadians were increasingly gaining access to more consistent and widespread, state-backed supports: including poverty relief, medical care, and education. These are the concurrent and competing histories of disability in the early Canadian welfare era. The struggles, inconsistencies, and state-sanctioned insecurities are largely effaced by the progressive narratives of Canadian compassion, care, and social security. The overlapping oppressions of colonialism, white supremacy, and eugenics are largely absent from most histories of disability, welfare, or injustice in Canada.

In this chapter, I have mapped out some of the ways that the eugenic confluences of racialization, sexualization, pathologization, and impoverishment have (in)formed the early Canadian welfare state, and have served to unevenly target and govern the life chances of the degenerate Other, the precarious, physically disabled Canadian, and the National. In the following chapter, I will trace how the uses of inspirational physical disability, between the World Wars, served to further entrench and centralize some of the above-discussed eugenic and white supremacist techniques for targeting and ensnaring disabled and racialized degenerates.

## **Chapter 6: Inspirational Disability, Racial Fitness, and the Nationalization of Public Health**

In this chapter, I demonstrate how inspirational physical disability came to be produced and used by the federal government, in the interwar years, in ways that justified increased federal intervention into the social security, public health, and racial fitness of Canadian populations. I begin by analyzing a relatively rare, turn-of-the-century archival record of inspirational disability in Canada. I do so by mobilizing Thobani's (2007) conceptualization of *exaltation*. Exaltation is a governmental technique that Thobani theorizes in relation to race and nation-making, and which I expand upon to engage with the white supremacist and nation-making effects of physical disability and inspiration. I will then discuss some of Canada's attempts to increase its biopolitical reach through social security. I outline how the inspirational disabled figure was produced and mobilized in the interwar years as a practice and justification of this expansion. I then argue that the emergence of inspirational physical disability, along with the intensification of social hygiene discourses around the feeble-minded degenerate, colluded with other war-related phenomena to make public hygiene the ideal set of discourses and practices for federal bio-political expansion. I close by detailing some of the specific public health programs implemented by the federal government and their eugenic implications.

### **Inspirational Disability at the Turn of the Century**

In 1900, Reverend Wigle (1900) introduces the subject of his book as follows:

Finlay Booth was not always thus. The Great Father had been as generous to him as to any of His children, and had started him out in life with a perfect outfit of bodily members; but if you were to search from the burning tropics of Ecuador to the frigid

Yukon, you could scarcely find a ghastlier specimen of mutilated humanity today. (p. 17)

Wigle's book was written to raise subsistence funds for Booth, a man the author describes as an

Irish-Canadian settler whose limbs and face had frozen off in a blizzard. The hyperbolic descriptions of mutilated monstrosity above, as well as references to the ghastly (Aboriginal) specimens one might find in the Yukon or Ecuador, draw from a century-old technique of enfreakment: representational strategies that accentuate racialized, disabled or gendered Otherness to draw the profitable gaze of white normative gawkers (Bogdan, 1988; Garland-Thomson, 1996). Unlike traditional freakshow narratives, however, Wigle (1900) does not accentuate the Otherness of Booth's origins through trumped up stories of far-away births, inter-species genealogy, heathen rituals, and lazy or animalistic demeanor (Bogdan, 1998). Rather, he accentuates the Christianity and bodily perfection of Booth's pre-accident childhood, his relatively white Irish-Canadian lineage, his superior working ethic, pious demeanor, and "manly courage" (Wigle, 1900, p.91). In so doing, Wigle uses protestant and pioneer narratives of hard-working Canadian masculinity to construct Booth as a physically disabled precarious Canadian. Drawing on of the previous two chapters, I use physical disability (formerly defect) here not to refer to the perceived physical mobility, sensory, or intellectual nature of the impairment. Rather, I used the term to refer to the perceived etiology of the physical defective: that one's disability was *acquired* through injury or old age, rather than *developed* in a way that is pathologized as racial degeneracy. Booth is thus simultaneously constructed as a freakishly disabled man in need of support, and an essentially, if precariously, white man who poses no racial or sexual threat to the Nation.

The story of this freakish-yet-whiteish physically disabled man is specifically deployed with the intent to govern the reader. That is, it "acts upon their actions," enticing particular choices while delimiting others (Foucault, 2003d, p.137). For example, Wigle (1900) is explicit in his hope "that the purchaser may get some inspiration from these pages in looking at the

indomitable perseverance and noble independence of this man” (p. xiv). That is, Wigle intends to induce readers to become more pious, industrious, and ruggedly independent, like Booth. Wigle deploys inspiration by celebrating Booth’s “remarkable feats” of normalcy and self-sufficiency, such as opening a knife, killing a bird, cooking a meal, and struggling to earn his own keep (p. 119). Wigle writes: “many men not one-half as badly maimed would be in the poor-house. If this man can surmount such obstacles, why should any one lack courage in the world's great battle?” (xiv-xv). Why, in other words, should anyone lack the industriousness to support themselves and to create their own wellbeing in the great Canadian land of opportunity?

Such inspirational discourses can be theorized as “deployment[s] of exaltation”: techniques that project celebrated national characteristics onto individuals in order to “seduc[e] subjects into reproducing their nationality” (Thobani, 2007, p. 8). What makes inspiration so effective as a technique of governance is that it functions as “a double system: gratification-punishment”: it offers the carrot of exaltation, while threatening with the stick of Otherness (Foucault, 1995, p. 180). While Wigle (1900) celebrates Booth’s overcoming, the author simultaneously challenges the legitimacy, morality, masculinity, and Canadianness of the “many men not one-half as badly maimed” who continue to rely on charity and support (p. xiv). Wigle thus deploys inspirational exaltation in ways that both seduce and threaten readers into (re)producing themselves as exalted, hardworking, overcoming Canadians.

As potentially useful as turn-of-the-century inspirational discourses might have been for governing subjects, inspirational physical disability remained a relatively minor discourse in Canada before the First World War. Such discourses appear in relatively inconsistent forms in

only a handful of mostly local and relatively uninfluential texts.<sup>10</sup> I will argue however, that the eventual popularization and institutionalization of inspirational disability will prove pivotal in the expansion of biopolitical programs deployed by the Canadian nation-state, particularly eugenic and white supremacist programs relating to social security.

### **The War Years and the Nationalization of Social Security**

Before the First World War, the government of Canada's social security efforts lagged significantly behind charitable, municipal, and provincial programs (Reichwein, 2005). It had funded numerous residential institutions for federal prisoners and Aboriginal schoolchildren (Truth and Reconciliation Commission, 2014). It had shared some of the financial load for a handful of short-term provincial poverty relief programs (Reichwein, 2005). The government had introduced a purportedly universal, yet rarely used, pension plan ("Government Annuities Act," 1908; National Union, 2007). For the most part, however, pre-war social security programs tended to be regarded as provincial, municipal, and local non-governmental matters. The federal government had tended to focus more fervently on national security (e.g., border patrol, immigration regulation, and the colonization of Aboriginal peoples and lands) than the social security of its nationals (Backhouse, 1999; Thobani, 2007).

The two World Wars, however, significantly increased the federal government's biopolitical investment in the economic, social, and physical security of its nationals. The First World War marked Canada's first use of wartime legislation that greatly reduced individual freedoms and significantly extended the reach of the federal government (i.e., "War Measures Act," 1914; "War-time Elections Act," 1917). This legislation resulted in unprecedented government involvement in industry, the economy, the workforce, the circulation of ideas and

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<sup>10</sup> For other examples of early Canadian inspiration narratives see Schecter's (2002) archival work on Trooper Mulloy and the 1917 anonymous biography "Career of Eminent Service."

people, and the strategic distribution of the health and security of differentiated populations. For example, these acts enabled the targeted denial of citizenship and voting rights, the suspension of free speech and congregation rights, and the detainment and deportation of ‘enemies’ without trial. Such deployments tended to target populations who refused to serve in the army, who challenged government or business interests, or who were perceived members of enemy or undesirable nationalities (e.g., the targeting of Hutterites, Ukrainians, leftists, and unionists) (Canadian Council for Refugees, 2000; “War Measures Act,” 1914; “War-time Elections Act,” 1917). As I discuss below, the inter-war years forced a repeal of these wartime acts and threatened an end to sweeping biopolitical and disciplinary interventions by the federal government. Peace required a new set of justifications and techniques, if the Dominion was to maintain some of its newfound governmental reach.

### **The Department of Soldier’s Civil Reestablishment**

After the end of the First World War, Canada faced the repatriation of hundreds of thousands of soldiers, many of whom returned with significant injuries, illnesses, or ‘shell shock’ (Repatriation Committee, 1918; The War Office, 1922). In 1918, the Canadian Government created the Department of Soldier’s Civil Reestablishment (DSCR), giving it a mandate to reintegrate returning and injured soldiers into Canadian society. In their own words, the DSCR ensured that “the ex-soldier...regains health and strength as far as it is possible for modern science to restore it, [so that] he will once more be in a position to resume responsible citizenship with all its duties and privileges” (DSCR, 1919, p. 9). Programs administered by the DSCR included: free hospital care and disability pensions for those with war-incurred injuries or illnesses; vocational rehabilitation and free education; and artificial limbs and other prostheses (DSCR, 1919; “DSCR Act,” 1918; Pensions, Soldier’s Insurance, 1922). In other words, the

government used their jurisdiction over the military to justify federal involvement in typically provincial social security areas, including health, education, and labour support. Federal programs, however, were not restricted to soldiers. The DSCR also provided pensions to financially support the wives and children of soldiers killed or injured in the war (Pensions, Soldier's Insurance, 1922). This created a targeted, federal version of the newly established 'Mother's Pensions' in Ontario and the Western Provinces, which offered impoverished single mothers basic financial support (Reichwein, 2003, Historica Canada, 2013b). These DSCR programs foreshadowed and laid the groundwork for the post WWII federal deployment of a very similar list of programs for the Canadian population as a whole (e.g., hospital care, health care, employment insurance, and disability insurance).

While extending the reach of the federal government, these DSCR programs simultaneously extended the role of doctors and other medical professionals – such as occupational therapists and physiotherapists – within post-war Canadian society (Dunlop, 1933; Jongbloed, 2003; Sedgwick et al., 2007). These medical experts were deployed not only as practitioners within, but also gatekeepers to many of the above-mentioned programs (Pensions, Soldier's Insurance, 1922). In this way, the post-war growth of Canada's medical industrial complex both resulted from, and contributed to, increased federal deployment of social security programs.

The justification, funding and implementation of these reestablishment programs were partially accomplished through an intensive public information campaign that leveraged – through techniques of exaltation – the unprecedented international reputation of the brave Canadian soldier (Coyne, 1920; DSCR, 1919; Repatriation Committee, 1918; *Plan and Organization of Press*, 1919). A 1919 DSCR pamphlet, for example, states:

through the gallantry of the Canadian Corps, the name of the Dominion of Canada has been blazoned far and wide. These men who have contributed to this end have engaged in an advertising campaign which has accomplished more for this Dominion in five years than could have been done in five hundred years of peace...They have done it with their flesh and their bone and their blood. (p. 3)

As Thobani (2007) argues, exaltation functions through a system of mutual projections. Quintessential national characteristics are projected onto the subject, and the celebrated qualities of the subject are projected onto the nation and its nationals. In order for Canada to claim the celebrated qualities of its soldiers, Canadian soldiers had to become “the embodiment of the quintessential characteristics of the nation and the personification of its values, ethics, and civilizational mores” (p. 3). This was relatively easy in relation to the healthy, young white men returning from battle, but what about the tens of thousands of injured, blinded, sick, and shell-shocked soldiers? Productive physically disabled subjects (such as Booth, or the physically defective subject of immigration exceptions) had been understood as passably, precariously, and even heroically white and Canadian in the past, but never as *quintessentially* Canadian. As I will demonstrate, the emergence of official, federally deployed techniques of inspirationalization enabled the Canadian government both to reconcile the dilemma of exalted disabled nationality, and to expand its continued, post-war, interventions into the productive and reproductive capacities of targeted Canadian populations. In other words, through the DSCR, inspiration came to be deployed by the Canadian government as a biopolitical technique. In so doing, inspirational physical disability was transformed from a minor discourse to a “centralized and centralizing” one (Foucault, 1997, p. 61).



### **Selling Social Security Through Inspirational Disability**

According to internal documents, the Canadian government intentionally modified and used “inspirational” discourses as a way to sell the interwar social security programs of the DSCR (*Plan and Organization of Press*, 1919, unnumbered). The deployment of inspiration was accomplished partially by projecting desirable qualities upon both the disabled ex-soldier and the reader. The DSCR pamphlet, which was distributed at the Canadian Exhibition (1919), for example, justifies the reestablishment programs thusly: “the re-establishment in full health of the returned soldier...is part payment of a debt which the country owes the man who has been disabled in the long-drawn battle for the rights of civilization and for everything which Canadians hold dear” (DSCR, 1919, p.7). The above quote is typical of the public campaign in its exaltation of the Canadian soldier, that is, he who bravely fought and gave his health “in the long-drawn battle for the rights of civilization” (ibid). It is also typical in its projection of these same qualities onto Canadian nationals in general. That is, Canadians “hold dear” the same civilizational rights for which soldiers fought. Third, it is typical in its construction of governmental intervention – such as honorably paying one’s debt, and respecting the rights of civilization – as a necessary and obvious choice for any nation with such exalted qualities, thus calling into questions the honor, civilized nature, and exalted Canadianness of anyone who opposes the programs.

As Thobani (2007) argues, exaltation is deployed in ways that reproduce both the national and its Other. Federal educational campaigns often deployed inspirational discourses that (re)produced an unexalted or degenerate Other against which the potentially inspirational disabled subject, and the reader, are induced to govern themselves. The following excerpt from an “illustrated souvenir” of a federal rehabilitation hospital demonstrates this dynamic:

Every effort has been made to rid the disabled man of bad influences coincident with enforced idleness. Eternal vigilance has been the price of success. It is felt that the rehabilitation of a few men will be delayed so long as sensational newspapers, political egotists and the extremist element in returned soldier organizations mistake disorderliness for heroism, and noisy public agitation for statesmanship. We have the greatest faith in the returned men as individual future citizens if they are kept free from patronage and pity. (Coyne, 1920, p. 5)

Here, the representations of the effortful, vigilant, and successfully productive ex-soldier serve to exalt docile ex-soldiers who obediently overcome, as well as the medical experts who have vigilantly formed them. The inspirational soldier is constructed in contrast to the degenerate and defective Others, who cannot or will not quietly and obediently overcome. These Others include: the idle man whose non-recovery is blamed on his giving into “bad influences” and “patronage and pity,” and the “extremist” whose public demonstrations and activism are constructed as selfish, unheroic, and unpatriotic (*ibid.*). The exaltation of supportive readers and reporters are similarly constructed in contrast to those “sensationalist” journalists and “political egotists” who would support the activist soldiers or would oppose the reestablishment program. This is one of the traps of inspirationalization: the creation of the exalted overcoming disabled hero requires the specter of the unCanadian degenerate Other.

A third inspirationalizing technique of the federal DSCR campaigns was to never individualize the exalted disabled soldier. He is rarely given a name. He is rarely named as *a* soldier. Instead he is “*the* returned man,” “*the* disabled man,” “*the* returned soldier” (DSCR, 1919, pp. 9, 7, emphasis mine). Thus, inspiration is not as an exceptional trait of individual soldiers, but an expectation of every Canadian soldier. It is an ideal that cannot be undermined

by the actions of any single person. The Canadian soldier, in other words, can never be shown to fail. However, it is “a few men,” not *the* man, who fail to overcome (p. 9). Thobani (2007) helps to explain this:

national subjects who fail to live up to the exalted qualities are treated as aberrations; their failings as individual and isolated ones. The failings of outsiders, however are seen as reflective of the inadequacies of their community, of their culture, and, indeed, of their entire ‘race.’ (p. 5)

In other words, *the* overcoming soldier comes to be equated with the exalted Canadian national, helping to reproduce inspirational overcoming as a patriotic duty, an expectation, and an expression of quintessential Canadianness. At the same time, such inspirational discourses construct the failure to overcome as a sign of isolated, individual, lazy behavior (e.g., idle ex-soldiers who don’t become productive). This, in turn, produces thousands of undeserving, precarious or even degenerate Canadians. Inspirational discourses served to subject some failed soldiers – particularly non-recovering ‘shell-shocked’ veterans deemed to have pre-existing mental weaknesses<sup>11</sup> – into degenerates who exhibit the illness and failure typical of generalized and inherent racial inferiority. The DSCR (1919) handbook makes this discourse of individual (behavioral or inherent) failure explicit:

in the last analysis is it not the ex-serviceman himself who alone can play the winning card? If he shirks, if he doesn't turn his opportunities to best account with his entire will and strength, then he dooms himself to march right-foot, left-foot with failure. (p. 22)

Because of this particular discursive technique, the failure of thousands of soldiers to

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<sup>11</sup> The Pensions, Soldier’s Insurance (1922) documents countless cases of doctors denying non-recovering ex-soldiers full pensions because they believe the psychiatric patient to have undetected feeble-mindedness or pre-existing mental weakness.

inspirationally overcome their injuries and illnesses in no way undermined the national exaltation of *the* inspirational Canadian soldier, and by extension, the exaltation of Canadian nationals.

Inspirational discourses have significant power effects. They can delimit the possibilities of what one can say and how one can think. They can shift the ways that bodies move and look. They can influence how people come to think of, and govern, themselves (Foucault, 1972, 1990, 2003c). Post WWI government discourses of inspiration, I argue, were used with the explicit intention of producing and governing particular kinds of subjects and populations. The intention is to act upon their actions (Foucault, 2003d). Most notably, these discourses were used to govern the actions of returning soldiers. The following DSCR (1919) warning to soldiers demonstrates how guilt, patriotism, and the threat of lost exalted status were techniques used to strategically induce soldiers to invest themselves fully in the reestablishment programs. The warning reads:

you can waste the country's money if you do not train earnestly. You waste your future if you do not avail yourself of your present vocational chances to the very utmost. You are wasting something of your glorious past and all of your present. (p. 10)

In other words, behave and do as the doctors and government say or your years of service to your country will be marred with discourses of unpatriotic disservice.

It was not discourse alone, however, that would make inspirational disabled citizens out of injured soldiers. Inspirationally overcoming soldiers were produced through (and induced to fully expose themselves to) all kinds of disciplinary techniques, including rehabilitation exercises, bracing and other painful body modification procedures, psychiatric treatments and assessments, countless examinations, and vocational training of the expert's choosing (DSCR, 1919; Major CAMC; Pensions, Soldier's Insurance, 1922). Disabled ex-soldiers were induced to

participate in these often repetitive and painful activities both through the threat of losing exalted status, as well as through the rewards of pensions, investment capital, educational funding, farmland and other supports that were largely unavailable to non-compliant soldiers and the public at large (see DSCR, 1919). These economic, medical, and educational supports all but ensured the production of successful, productive, and reproductive white Canadian subjects. It ensured the production of subjects who, *despite* acquired, non-degenerate disability, could be understood as quintessentially brave, strong, and determined Canadians: subjects with whom Canadians could engage in the mutual projection that characterizes exaltation (Thobani, 2007). In other words, through the painstaking disciplinary, discursive, and financial production of tens of thousands of inspirationally successful disabled ex-servicemen, overcoming came to be a quintessential and increasingly mandatory Canadian characteristic. This naturalization of overcoming thus increasingly marginalized and devalued those ex-soldiers and other precarious and degenerate disabled subjects who did not have the resources, capacity, or desire to simply and consistently overcome.

Perhaps the most useful biopolitical tactic that was refined throughout the federal government's inspirational disability campaign was its explicit attempt to produce a panoptic<sup>12</sup> web which would ensure the continued compliance, overcoming, and productivity of ex-soldiers long after they escaped the reaches of government officials. "Soldiers and civilians alike," one leading medical military official suggested, "should realize that it is not only to the advantage of disabled men to accept all that treatment and training can do for them; but that it is their duty to

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<sup>12</sup> Foucault (1995) uses the term *panopticism* to refer to the prevalent social mechanism in which a constant, omnipresent yet unverifiable threat of surveillance coerces each individual to discipline and normalize him or herself. The term is derived from a 19<sup>th</sup>-century prison design, entitled the Panopticon, in which prisoners were constantly visible, but were never sure when they were being watched.

do so” (Major CAMC, 1917, p. 13). Heeding this call, federal inspirational techniques were developed which informed and governed civilians as well as soldiers, thus convincing business owners to give ex-soldiers jobs and inducing employers, workmates, friends, family, and even strangers to perpetually discipline veterans into ever-more productive, docile and inspirational subjects. The DSCR (1919) pamphlet, for example, invites civilians to intervene in the ex-soldier’s life, arguing that the civilian’s:

help or hindrance results in either the making or the marring of a brave man who brought honor to the Maple Leaf... He wants word-sympathy not at all, but hungers and thirsts for work and encouragement to get to work, and to stay working in the full enjoyment that work gives. (p. 4)

It is the patriotic duty, in other words, of all civilians not to engage with the pain, shifted capacities, and terrors that are the repercussions of war. It is their duty to support, encourage, and even push ex-soldiers to be as productive, normal, and docile as possible. In this way, public education campaigns deployed inspiration narratives in order to create the omnipresent threat of judging gazes and disciplinary interventions. This ever-present gaze served to induce soldiers to govern their own actions according to the biopolitical aims of the federal government and the DSCR.

In sum, inspirational disability, as deployed through reestablishment programs and discourses, refined and justified the federal government’s deployment of several biopolitical techniques. Inspirational disability helped to naturalize increasingly biopolitical interventions into social security by the federal government, including soldier reestablishment programs. It served to multiply and justify the interventions of medical professionals into individuals’ lives. It served to induce cooperation, docility and overcoming by (re)producing the exalted status of

(disabled) Canadian soldiers and Canadian nationals. It served to further motivate cooperation by reproducing the unCanadian degenerate Other as a subject who will not or who cannot overcome, or will not condone the national support for overcoming. In addition, the federal government physically produced, intentionally governed, and financially assured, the overcoming of disabled subjects through a series of disciplinary techniques. Finally, the government used inspirational discourses to induce civilians to reproduce many of these techniques outside of the hospital, compelling them to surveil, intervene, judge, discipline, motivate, and otherwise govern the actions of ex-soldiers. These interventions, collectively, helped to create a panoptic culture in which disabled ex-soldiers were induced to govern themselves in increasingly inspirational ways.

The DSCR handbook reads, "to face death at command, recklessly, is the final glorious act of the civilian become a soldier. To face life, courageously, under any handicapping disability is the obligation imposed upon the soldier returning to civil life" (DSCR, 1919, p. 4). As this quote demonstrates, inspiration is not simply a feel good sentiment or a benign representational strategy. Inspiration imposes obligations. It is produced through, and productive of, a whole series of political tactics of governance. It justifies the exercise of power. It produces productive and docile subjects. It exalts. It Others. And, as I will demonstrate below, it gets transformed and co-opted by various other programs and interests, leading to the further broadening, deepening, diversifying and justifying of interventions into the social security of targeted populations.

### **Inspiration, Health, and the Nationalization of Social Security**

The DSCR, and the federal government in general, were not the only Canadians to use national exaltation and inspirational disability to justify the expansion of social security projects.

In fact, champions of the social hygiene movement were quick to capitalize on many of the federal government's discourses in order to convince the government and its tax-payers to invest in a growing field of social security: public health. In 1918, the most outspoken of these advocates created the National Committee for Mental Hygiene (CNCMH) in order to coordinate provincial eugenic efforts and to advocate for federal intervention into the historically provincial problem of feeble-mindedness. The following year, they released a report entitled *Reconstruction and the Canadian National Committee for Mental Hygiene* (1919). It reads:

Canada had the glory of contributing in an eminent degree to the success of the Allies. While we may be, and are, justly proud of our achievements in the war, we must not forget that the difficulties we have yet to meet and overcome.... It is a well-known fact that we as a people have been somewhat negligent concerning matters pertaining to the physical and mental welfare of our citizens. In the days of prosperity it was deplorable enough to have a high infant mortality, to have the cancer of venereal disease, and to suffer from the presence of encroaching mental disease and mental defect... Our policy of reconstruction will be entirely inadequate unless it embraces a broad health programme... One of the most important aspects of the public health problem has been designated Mental Hygiene. (p. 3-4)

The CNCMH begins by mirroring the federal government's exaltation of the Canadian soldier and their contributions to the war effort. They then use the discourse of inspirational overcoming to parallel the plight of white nationals with that of the disabled soldier. Both were threatened and maimed by the "encroaching" enemy from abroad, which, according to the CNCMH, was immigration (p. 7). The CNCMH thus uses the federal government's own discourses to call for the extension of federal soldier reestablishment and reconstruction programs to include increased



interventions into the health and (racial) fitness of the Canadian population as a whole.

The problem was that provinces had jurisdiction over health. Federal biopolitical programs to date had been largely justified as national security during war, the social security of those who fought during the war, and, in general, securing the nation's borders from physical or racial threats. In order to justify federal intervention into public health, therefore, the government and social hygiene advocates tended to use justifying discourses relating to the War, the inspirational disabled soldier, and threats at the border. McLaren (1986), for example, paraphrases federal justifications for intensified and nationalized public health programs thusly:

the First World War cut a swathe through the generation of young men on which the country set its hopes. Canadian authorities expressed their concerns that the postwar nation would have to shoulder the burden not only of the handicapped at home but also of the returning veterans, including over 5000 shell-shock victims. (p. 132)

To paraphrase: in order to replace a generation of young, white, Canadian soldiers (i.e., federal jurisdiction) lost in the War (i.e., federal jurisdiction), and in order to properly care for the inspirational disabled soldier returning from war (i.e., federal jurisdiction), the federal government must minimize the burden of current and future disabled degenerates through public health (i.e., social hygiene) programs. This burden was further constructed as federal jurisdiction because it was blamed on the influx of immigrant degenerates being let across Canada's borders (i.e., federal jurisdiction). The CNCMH (1919) report, for example, argues that at least half of institutionalized degenerates are born outside of the country, and that "Canada must not be burdened, as in the past, with newcomers of defective physical and mental make-up" (p. 8). In this way, the justifications of supporting inspirationally disabled soldiers, replacing fallen (white) soldiers, and protecting against the (racial) threat at the border, helped to secure federal

jurisdiction over public health.

This jurisdiction was also secured by another quickly circulating war-related ‘public health’ problem. Returning soldiers were quickly spreading tuberculosis, venereal diseases, and various new strains of influenza across the country (Rutty & Sullivan, 2010). The medical corps returning from the war had spent the last few years dealing with major outbreaks of such diseases, as well as vast numbers of ‘mental diseases,’ and thus were constructed as the most well-equipped to deal with all of these post-war crises. In 1919 the federal government, armed with these jurisdictional justifications and the support of vocal social hygiene advocates and medical military authorities, created the first federal Department of Public Health. This new department had a mandate to, among other things, improve child health and welfare, coordinate nation-wide mental hygiene efforts, inspect the health and hygiene of immigrants, and promote the good health and fitness of Canadians (Public Health Department, 1919). I will explore each of these four mandates below.

### **Child Welfare: Save the Babies, Save the Race**

The Department of Public Health (1919) made an explicit priority of improving the health and survival of its youngest nationals (Rutty & Sullivan, 2010). Whereas provincial child welfare programs tended to focus on transplanting problem children old enough to work into foster farms and families (Historica Canada, 2013a; Reichwein, 2005), federal programs targeted youth at a much younger age. As one early child welfare campaigner implored, the government must begin, “combating casualties at the mother’s knee: Save the babies! They’re the country’s greatest asset” (Lemford, 1918, p. 11). Once again, we see the discourses of war being used to justify federal interventions. We also see a metaphorical linking of the physically disabled inspirational soldier (i.e., the casualties) to problems of domestic insecurity that must be

overcome. We also see a continued biopolitical focus on the “homemaking and race-making” role of women, whom feminists and social hygiene advocates imagined as a primary target and benefactor of child welfare programs (Cran, 1911, p. 109).

Nellie McLung’s (1918) call for federal interventions into babies and their mothers takes a more clearly eugenic tone. “We are the guardians of the race!” she writes in a popular women’s magazine, “the death rate is now so much higher than the birth rate, in all the warring countries, that the cry of race-suicide is becoming a serious one” (p. 3). This quote makes clear that only some babies – babies racialized as white – are targeted and saved in order to prevent race suicide. The eugenic specificity of this message was not lost on the federal government. In 1920, they appointed Dr. Helen MacMurchy – a woman, maternal feminist, medical doctor, and crusader for the control of feeble-mindedness and degeneracy – as the first director of the Department of Health’s National Division of Child Welfare (Canadian Public Health Association, 1937). Under MacMurchy’s watch, the division helped to drastically increase the medical care and medical surveillance of pregnant and parenting women (Rutty & Sullivan, 2010). Federal child welfare programs served as a security net for (white) women, helping to prevent and treat maternal complications. They served as a support net for precarious Canadian children and their families, helping to treat childhood illnesses and encourage hygiene and nutrition. Such programs also served as a sieve. The increased medical surveillance helped to identify/produce degenerates and other ‘bad mothers,’ often leading to the provincial confiscation and potentially institutionalization of their children, alongside other degenerate or morally loose women (Malacrida, 2015).

### **The Nationalization of Mental Hygiene**

Federal interventions into public health were inextricably linked to their engagement with

mental hygiene. Although most institutionalized programs for the feeble-minded remained under provincial jurisdiction during and between the World Wars, the federal government was increasingly called upon by provincial bodies and social hygiene activists to support mental hygiene causes in two specific ways. First, the federal government was called upon to utilize greater immigration screening and prohibition to delimit the influx of degenerates into the country (CHCMH, 1919; Hall, 1927; Hodgins, 1919; Rothwell, 1927). Second, they were called upon to leverage the expertise developed by military doctors, and specialists from all jurisdictions, in helping to develop best practices for discerning between, and differentially treating, what was increasingly coming to be understood as two distinct – yet interrelated – mental hygiene concerns: the “insane” and “the feeble-minded” (CHCMH, 1919, p. 8).

Whereas both insanity and lower intelligence had hitherto been largely constructed and treated as signs of inherent racial degeneracy, war had complicated this understanding somewhat. After all, thousands of inspirational Canadian soldiers had returned from battle with ‘shell shock,’ all of whom had been medically certified as ‘fit’ Canadians when they left (McLaren, 1986; Prince, 1934; Psychiatry Branch, 1944). The medical and psychiatric professions either had to admit to rampant ineptitude in their testing, or they had to re-theorize mental illness as something not entirely derived from racial inadequacy. The discursive compromise was the distancing of insanity and feeble-mindedness from each other. Insanity came to be conceptualized as a “mental disease” that could be contracted by even the best among us. With proper medical support nets in place, derived largely from the expertise of federal military doctors, and with the proper white work ethic, this disease was thought to be treatable and overcome-able in hospitals. The infected, it was thought, could be remade into useful, if often precarious, Canadian citizens (Prince, 1934, p. 320). Feeble-mindedness, by contrast, was

conceptualized as an inborn, developmental trait of those “who dwell in a world of eternal childhood,” which was a defect of only, by definition, the racially worst among us (p. 321). Feeble-mindedness was conceptualized as having no cure, other than the curing of future generations through the ensnaring, containment, and sterilization of degenerates within eugenic institutions (CHCMH, 1919; Hodgins, 1919; Hall, 1927). The feeble-minded were not only constructed as begetting more feeble-mindedness, but also as begetting and becoming a wide range of racial, sexual, criminal and lower class degenerate kinds, purportedly contributing to the majority of Canada’s problems with “crime, juvenile delinquency, prostitution, the spread of venereal disease, illegitimacy, unemployment, pauperism, alcoholism, and public school administration” (CNCMH, 1919, p. 11). Confusingly, they were also understood as contributing to more than their fair share of insanity.

This tie of insanity back to feeble-mindedness is characteristic of an important racial loophole in the distancing between the insane and the feeble-minded in the interwar era. That is, the distancing of insane Canadian soldiers from degeneracy builds on the notion that anyone, under enough stress, could contract the mental disease of insanity (Psychiatry Branch, 1944; Prince, 1934). However, racialized and pathologized degenerate populations were understood as inherently susceptible to psychiatric and neurotic illnesses (Psychiatry Branch, 1944; CNCMH, 1919). As the 1919 CNCMH Report argues, “at least 50% of the feeble-minded and the insane of our asylums, have come to us from countries outside of Canada” (p. 7-8). This loophole thus enabled the continuation of racially targeted biopolitical techniques to solve the problems of feeble-mindedness and insanity, while avoiding the racialization of thousands of exalted ex-soldiers. Or, from a more explicitly Foucauldian perspective: it enabled both feeble-mindedness and insanity to remain useful discourses and subjectivities within the intersecting biopolitical

projects of white supremacy and Canadian nation-making.

Importantly, federal involvement in mental hygiene did not replace, but rather, reinforced and supported ever-intensifying provincial efforts to sieve, ensnare, and exterminate mental defectives and other degenerates. For example, while the federal government was intensifying its study and treatment of mental hygiene, the provinces increased medical surveillance in schools (Hodgins, 1919; Nova Scotia Journal of Education, 1917), IQ testing in schools and jails (Rothwell, 1927), and implemented the registration and statistical tracking of potentially feeble-minded populations – most notably as part of various Royal Commissions on mental degenerates in Nova Scotia (*Report on feeble minded*, 1918; Hall, 1927), Ontario (Hodgins, 1919), and British Columbia (Rothwell, 1927). All of these techniques functioned as sieves for separating out and pathologizing degenerates, and enabling their indefinite incarceration through the growing industry of residential institutions – and in the case of British Columbia and Alberta – enabling their sterilization (McLaren, 1990; Malacrida, 2015). It is worth noting that many of these explicitly eugenic techniques, such as Alberta's and BC's Sexual Sterilization Acts (1928, 1933), were practiced, and sometimes even legislated, long after scientific communities had debunked eugenic models of direct trait transmission (Prince, 1934; McWhorter, 2009).

### **Increased Border Control as Public Health**

The most pressing public health role for the federal government, according to many provincial government officials and mental hygiene advocates, was the creation of more strict prohibitions against, and more accurate testing for, degenerate immigrants (CNCMH, 1919; Rothwell, 1927). As the CNCMH (1919) report claims, “probably no single question ... is of more importance than that of our post-war policy of immigration” (p. 7). In other words, the intensification of border examinations, the multiplication of excludable kinds, and the increased

production, exclusion, and deportation of racial and pathologically degenerate subjects – described in detail below – were all intensely eugenic and white supremacist outcomes accomplished in the name of public health.

During the First World War, the 1910 Immigration act had been operationalized in ways that all but ensured the increased whiteness of Canada, including drastic increases in the Chinese head tax, the active discouragement of African Americans, and the legal entrance of only one immigrant from India over a five year period (Canadian Council for Refugees, 2000; Thobani, 2007). In addition, the War Measures Act (1914) had increased governmental power over the prohibition, detention, and deportation of not only immigrants, but also of naturalized subjects. Such measures tended to target many populations that were already targets of other eugenic practices, such as Ukrainian, Mennonite, and Doukabor communities (Canadian Council of Refugees, 2000). Directly after the war, pressure from social hygiene activists and other white supremacists resulted in an even more prohibitive amendment to the immigration act (1919). Notably, eleven new excludable kinds were added to the prohibitive classes section. New excludable (and thus also deportable) kinds included: enemy aliens, spies, activists and conspirators, as well as “persons of constitutional psychopathic inferiority”, those affected by “chronic alcoholism”, illiterates, and any one not mentioned previously who may be deemed mentally or physically defective (p. 93-94). In addition, the 1910 prohibition against immigrants who had been psychiatric patients five years previously is lengthened to include patients “at any time previously” (p. 93). This shift demonstrates the discursive connection between insanity and inherent racial degeneracy for non-Canadians, despite the opposite discourse prevailing in relation to the inspirationally disabled Canadian soldier.

The 1919 immigration amendment also added new exclusion criteria to section 38,

enabling more racialized, classed, and religious prohibitions. Not only could immigrants be prohibited entry due to climactic, educational or labour unsuitability, they could now also be “deemed undesirable owing to their peculiar customs, habits, modes of life and methods of holding property, and because of their probable inability to become readily assimilated or to assume the duties and responsibilities of Canadian citizenship” (p. 97). This section, in particular, enabled the prohibition of groups who had refused to serve in WWI for ethical or religious reasons (Canadian Council for Refugees, 2000), and also served as an extremely subjective way to exclude individuals and populations who were deemed degenerate or unCanadian.

Other similarly eugenic legislation quickly followed, including: the 1922 Empire Settlement Act, which encouraged more active recruitment of white British women, men and families; the Opium and Narcotic Drug Act (1923), which enabled the deportation of a large number of long-settled immigrants from China; the Chinese Immigration Act (1923, often termed the “Exclusion Act”), which prevented entry of virtually anyone from China; and a 1923 Order-in-Council that prohibited immigrants who were even broadly construed as part of the “Asiatic race,” if they were not immediately earmarked for specific underpaid employment (Canadian Council for Refugees, 2000).

All of this above legislation combined to ensure an increasingly white (and thus presumably healthy and hygienic) Canada. This is evidenced by population percentages of European descent increasing from 97%, to 97.5%, and 97.7% in the 1911, 1921 and 1931 censuses respectively (Department of Mines and Resources, 1947; Canadian Council for Refugees, 2000). Eugenic population control only deepened during the Great Depression and WWII, when immigration numbers, usually in the 100,000s, dropped as low as 7,500 per year.



Almost all of these immigrants were British or American (Department of Mines and Resources, 1947, p. 246, 269). At the same time, the government drastically slowed down its naturalization of citizens, enabling deportations to increase six-fold during the 1930s. These largely consisted of impoverished and disabled “public charges” and of Chinese immigrants who had been accused of drug use or peddling (p. 242; see also Canadian Council for Refugees, 2000). Thus, just as the federal government was getting into the business of social security, it was creating the most explicitly racist and eugenic immigration policies in its history. This is yet further evidence that social security programs were targeted more towards ensuring Canada’s white supremacy than combating its social inequalities.

### **Promoting Physical Fitness**

In the early to mid-20th century, many Canadian educators, medical experts, law-makers and progressives became obsessed not only with the mental fitness of Canadians, but also with their physical fitness, seen as a sign of racial progress (Couturier, 2005; Wall, 2003). From turn-of-the-century national campaigns for physical education in schools to mid-century national legislation promoting exercise and sport, physical fitness increasingly came to be treated as a crucial component of federally-led public health and social hygiene programs.

The first widely mandated physical education classes for Canada’s youth were instated between the two World Wars and consisted almost entirely of military drills that had been used to prepare Canada’s soldiers (Wall, 2003). Such interventions were justified by the rather shocking revelation that so many enlisted Canadians had proven physically or mentally unfit for war. Therefore those relatively rare (racially) fit nationals were dying and becoming disabled in large numbers overseas (Psychiatry Branch, 1944; Withrow, 1918). This crisis of national fitness led to calls by social hygienists and medical professionals for provincial and national

interventions. In the words of the then-president of the Canadian Public Health Association: “there is too large a percentage of men being rejected for military service... the health of the community is something of great importance. Every effort should be made to keep the nation strong physically, else it will go down” (quoted in Withrow, 1918, p. 20). Physical education was, thus, largely supported as a way to ensure the future (re)production, proliferation, and evolution of the racially fit, exalted Canadian national and soldier.

Physical fitness techniques borrowed not only from those used to produce exalted Canadian soldiers, but also from those used to remake and rehabilitate inspirational-yet-precarious disabled veterans. Contrary to widely circulating histories about Dr. Guttmann’s post-WWII invention of disability sport, sport and physical exercise were widely utilized in federally-funded veterans’ hospitals during World War I (McKenzie, 1918; Pearson, 1919; Wall, 2003). For example, McKenzie (1918) published the highly influential text *Reclaiming the Maimed*, which outlines the various rehabilitational uses of sport and exercise developed for treating injured war veterans. The text became a crucial resource for budding physical educators and physiotherapists (Wall, 2003) who helped to proliferate the use of these physical fitness techniques and discourses, and thus helped to create more physically fit nationals and to produce more inspiring and less precarious physically fit disabled Canadians.

During the interwar years, the use of sport and exercise to make and remake useful, exalted, and docile citizens and populations only grew. During the Great Depression, in particular, municipal, provincial, and federally-funded programs offered physical-education-style activities to adult men who were out of work. These programs offered public hygiene interventions (such as disease control), kept the labour pool physically fit for work, and kept the idle unemployed from filling their time with criminal, union, and activist activities (Reichwein,

2005). As the Second World War came into full swing, physical fitness, once again, came to be used for sieving out defective soldiers, for (re)forming fit national soldiers, and for rehabilitating the inspirational physically (fit) disabled soldier. I argue that, in fact, physical rehabilitation and sport became so central to the governance of physical disability in this era that the precarious physically disabled Canadian became relatively synonymous with the disabled physically fit Canadian. In other words physical fitness (in terms of physical and athletic capacity) came to represent the racial fitness (i.e., whiteness) of the disabled subject, thus securing their status as physically – rather than degenerately – disabled.

This deeply racial meaning of physical fitness served as one of the major justifications for federal intervention into physical fitness as a matter of public health. Physical fitness programs and discourses were deeply rooted in the social hygiene movement, and thus were designed to sieve out and ensnare the degenerate defective as much as to physically strengthen the national and the precarious Canadian. An article in the *Nova Scotia Journal of Education* (1917) makes this link between social hygiene and physical education. The article calls for greater “instruction in school hygiene... [including] the maintenance of a normal standard of efficiency in the physique, and therefore in the minds of the children... a practical eugenics, which shall assist in the elimination of mental deficiency and preventable physical deformity” (p. 37). As the above quote suggests, physical fitness programs were first widely deployed as part of a larger ‘health’ or ‘hygiene’ curriculum (Courturier, 2005). Early physical education curricula engaged numerous disciplinary techniques (e.g., repetitive exercises, ranking, standardized testing) that made it useful for sieving out degenerate defectives, while at the same time supporting the normal(ized) development, health, and future productivity of young white nationals and precarious Canadians (see Foucault, 1995).

The Department of Public Health, building on its military successes with rehabilitation, was eager to support and encourage the use of physical activity and physical education with certain defective populations across the nation (“National Physical Fitness Act,” 1943; Wall, 2003). One of Canada’s most prominent educators, R. Tait McKenzie (1900), had long argued that Canadians’ increasingly urban lifestyles made them more sedentary, disrupting important developmental milestones that potentially left “the permanent stamp of disease, deformity or neglect” on young nationals, turning them into precarious Canadians, or making them appear as degenerates (p. 7). He believed that physical education could reverse some forms of non-congenital delay (e.g., developmental deformations induced by sedentary urban lifestyles), thus producing a more normalized, productive, and virile race and country. As a bonus, McKenzie argued, the curative effects of physical activity on those with acquired (i.e., physical) disabilities would help teachers and doctors to better recognize those defectives who were fundamentally (i.e., racially) affected by “mental dullness, backwardness, arrested development or feeble-mindedness” (1909, p. 210). Such degenerates, McKenzie insisted, were incapable of reaching a normal level of physical fitness, and thus would be easily identifiable in physical education classes. In other words, McKenzie explicitly championed physical education (and physical fitness in general) as not only a support, but also an important sieve for differentiating the physically (fit) defectives from the (unfit) degenerate disabled and the racially fit from the unfit.

Once differentiated, exercise could be differentially used for these two populations. Sport-like exercises could be used to restore the white urban boy’s superior mind and physique. For degenerates, however, physical exercise could never be curative or rehabilitative: degenerates could never become physically or racially fit. Instead physical training could help to create more “self-supporting, if not self-controlling” (i.e., economically useful and docile)

institutionalized populations: it could make degenerate inmates capable of work (1900, p. 213). Although now historically constructed as a champion of inclusive physical education, McKenzie was explicit in his belief that those sieved out as racial degenerates should be kept in sex-segregated institutions, apart from the general population, so “that they may not have an opportunity to yield to the physical temptations to which they are so peculiarly susceptible, and so propagate their own kind” (1900, p. 213). In other words, new, federally encouraged, physical activity for the disabled was explicitly wielded as a tool for normalizing and supporting precarious Canadians, and for more efficiently and profitably ensnaring and institutionalizing degenerates.

I am not the first to make this connection. As Courturier (2005) argues about American contexts, “the eugenics movement influenced the field of physical education and... physical educators participated in the mechanisms of [eugenic] expert discourse” (p. 32). Physical education, which was often taught along with sex education and hygiene education, was widely understood “as a means to overcome race degeneration” (p. 32). Physical fitness did not, at this point, refer to how an individual was interpolated within the body mass index, but rather, to how they were interpolated within the biological trajectory of racial evolution. The notion of physical fitness, like that of mental fitness, belonged to a set of social-Darwinian discourses and technologies designed to ensure and accelerate the “survival of the fittest,” where whiteness and fitness were understood as roughly equivalent (Moss, 2001, p. 50).

Federal interventions into physical fitness and physical education thus often targeted disabled and other precarious youth, because experts believed that – with the right support – precarious (male) Canadians could be transformed into physically fit nationals, creating a more fit nation and race. Experts also believed that nation-wide interventions into physical fitness

would create an extremely efficient sieve through which to identify degenerates, and thus to improve the racial fitness of the nation by systematically removing them from the nation's breeding stock. On the advice of such experts, and through justifications of public health and inspirational disability, the federal government eventually created a centralized council to govern the physical fitness of Canadians. The National Council on Physical Fitness, within the Department of National Health and Welfare, was created in 1943. This council was mandated to promote physical fitness in Canadians by supporting amateur sport, physical education in schools and, importantly, "the amelioration of physical defects through physical exercise" ("National Physical Fitness Act," 1943, p. 4032). This act served to officially legislate sport, exercise, and physical fitness into the biopolitical governance of national health. That is, it established sport, exercise, and physical fitness as key tools for the reproduction and exaltation of the white national, for the rehabilitation and inspirationalization of the precarious physically (fit) disabled, and for the identification and institutionalization of the degenerate Other.

### **Summation and Implications**

I have argued that discourses about the inspirational disabled soldier helped to justify the biopolitical expansion of federally run social security programs between the World Wars. In particular, discourses of inspirational disability worked alongside social hygiene discourses of racial degeneration to produce public health as a justifiable arena for expanded federal intervention. Through the new Department of Public Health – and the specific arenas of child welfare, mental hygiene, border control, and physical fitness – the federal government was both enabled and mandated to deploy countless techniques for strategically altering the rates of illness, immigration, reproduction, and death of differentiated populations, including those of nationals, precarious Canadians, and degenerates. In sum, both inspirational physical(ly fit)

disability and (racially) degenerate disability were mobilized in ways that expanded the reach and legitimacy of the biopolitical, eugenic, and white supremacist nation-state. Thus, the increasing inspirationalization and social support of the precarious, physically fit disabled Canadian did not lead to improved security and life chances for those deemed degenerate. Rather, inspirational disability was used to justify and deepen the eugenic technologies that subjected pathologized and racialized degenerates to (and through) increasing exposure to insecurity and threat.

## Chapter 7: Western Moral Superiority and the Pathologization of Racism

In each of the previous chapters, I have demonstrated how the differential treatment of physical defectives (i.e., the physically fit disabled) and disabled degenerates in Canada was intricately tied to the construction and biopolitical governance of whiteness: where white refers to a conceptualization of racial supremacy, rather than skin pigmentation (i.e., light skinned Eastern Europeans or English people with developmental conditions would often not have been conceptualized as white). In this chapter, I trace how the more explicit pathologization and governance of degenerate disability served the post-Second World War shift towards less explicit forms of white supremacy. I start by outlining the impetus for the rebranding of eugenic programs within white supremacist settler states like Canada. I follow with a discussion of how deeply racialized North American and Canadian eugenics discourses were rebranded in the period between 1945 and 1960 as objectively and unapologetically anti-degenerate, in order to be compassionately (and un-pathologically) anti-racist.

I end by discussing the significant shifts in discourses and techniques that accompanied the liberalization of immigration and the institution of rights between the 1960s and the late 1980s. Following Thobani (2007), I argue that explicit white supremacy in Canada comes to be translated into a belief in the superior compassion and tolerance of Western civilization, and of Canadian culture in particular.<sup>13</sup> This argument will be crucial, as it will lay the foundation for

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<sup>13</sup> Just as *whiteness* is far more complex than skin pigmentation, the *West* refers to much more than a geographical region. Western civilization is a mythological and political construct based on the notion of a shared progressive history of intellectual, technical, and moral superiority (Federici, 1995; Young, 1990). Importantly, those to whom the West most often refers overlap significantly with those who conceptualize(d) themselves as racially superior: including white North Americans, the English, the French, and various other European nations when it has been convenient to do so (e.g., ancient Greeks, but not contemporary ones).



the following chapter, in which I will discuss the compassionate and inspirational governance of disability from the mid 1970s until contemporary times.

### **The Problem of Nazi Eugenics**

The Second World War created several complications for Canada's outspoken eugenicists and for the explicitly white supremacist legislation and programs that were foundational to Canada's biopolitical, nation-making project. Throughout the war, North American politicians and media had constructed Hitler and the Nazi regime with its investment in Aryan supremacy as monsters, particularly in relation to the persecution and murder of over 11 million people (McWhorter, 2009; see for Canadian example, MacInnis et al., 1941). In the wake of devastating death camp pictures and post-war anti-German sentiment, the American and Canadian public did not want to associate their own practices with German eugenic atrocities (McWhorter, 2009). The problem was that much of Canada's immigration legislation, social programs, and national discourses *were* associated with, and potentially even implicated in, Nazi eugenics. First of all, Canadians were very active members in what Snyder and Mitchell (2006) call the "Eugenic Atlantic": a pre-war history of North American and European eugenic science and policy exchange (p. 101). Germany was a relative latecomer to this exchange, borrowing heavily from discourses, practices, policies, and legislation that were first developed or implemented in the United States, Canada, and parts of Europe (Black, 2003; Snyder & Mitchell, 2006). Germany's first sterilization law (1933), for example, was based directly on American sterilization acts from over a decade earlier. These acts strongly influenced Canada's sterilization laws passed in British Columbia that same year, and in Alberta five years earlier (Malacrida, 2015; Snyder & Mitchell, 2006; Withers, 2012).

Even Germany's quick descent into killing was not entirely foreign to North American

eugenicists. In 1903, Harry Laughlin of the American Eugenics Record Office wrote that “society must protect itself; as it claims the right to deprive the murderer of his life so it must also annihilate the hideous serpent of hopelessly vicious protoplasm” (quoted in McWhorter, 2009, p. 205). Laughlin, among others, suggested shipping away those deemed to be racially inferior degenerates, their direct killing, or their usefulness as cannon fodder on the battlefield (McWhorter, 2009). In Canada, explicit arguments for the murder of degenerates were far less common. However, as I have discussed earlier, it was a widely accepted practice to segregate the feeble-minded, sexually promiscuous, and other racial degenerates in institutions that not only ensured that they could not reproduce, but also continually and systemically enabled their preventable deaths in very high numbers (McLaren, 1990; Whalen 2010). As McWhorter (2009) argues, “the major difference was that Germany, without all those political checks and balances...was able to carry out the program of racial purification far more swiftly and efficiently than its mentor could”; a fact that some North American eugenicists were outspokenly envious of (p. 231).

Additionally, Canadian policy, practices, and House of Commons debates during the war often uncomfortably mirrored German eugenic practices. For example, in a 1941 parliamentary debate, the internment, forced labour, and planned deportation of 22,000 Japanese-Canadians drew heated comparisons to the ways Germans were treating Jews at the time (MacInnis et al., 1941). Such debates, however, did not stop the internment or the successful deportation of 4,000 Japanese Canadians. In fact, of all of the British colonies in 1940, Canada was the most eager — and most arbitrary in its decisions — to export racial and political undesirables (Fraser, 1940; Canadian Council for Refugees, 2000). Canada was also the last British colony to sign on to international refugee agreements. Canada repeatedly refused to accept Jewish refugees from

Europe during the war, even when the government publicly expressed dismay at their persecution and deportation. In 1939, for example, a boat with 930 Jewish refugees arrived in Canada from Germany. All refugees were turned away without explicit rationale, and most were later killed by Nazi forces upon their forced return. An internal memo to Prime Minister Mackenzie King from the Department of External Affairs demonstrates how white supremacist logic motivated such decisions, but was not allowed to be explicitly acknowledged:

we do not want to take too many Jews, but in the circumstances, we do not want to say so. We do not want to legitimize the Aryan mythology by introducing any formal distinction for immigration purposes between Jews and non-Jews. The practical distinction, however, has to be made and should be drawn with discretion and sympathy by the competent department, without the need to lay down a formal minute of policy. (Canadian Council for Refugees, 2000)

In other words, the motive was to protect the superior white racial makeup of Canada, and to try to do so without sounding too much like German Aryan propaganda.

### **Rebranding White Supremacy: Targeting Race Through Disability and Family**

As McWhorter (2009) argues, despite wanting to distance themselves from the Germans, North Americans were not about to throw the (racially cleansed) eugenic baby out with the Nazi Aryan bathwater. In the closing years of World War II, North American eugenicists embraced the newly coined term *racism* in order to define what was scientifically and morally wrong with Nazi eugenics, as opposed to the North American kind. German eugenics was *racist* because it targeted entire *races* as inferior (i.e., Jews), rather than targeting degenerate traits of individuals of the single human race (i.e., lower intelligence) (McWhorter, 2009). That is, while Germans (prejudicially) acted as though all Jews were lesser than all Germans, Americans argued that they

scientifically and medically assessed *each* Jew to objectively target only the vast majority of them who were demonstrated to be inferior to *normal* Anglo-Saxons. Quickly rewriting their recent history of refusing all Jewish refugees, North American eugenicists argued that they had never targeted races for national expulsion and extinction but rather degenerate and pathological traits (i.e., congenital disabilities, low intelligence, madness, sexual pathology). Disability, in other words, became the morally and scientifically justifiable means through which to continue differentially targeting, ensnaring, sterilizing and exporting (mostly non-Anglo-Saxon) degenerates in North America.

This strategic use of disability is evidenced in the Nuremburg trials, where the international community charged a small number of Nazi leaders for their mass murders. As Snyder and Mitchell (2006) show, Nazi leaders were never indicted for their first round of mass killings: the systematic murder of 240,000 adults and children in hospitals and insane asylums during the T4 program. In 1939, the T4 program began cleansing the German race of degeneracy (McWhorter, 2009; Snyder & Mitchell, 2006). Like Canadian programs of the time, these eugenic techniques differentially targeted physical defectives and the degenerate disabled. Individuals with four German grandparents and acquired physical disabilities, such as “disabled veterans, dynamic disabled labourers, and the elderly were to be exempted,” and in fact, they had access to the world’s most advanced rehabilitation regimes to render them physically fit (Snyder & Mitchell, 2006, p. 123). The degenerate disabled, on the other hand, were put to death. During the early years of the T4 program, German officers used similar techniques to those Canadians used in institutions and residential schools: isolation, sterilization, and indirect murders through starvation, beatings, medical experiments, and the withdrawal of medical care (Snyder & Mitchell, 2006; see McLaren, 1990; Whalen 2010). However, Nazi leaders soon perfected the

much more efficient technique of gas chambers in hospital basements. Once the hospitals were emptied, in 1941, these gas chambers were transferred to the Nazi death camps, where they were used to systemically murder 11 million Jews, homosexuals, Gypsies, and others deemed racially degenerate (McWhorter, 2009). The T4 murders were not counted as part of the Nazi genocide, but rather as ‘mercy killings’, and thus no one was charged. To do otherwise would be to call into question the thousands of (often racialized) disabled degenerates who were systemically institutionalized, sterilized, and passively brought to early death in Canada and the United States (see Malacrida, 2015; McLaren, 1990).

This scientific and moral validation of disability extermination created a strong alibi for North American eugenicists who might be accused of Nazi-like racism. Further, in the postwar era, eugenicists began to construct racism itself as a disability to be biopolitically targeted for extermination: a psychopathology of irrational (i.e., non-scientific) prejudice to which homosexuals — and later the insane, the stupid, the poor, Indians, and immigrants — were particularly prone (McWhorter, 2009; see, for example, Kovel, 1970). As McWhorter (2009) argues:

virtually all the energy that has gone into critiquing and combating racism ever since has been aimed at this pathology rather than at the machinery of science, medicine and government that actually generated scientific racism in the first place and perpetuated its many atrocities. (p. 244)

In this way, North American neo-eugenic scientists managed to construct themselves as anti-racist allies, rather than the primary architects and perpetrators of ongoing eugenic programs for targeting and exterminating racial degeneracy.

The post-war Canadian Government similarly sought to distance itself from Nazi racism

by removing explicitly racist discourses from its new legislation. That is, new legislation sought to maintain the whiteness of Canada by objectively and ‘fairly’ targeting and excluding disability and degeneracy, as well as by using seemingly non-racial administrative regulations that skewed acceptance towards those of Western European descent (see Spade, 2011). In 1946, for example, Canada passed its first Citizenship Act, which has no mention of race. Just as the continuous passage paragraph in Canada’s immigration legislation (e.g., “Immigration Act,” 1910) had almost entirely halted all South Asian immigration — without the very mention of race or nation — so too would the new citizenship act skew citizenship rates by enabling those fluent in English or French to naturalize in 5 years as compared to 20 years for all others (“Citizenship Act,” 1946, p. 1612). It is clear from Parliamentary discussion that Prime Minister McKenzie King, among others, never intended the citizenship act to be non-discriminatory in action, only non-racist in terminology. As Thobani (2007) details, the act was amended before being passed in order to ensure that it would not interfere with the interment or deportation of Japanese Canadians. As Prime Minister King (1947) argued:

I wish to make it quite clear that Canada is in her rights in selecting whom we regard as desirable future citizens... the people of Canada do not wish, as a result of mass immigration, to make a fundamental alteration in the character of our population. Large-scale immigration from the orient would change the fundamental composition of the Canadian population. (p. 2646)

In keeping with the racial logic of the day, the act’s treatment of disability is far more explicit: “a certificate of citizenship shall not be granted to any person under a disability” (“Citizenship Act, 1946,” p. 1615). As discussed throughout this manuscript, cultural biases, education inequities, and biological racist beliefs led to vastly higher numbers of non-Anglo Saxons being understood

as idiotic, insane, or otherwise disabled (see McLaren, 1986; McWhorter, 2009; Withers, 2012). Disability, in other words, joins linguistic fluency, and the “character of our population” as non-racist and ‘objective,’ administrative tools for protecting (the white supremacist) nation.

The Immigration Act of 1952, similarly, is stripped of all mentions of race. The continuous passage paragraph, however, remains and is joined by a host of additional subjective paragraphs enabling the seemingly non-racist rejection of non-Europeans. The act, for example, enables prohibitions due to:

- (i) nationality, citizenship, ethnic group, occupation, class or geographical area of origin;
- (ii) peculiar customs, habits, modes of life or methods of holding property; (iii) unsuitability having regard to the climatic, economic... health or other conditions; (iv) probable inability to become readily assimilated. (p. 5805)

On top of these rather arbitrary and racially biased paragraphs, the 1952 act continues to forefront and expand upon the prohibited kinds list, which, again, tended to be used more often against non-Anglo-Saxons. Notable shifts include the new prohibition of those who practice or encourage homosexuality, and the shift in language from degeneracy to “mentally or physically abnormal” (p. 5783). The racial logic continues to make physical defectives the only prohibited class that is able to enter conditional upon economic security. Unsurprisingly, this purportedly non-racist turn in immigration had remarkable little effect on the racial make-up of the population, with the percentage of European descent in Canada remaining at 97% and 96.8% in 1951 and 1961 respectively (Canadian Council for Refugees, 2000).

Race was not the only eugenic term that was scrubbed from the vocabulary of white supremacist Western nation-states like Canada. Despite the above-noted efforts, the term *eugenics* was also proving difficult to entirely disentangle from Nazi racial hygiene. *The British*

*Annals of Eugenics* changed its name to *Annals of Human Genetics* in 1954. *The Eugenics Quarterly* changed its name to the *Journal of Social Biology* in 1969 (McWhorter, 2009). As leading eugenicist Frederick Osborne infamously argued: “eugenic goals are most likely to be attained under a name other than eugenics” (in Withers, 2012, p.29). Osborne started America’s first “family counseling” clinic in order to “put pressure on carriers of defect to reduce their reproduction” (p. 28). Eugenic ideals, and leaders of the eugenic movement, began to flourish under a host of different names: genetic counseling, genetics, population studies, public health, social biology, family counseling, and family values (Black, 2003; Withers, 2012). As McWhorter (2009) argues, post-war “eugenicists dropped the talk about inferior and superior *races* altogether to speak only of superior and inferior traits in America’s families” (p. 249).

Family proved an especially useful eugenic concept in Canada. Maternal feminists – that is, white feminists such as Nellie McLung or Helen MacMurchy, who used eugenic arguments to fight for greater political voice for women – had for years linked family-making and homemaking with “race-making” (Cran, 1911, p. 109; see also MacMurchy 1912, 1916). They were also at the vocal and administrative forefront of the Canadian eugenic movement. Both at the Canadian border and on Alberta’s involuntary sterilization forms, family backgrounds were oft-used techniques through which to trace potentially degenerate traits within a lineage, and to discover ethnic roots with high probability of degeneracy (Malacrida, 2015; Park & Radford, 1998). The opposite of the degenerate family was the Canadian family: the non-degenerate, Western European, male-led, heteronormative, and (re)productive ideal that post-war biopolitical practices sought to support, protect, and strengthen. As Hill Collins argues (2000), the family was a perfect tool for the continuation of racist practices, in that it naturalized bonds, loyalties, and resource sharing between those of shared ancestry or ‘blood lines.’ Additionally, the family



was a perfect target for eugenic techniques tied to the control of sexuality, and to the control of women's sexuality in particular (McWhorter, 2009). That is, to govern the family was to support reproductive activities within — and delimit non-useful reproductive activities outside of — the (white) patriarchal Canadian family unit. This support and delimitation, as discussed in the previous chapters, often translated as surveillance, medicalization, and disciplining of all women's bodies, and the institutionalization of racialized women's bodies.

Within this new family-based discourse, developmental disability, idiocy, illness, and insanity were no longer constructed as threats to the race, but rather as “a calamity for the families concerned” (Dice, 1952 in McWhorter, 2009, p. 285). Moreover, promiscuity, feminism, homosexuality, illegitimate births, and bad mothers were constructed as a threat to the family in general: undermining the very reproductive fabric of the Canadian nation and its ‘people’ (Kinsman & Gentile, 2010; Malacrida, 2015; McWhorter, 2009). In the name of protecting and compassionately caring for this Canadian family, the federal and provincial governments justified increased social security nets, thereby extended biopolitical and eugenic systems for differentially securing, supporting, sieving and ensnaring Canadian populations.

### **Rebranding Ourselves: From Superior White Nation to Compassionate Welfare State**

The postwar period is often considered the time of the rise of the welfare state in Canada (Prince, 2009; Thobani, 2007). It is a time when Canadians exalted themselves as a caring and compassionate nation that supports its families through hard times. As Thobani (2007) eloquently puts it, however, “the welfare state has never been quite as compassionate or as universal as has generally been presumed” (p.109-10). As I argued in previous chapters, social security nets are often biopolitical and eugenic tools. They enable the securitization and support of (racial) desirables, while seemingly naturally filtering out and ensnaring undesirables, thereby

restricting their flourishing, reproduction, and life chances. The articulation of a caring and compassionate state, however, was very useful. Thobani argues that the welfare state “has been key in organizing the social solidarity of nationals and the expulsion of strangers in the post-war period” (p.107). That is, it enabled racist and eugenic immigration practices and social programs to flourish in the name of compassion. It enabled Canadians to exalt themselves as compassionate and caring members of an advanced civilization with advanced morality, while continuing to colonize and abuse Aboriginal peoples. The growing social security programs also enabled greater social solidarity and national stability because they were strategically targeted to quell potentially dangerous uprisings in the national population without significantly altering the political and financial inequities upon which the biopolitical nation had been built (Mishra, 1990; Thobani, 2007). Four of the potential threats targeted by the post-war welfare state included: the women’s movement, the unrest of un(der)employed veterans, the labour movement, and the poverty of the precarious disabled. As I will argue below, social safety nets targeted each of these threats in ways that would continue to secure nationals, support precarious Canadians, and sieve and ensnare degenerate Others, often through the strategic use of disability.

### **Caring for Women Through The Family**

As discussed above, the new caring Canadian welfare state’s explicit primary target was no longer the white racial makeup of Canada, but the wellbeing of the Canadian family. This move enabled racially motivated eugenic techniques to be used under a more acceptable set of discourses. It offered the added bonus of assuaging post-war feminist movements, both by giving women the supports for which they had long been asking, and by incentivizing, securing, and surveilling the post-war return of women out of the workplace and into the patriarchal and reproductive order of the home (Hill Collins 2000; Mishra, 1990). The post-war state, for

example, invested in the medicalization of childbirth, which drastically increased hospital births and lowered birth-related deaths (Mitchenson, 2002). The federal government passed a purportedly universal Family Allowance Act (1944), often termed the “baby bonus,” which incentivized reproduction by paying a monthly stipend to parents for every child under 16 years old. This ‘universal’ program, however, did not support the reproduction of all Canadians. The supported child had to be born in Canada, of parents who were each in Canada for three years prior, and who were not infirm, insane, or otherwise institutionalized. The federal and provincial governments also operated a host of child welfare programs, through which state-paid professionals educated, disciplined, and surveilled new mothers to ensure that they were providing the right kind of care and support for the nation’s future citizens. These programs served women not only in practical skill-building ways, but also discursively, exalting the white middle-class Canadian mother for doing one of the most important and skilled jobs in (and for) the nation (Thobani, 2007). Not only did these family-focused social security programs support and exalt white middle-class women, they also often created jobs that were deemed more suitable to the ‘caring’ nature of women than their wartime employment in factories and farms (Khosla, 1993; Thobani, 2007)

Although exalting some women, these investments in the family led to far greater surveillance over and disciplining of nearly all women’s lives. These programs not only produced and supported good mothers, but also produced, filtered out, and ensnared bad mothers: those undermining the making of strong, caring, and healthy (white) future nationals. A bad mother could be anyone who was understood as a threat to the (white) Canadian family, including homosexuals, promiscuous women, socialists, activists, and, in particular, colonized, racialized and pathologized women (Black, 2003). Such women were often removed from

motherhood through structures strongly supported by the white maternal feminist movement, such as institutions for the feeble-minded, sterilization boards, and child welfare (Malacrida, 2015; Withers, 2007). The means of this removal – regardless of the reason – was often their pathologization as disabled degenerates. That is, women were produced as the kind of subject who posed a “danger of the transmission of the progeny of mental disability or mental deficiency,” who was “incapable of intelligent parenthood,” and who had a “poor family history of mental deficiency, nervousness, and insanity” (Michener Centre institutionalization documents (Alberta), cited in Park & Radford, 1998, p. 325). Over 25% of these ‘disabled’ women institutionalized were Métis, despite representing only 3% of Alberta’s population. The care of the degenerate disabled and the family translated into cleansing the white nation of (racial and disabled) degeneracy. In fact, the compassionate and caring Canada of the 1950s and 1960s was a far more dangerous place for those deemed to be degenerate than the explicitly eugenic Canada of the 1930s, given that it was the height of both institutionalization and sterilization in Canada (Malacrida, 2015; Park & Radford, 1998).

It was not only mothers who were removed from their communities under discourses of compassion, care, family, and health. The children of impoverished, racialized, and disabled women imaged as *bad* mothers were systemically removed from their homes and given to white middle-class able-bodied women to raise (Thobani, 2007). Although child removal was enacted through provincial programs, some of its more explicitly racialized components were incentivized by the federal government. By the late 1940s, residential schools had failed to assimilate the Indian as quickly as had been hoped (Royal Commission on Aboriginal Peoples, 1996). These racialized institutions with high death rates also offered poor optics in the wake of the Nazi death camps. The federal government thus slowly phased out residential schools

between the 1950s and 1970s, funding integrated, explicitly assimilationist provincially run schooling instead (“Indian Act, 1951;” Royal Commission on Aboriginal Peoples, 1996). Almost immediately after Aboriginal children began to transition to provincial schools, where they could be near their families, the provinces began removing them from their families once again. Now that Aboriginal children were under provincial jurisdiction, agents from the provincial Child Protection Services began apprehending youth from *bad* or impoverished homes (as judged by white cultural standards), a practice that proliferated partially because the federal government paid the province for every Indian child apprehended (Johnson, 1983). In the two decades following this amendment, child welfare programs across the country seized a disproportionately high percentage of Aboriginal youth for placement in white Canadian families and in shelters made from old boarding schools (Royal Commission on Aboriginal Peoples, 1996). In British Columbia, for example, 30% of children in care were Aboriginal despite an Aboriginal population of 8% (White & Jacobs, 1992). Evidence suggests that such youth were often subjected to forced labour, abuse and cultural degradation, not unlike that to which they were subjected within residential schools (Johnson, 1983; White & Jacobs, 1992). As Thobani (2007) argues, “welfare became the extension of warfare, and the manner of waging this war further exalted the nationals on its front lines as compassionate and caring” (p. 125). In sum, caring for the Canadian family was a means to exalt and assuage white women — as maternal feminists, as child welfare workers, and as good mothers. It was also a way to *compassionately* destroy undesired families and to institutionalize and sterilize undesirable women through the construction of bad — often degenerately disabled — mothers.

### **Caring for Veterans**

Much like after World War I, the post-WWII government justified its expanded

biopolitical social security programs through a large advertising campaign about supporting the returning (often disabled) soldier (Ministry of Pensions, 1944; Veteran's affairs, 1944). One such advertisement in the *Globe and Mail* reads:

Canada's men and women who have volunteered to serve have done it in the realization that war demands a grim toll. They have known that in offering their lives to their country they have faced the possibility perhaps of coming back disabled, perhaps with health impaired ... Canada has recognized this and its responsibility to those who suffer injury or illness, and wide-spread treatment and pension provisions are now in effect and operating. (Veteran's affairs, 1944)

Although the disabled soldier offered an important justification for federal programs, the vast majority of these programs were made available to all veterans, regardless of whether they experienced disability or not (Ministry of Pensions, 1944). The universality of these soldier programs meant that supports were available to a small minority of Aboriginal, racialized, and unmarried women veterans, as well as to hundreds of thousands of white men and their Canadian families (Ministry of Pensions, 1944; Department of Mines and Resources, 1947). This inclusion was a small price to pay for painting an objective, non-racist, compassionate veneer on a program that overwhelmingly supported the physical, financial, and reproductive security of white Canadian Families — particularly when fears of another post-war depression were looming. These supports included the Veteran's Land Act (1942), the Veteran's Insurance Act (1944), and the Veterans' Business and Professional loans Act (1946). Perhaps most notable, however, was the Veterans' Rehabilitation Act (1945), which, like in the First World War, offered medical supports as well as an allowance for disabled soldiers. The rehabilitation act also, however, applied to nondisabled veterans, and included the payment of an "out-of-work

allowance" to any "veteran who is capable of performing and is available for work and is unable to obtain suitable employment," just so long as it was not "a veteran who is a married woman" (ibid.). In other words, the act served as an unemployment insurance available only to a population made up in very large part by nondisabled men of Western European descent.<sup>14</sup> This not only supported the reproduction and survival of national desirables, but also protected against the threat of these entitled men rising up against the government in times of unemployment. The Veteran's Rehabilitation Act (1945), further, supported these soldiers through a paragraph that enabled the minister to pay — at his discretion — for "tuition fees, student fees and athletic fees" (p. 5307) of disabled, unemployed or underemployed veterans. This paragraph is significant because it led to the doubling of students in Canada's post-secondary institutions (Tremblay, 1996), and also because it helped to spark the growth of disability sport in Canada.

Rehabilitation of the physically disabled through sport became far more institutionalized, organized, and discursively important during the period of the broadening of the welfare state. The Veteran's Rehabilitation Act's (1945) funding of individual sport fees colluded with new federal funding for "the development of physical fitness in the amelioration of physical defects through physical exercise" ("Physical Fitness Act," 1943, p. 4032) to enable new disability sports programs to emerge across the country. Canada's first informal competition for wheelchair athletes took place in Manitoba in 1947, while more formal amputee sport and wheelchair basketball teams formed in the first years of the 1950s, with leagues forming throughout the 1960s (Gregson, 1999). Just as the welfare state supported physically disabled athletes through rehabilitation and fitness programs, so too did the physically fit disabled athlete

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<sup>14</sup> Canadian soldiers had to pass a medical exam to go to war. For reasons discussed earlier, such exams would have skewed towards men who were not deemed degenerately disabled, and who had Western European ancestry.

serve the welfare state. The image of sporting, physically fit disabled (white) masculinity came to grace the covers of brochures and magazines across the country, attesting to the importance and success of national rehabilitation programs (see Burke in Tremblay, 1996). These were powerful images of independence and rehabilitation that — not unlike the advertising campaigns of the First World War — sought to exalt the physically fit disabled soldier's courage and skill as essentially Canadian. These images sought to inspire and coerce disabled soldiers to overcome their dependency, all the while exalting the superior compassion of the advanced Western welfare state. Not surprisingly, therefore, disability sporting programs remained largely for white men with physical disabilities — mostly those with amputations and spinal cord injuries, and later polio — for decades to come. According to the neo-eugenic logic of the welfare state, no amount of sport could ever rehabilitate a racialized degenerate disabled into any kind of fitness.

### **Caring About Working Men**

The education and work placement of all soldiers was partially a response to fears of another post-war depression, and to fears of the global rise of communism would fuel increasing anti-capitalist and worker unrest (Mishra, 1990; Thobani, 2007). However, not all post-war workers had been soldiers. Thus they were not all pacified by the veteran's pensions. The introduction of the Unemployment Insurance Act (UI, 1940), the update of the Old Age Security Act (OAS, 1951) and eventually the implementation of the Canada/Quebec Pension plans (Q/CPP, 1965) all served to quell ebbing worker unrest, while still ensuring the continued uneven distribution of security in Canada. UI and CPP, for example, both differentially secured workers who were unemployed and retired, respectively. Payouts were tied to worker contribution amounts, which were tied to the worker's wage. This had two major implications. First, those who were least likely to have regular employment (e.g., degenerate disabled, women,



Aboriginal people) were left unsecured. Second, the most highly paid and secured labourers (e.g., white middle class men) were offered far greater financial security than those who were sometimes barely paid a living wage, the latter being largely racialized, female, and degenerate workers. Additionally, many forms of labour were not secured under these acts — or any subsequent Canadian labour acts — including unwaged maternal labour, forced labour (in prisons, internment camps, and ‘training schools’ for defectives), and sheltered workshops for low wage degenerates (Fraser Valley Farmworkers Legal Services Project, 1982; Prince, 2009; Withers, 2012). The OAS (1951) program, in contrast, was sold as a universal program in that it was not tied to waged contributions. As with all other ‘universal’ Canadian supports, however, it was specifically made unavailable to those who did not have 20 years of Canadian residency.

### **Caring for the (Physically) Disabled**

The above ‘universal’ supports (i.e., UI, CPP, OAS) were the largest and most generous social nets of the era. They were constructed as the earned rights and entitlements of workers within a compassionate and caring welfare state (Thobani, 2007). Beyond this set of security nets, however, were a series of much less generous and far more stigmatized support nets: often constructed as undeserved charity, and often tied to intensive and humiliating tests of both capacity and poverty (Storey, 2008; Prince, 2009; Thobani, 2007). A prime example is the federal Disabled Persons Act (1955), a means-tested federal-provincial program that allotted minimal income to impoverished individuals not covered by other programs, those not able to work, and not able to care for themselves due to disability. This bill emerged at a time when there was a perceived rise in the number of physically disabled Canadians. This rise was due partially to the height of the polio epidemic, and also to the rise of provincial and federally funded hospital programs, which increased survival of those facing illness and injury (Valentine

& Vickers, 1996). Specific paragraphs of the act target funding to precarious physically disabled Canadians to the exclusion of many immigrant and disabled degenerate Others: notably, the requirement for ten-year Canadian residency, and the ineligibility of those living in any form of institution, sanatorium or hospital (during the height of the forced institutionalization of disabled degenerates) (“Disabled Person’s Act,” 1955). This two-tiered funding system of acquired versus degenerate disabilities became even more pronounced with the passing of the Disability Pension Act (1965): a contribution-based, wage-relative program that ensured that working nationals would have the protections they were entitled to in order to no longer have to resort to the charity of more universal, stigmatized, welfare programs for the disabled (Jongbloed, 2003).

The charity-like post-war federal interventions were coupled with a drastic rise in state-sanctioned charitable organizations focused on finding medical cures for, and the genetic elimination of, specific conditions (Valentine & Vickers, 1996). Unlike church-run charities for the care of the generalized unfortunate, these organizations were largely run by medical experts, paid professionals, and the parents and family members of those *needing* a cure (Driedger, 1989). For the most part these organizations spent minimal energy on offering care and other interventions that would improve quality of life. Instead, they focused on trying to find a medical cure (Driedger, 1989; Withers, 2012). The two notable exceptions were the Canadian National Institute for the Blind and the Canadian Paraplegic Association. These were charities started in partnership with injured war veterans of the First and Second World Wars respectively (Pearson, 1919; Tremblay, 1996). These were also, notably, some of the only charities concerned not only with cure, but also with providing their physically disabled members with tools, adaptations, and education to improve their current lives (Tremblay, 2005). Up until the 1960s, however, there is little evidence that any such charities made any efforts to change the social structures that

excluded, isolated, or incarcerated those they were attempting to help (Tremblay, 1996, 2005).

### **Superior White Tolerance: The Exalted Multicultural Nation**

In the 1960s, threats of civil unrest and a booming economy led to a further shift in the governance of whiteness in Canada (Thobani, 2007). The growing sovereignty movement in Quebec threatened to divide the nation in two, while civil rights activism in the United States trickled across the border, incubating various rights-based movements, including several disability rights movements. In 1955, the first anti-institutionalization organization formed in Saskatchewan, followed by the Canadian Association for Community Living in 1958 (Driedger, 1989), both of which focused on freeing congenitally and intellectually disabled people from forced institutionalization. At around the same time, those with acquired disabilities — mostly men who had met through local sport and recreation activities — began to organize and make demands for more accessible city infrastructure (Driedger 1989; Valentine & Vickers, 1996). What was a caring white welfare nation to do with increased political pressure from such differentially marginalized others? Further, how was the nation to react to building economic pressures for increased immigration, along with increased judicial pressure to decrease racialized immigration inequities (Kelly & Trebilcock, 1998; Thobani, 2007)?

What the Canadian government did was to increase the incorporation of national diversity into the discourses and biopolitical techniques of the (still fundamentally white) nation. This turn first becomes clear in the language of the act for the Recognition and Protection of Human Rights and Fundamental Freedoms (1960). The act begins with the following preamble:

the Parliament of Canada, affirming that the Canadian Nation is founded upon principles that acknowledge the supremacy of God, the dignity and worth of the human person and the position of the family in a society of free men and free institutions...enacts as follows.

(p. 457)

In other words, Canada is fundamentally a Christian nation that recognizes the dignity of all others so long as they don't interfere with the centrality of the family (i.e., exalted white nationals). The act continues in a remarkably revisionist way: "in Canada there have existed and shall continue to exist without discrimination by reason of race, national origin, colour, religion or sex, the following human rights and fundamental freedoms," which include freedom of speech, religion, assembly, press, and the right not to be unduly deprived of liberty or property (p. 457-8). Notably, disability is not written into these rights. Thus this legislation can coincide comfortably with the height of institutionalization and forced sterilization in Canada. The document then declares that every Canadian law shall abide by these freedoms "unless it is expressly declared by an Act of the Parliament of Canada that it shall operate notwithstanding the Canadian Bill of Rights" (p. 458). To clarify: Canada as a nation revolves around the family (i.e., whiteness), human dignity (despite ongoing sterilization, institutionalization and colonialism), and Christianity (despite supposed freedom of religion). It has always treated all people the same regardless of race or religion, except when it decides to declare that it doesn't have to. In this rather crafty bit of legislation, the Canadian government has declared itself to be non-racist and conditionally tolerant of others, while still centering the white national and *his* family (that is, the family of free men). In fact — and importantly — it is compassionate whiteness (i.e., the family) that is constructed in the preamble as the foundation of Canadian tolerance, freedom, and rights.

Three years later, in the midst of a growing Quebec separatist movement, Canada launched the Royal Commission on Bilingualism and Biculturalism (1963), with a mandate to "develop the Canadian Confederation on the basis of equal participation between the two

founding races, taking into account the contribution made by other ethnic groups to the cultural enrichment of Canada” (Royal Commission on Bilingualism, 1969, p. 3). The use of the term “foundational races,” according to the commission, was meant in “the traditional sense – meaning a national group with no biological significance” (p. 7). That is, this use of the term harkens back to how it was used in the 18th and early 19th centuries. It continues to be used to refer to the historical and cultural lineages that founded England (i.e., the Saxon and Norman races) (Foucault, 1997). Using the word race in this way gives a sense of legitimacy and historical importance to the “founding races” while treating the contributions of “other ethnic groups” solely as “cultural enrichment,” not unlike an interesting and optional aesthetic flair on that enhances the important English and French foundation (Royal Commission on Bilingualism, 1969, p. 3). Effacing the existence of Aboriginal peoples, the commissions mandate reified the primacy of Canadians of Western European descent (most of the English and French speakers), while simultaneously celebrating Canada as inclusive of other ethnic groups and cultures. Importantly, it also introduced the notion of *culture* into the official discourses of Canadian compassion and white supremacy. The Royal Commission on Bilingualism (1969) continues:

The dominant cultures can only profit from the influence of these other cultures... its beneficial effects on the country are priceless. Members of "other ethnic groups," which we prefer to call cultural groups, must enjoy these same advantages and meet the same restrictions. (p. 14)

In other words, “cultural groups” are constructed as inherently enriching – both financially and culturally – the lives of tolerant members of Canada’s dominant English and French cultures. Such cultural groups, however, need to be instructed by the commission to enjoy and tolerate this same cultural diversity in others. This includes conforming to restrictions on cultural expression

produced and shared by the dominant culture.

This focus on culture rather than race or ethnicity served to shift Canadian discourses of white supremacy. Rather than claiming themselves as the most advanced subset of the human race, Canadians of French and English descent could now claim themselves as the most advanced civilization and culture, due, in part, to its superior compassion for, and tolerance of, other cultures. Thobani (2007) argues, “Canadians routinely describe their citizenship, immigration, and refugee policies as the most humanitarian and compassionate in the world. These claims shape their sense of collective pride and national identity” (Thobani, 2007, p. 69). These claims also shape the ways in which other non-Western cultures come to be understood as backwards, primitive, less advanced, archaic, or belonging to the past. In other words, *culture* comes to replace *race* in an otherwise barely changing temporal discourse of racial progress and regression, of primitiveness or advancement, and of archaic or modern practices and beliefs. Similar to, and alongside of, the targeting of family and disability, the governance of culture enabled biological racism and white supremacy to flourish under a different, more acceptable, set of discourses.

While the Royal Commission (1969) was deliberating on biculturalism, the unspoken border favouritism to Canada’s “two founding races” (p. 3) drew the attention of the Supreme Court of Canada, which ruled that Canada had to create a less subjective immigration system (Kelly & Trebilcock, 1998). After trying out an immigration act that ranked countries of origin in a manner strikingly reminiscent of the 19<sup>th</sup>-century racial hierarchies of biological progress (Canadian Council for Refugees, 2000; Kelly & Trebilcock, 1998), the federal government decided to revamp their immigration process around economic criteria. The resulting Immigration Act (1967) introduced a points system for immigrants and officially ended

explicitly racial or ethnic immigration quotas in Canada. However, this seemingly objective points system had numerous racial biases. Points were awarded for English or French proficiency, recognized Western education, and the support of Canadian family members (in a country with a 97% European population) (Canadian Council for Refugees, 2000). Further, despite a major reworking of the racial and ethnic criteria for immigration, the prohibited classes section remains almost entirely unchanged: with over 20 degenerate kinds prohibited, and with physical defects maintaining their (white) privilege of conditional economically-dependant entry. These racial-disability biases aside, this act did significantly shift the percentages of European immigrants from over 90% to less than half (Thobani, 2007).

The very same year that non-Europeans were enabled to enter the country in significant numbers, the relationship of immigrants to the welfare state shifted. For example, in 1967 the Assisted Passage Loans, which helped immigrants financially settle in Canada, began charging interest for the first time in its decades-long history (Canadian Council for Refugees, 2000). Additionally, the two classes of immigrants that were introduced in the 1967 immigration act — independent (those with recognized education and job prospects), and family (mostly women and racialized immigrants) — were granted differential access to the welfare state. The family class had to pay equal taxes as the independent class, but unlike independents, they were granted no access to most social services and citizenship rights (Thobani, 2007). Once again through discourse of family, new ‘inclusive’ legislation assured that racialized immigrant families would not be secured and supported in the same way as desirable white nationals and Canadian families. Despite many having unequal access to the welfare state, the new influx of racialized immigrants were popularly constructed, on the one hand, as burdens on the nation-state, and on the other hand, as proof that Canada was a (superior), tolerant, multicultural nation (Thobani,

2007).

In 1971, based on recommendations from the Royal Commission on Bilingualism and Biculturalism, Prime Minister Trudeau (1971) announces an official government policy “of multiculturalism within a bilingual framework” (p. 8545). He argued that:

such a policy should help break down discriminatory attitudes and cultural jealousies.

National unity if it is to mean anything in the deeply personal sense, must be founded on confidence in one's own individual identity; out of this can grow respect for that of others and a willingness to share ideas, attitudes and assumptions. (ibid.)

It must be noted, first, that Trudeau has entirely framed intercultural (i.e., interracial) tensions and inequalities in Canada through the post-war eugenicist spin of pathological racism: it is a problem of irrational individual attitudes and jealousies, not highly rationalized biopolitical systems that unevenly distribute security, threats, and overall life chances (Spade, 2011). Second, although Trudeau (1971) argues that cultural tolerance must be “founded on confidence in one’s own individual identity” (p. 8545), several scholars convincingly argue that it works the other way around: that exalting oneself and one’s culture as tolerant helps to build confidence in one’s own (white) supremacy (Brown, 2006; Puar & Rai, 2002; Thobani, 2007). Thobani (2007) argues:

multiculturalism has been critical... in the *reconstitution* of whiteness in its distinct (and historically new) version as a culturally ‘tolerant’ cosmopolitan whiteness. This has facilitated a more fashionable and politically acceptable form of white supremacy, which has had greater currency within a neocolonial, neoliberal global order. (p.148)

Importantly, however, although the exaltation of white tolerance is often achieved through the surface valuation of other cultural traditions (i.e., food, dancing, clothing), it relies upon the



devaluation of the very cultures being tolerated. Thobani continues:

multiculturalism was to prove critical to the rescuing of Euro/white cultural supremacy: white subjects were constituted as tolerant and respectful of difference and diversity, while non-white people were instead constructed as perpetually and irremediably monocultural, in need of being taught the virtues of tolerance and cosmopolitanism under white supervision. (p.148)

Not unlike the nostalgic interest in Aboriginal paraphernalia and practices during the colonizing era (McWhorter, 2009), multiculturalism emerges often as paternalistic and spectacular celebrations of amusing cultural artifacts from a more primitive (and thus less tolerant) people (e.g., Heritage Day festivals, opening ceremonies of major sporting events) (Adese, 2012; Forsyth & Wamsley, 2005; Kalman-Lamb, 2012; Mason, 2014). These multicultural celebrations, however, are conditional upon the “restrictions” and containment of such expressions into times, places, and modes that serve “bilingual and bicultural” interests (p. 3). In many such restricted contexts, cultural differences are constructed as “intolerable barbarism” (Brown, 2006), as non-progressive, mono-cultural practices of inferior intolerance that cannot be tolerated by freedom-loving Western nations. This notion of non-Western cultures as inherently more intolerant of difference serves to “anoint Western superiority but also to legitimate Western cultural and political imperialism” (p. 7). This imperialism includes the waging of wars in Muslim countries, the refusal of Aboriginal sovereignty, and the always-conditional acceptance of non-Western immigration and cultural expression. Thus not unlike neo-eugenic discourses of pathologically racist others, the most consistent targets of racially motivated eugenic and imperialist practices (e.g., Aboriginal, impoverished, racialized, and pathologized people) come to be understood as the primary perpetrators of intercultural intolerance, especially if they dare to

re-politicize social and financial inequalities through the now unCanadian discourse of race (Thobani, 2007).

### **Superior White Tolerance: The Exalted Multicultural Nation**

As I have argued in each of the previous chapters, the explicitly eugenic production, prohibition and ensnarement of racialized and pathologized degenerates has largely been perpetrated for the primary purpose of protecting and advancing the supremacy of the white race. Histories of racism and ableism are much more foundationally about whiteness than about ethnicity and disability. Similarly, in the era of multiculturalism, biopolitical projects for constructing the tolerable and intolerable Other are primarily about reproducing and exalting the tolerant white subject, and naturalizing the continued economic and political inequalities that serve their interests (McWhorter, 2009; Thobani, 2007). In the final genealogical chapter of this dissertation, I will demonstrate how the emerging spectacle of Canadian tolerance of, and compassion for, disability has been increasingly leveraged in the multicultural and neoliberal era to (re)produce the notion of superior Western morality and culture (and, thus, by extension, white supremacy).

## **Chapter 8: Spectacular Tolerance and the Inspirationalization of Athletic Disability**

In the previous chapter, I traced the uses of degenerate disability in the transition from an explicit white supremacist state, to a belief in the superior compassion and tolerance of Western civilization, and Canadian culture in particular. In this chapter, I build on this work to demonstrate how, from the mid 1970s through to contemporary times, Canada and its nationals came to construct their Western moral superiority partially through the explicitly compassionate, tolerant, and inspirational governance of disability. I will outline, below, three significant ways that Canadians constructed their moral superiority in relation to disability. First, they repealed existing laws, policies, and programs that explicitly targeted degenerate subjects with violence, confinement, and extermination. Second, they introduced a few key pieces of legislation that increased disability supports and rights. Third, they loudly and spectacularly celebrated the achievements, qualities, and inclusion of a handful of inspirational physically fit disabled men. I will analyze these three shifts in the governance of disability through the emerging techniques and discourses of moral self-exaltation (discussed in the previous chapter). However, I will also analyze their role in the consolidation of Canada's international reputation as moral leader. That is, I argue that the compassionate turn in the Canadian governance of disability can be understood as – at least partially – an international spectacle of superior Canadian tolerance.

### **International Disability Rights and the Production of Disabled Persons**

The above noted shifts in Canada's disability governance emerge around the same time that the United Nations (1975) declares disability to be a marginalized class, deserving of fundamental rights and other legislative protection. Importantly, the United Nations declares the inalienable rights of not only those with acquired physical disabilities (the target of compassionate Canadian disability legislation to date), but also those of *all* disabled persons. The

declaration reads:

the term “disabled person” means any person unable to ensure by himself or herself, wholly or partly, the necessities of a normal individual and/or social life, as a result of deficiency, either congenital or not, in his or her physical or mental capabilities.

The specific inclusion of congenital (and mental) deficiency, above, is of fundamental importance. As I have discussed at length in the previous chapters, it is precisely the congenitally (i.e., degenerate) disabled subject who has been conceptualized – in Canadian sterilization and immigration laws, as well as in international arenas, such as the Nuremberg trials – as a fully legitimate target for anti-racist racial improvement through segregation, prohibition, and extermination.

The second important point in this quotation is that all disabled persons are acknowledged and legislated as a single class of persons – marked by deficiency and dependency (i.e., “not able to ensure for himself or herself... the necessities of life”), not by defectiveness and degeneracy (United Nations, 1975). This shift placed the majority of Canadian disability legislation and practice on the wrong side of international disability law, especially those laws that dealt with systemic institutionalization and sterilization. As I will outline below, the resulting legislative and discursive shifts towards the more explicitly equal governance of degenerates, physical defectives, and nationals served as a spectacle of superior Canadian morality. I argue, however, that such shifts served more to efface, justify and reproduce – rather than to substantially alter – the differential distribution of life chances, social security, and exaltation between these social kinds.

### **Repealing Explicit Anti-Degenerate Violence**

In the mid 1970s such discursive and legal contradictions in rights laws and practices

enabled politicians in Alberta and British Columbia to successfully fight for the repeal of their sexual sterilization acts, although not without significant opposition (Malacrida, 2015). The repeal of explicit forced sterilization laws, however, did not equate to a repeal of eugenic techniques to control the sexuality of those deemed degenerate. Long after the closure of the official eugenics boards, non-consensual sterilizations of people with intellectual and congenital impairments were taking place throughout Canada (Malacrida, 2015; Withers, 2012). This practice was finally made illegal by the Supreme Court of Canada in 1986, except in clearly therapeutic circumstances (a loophole that continues to trouble disability activists) (*E. (Mrs.) v. Eve*, 1987; Rioux & Valentine, 2006). Not in direct contradiction to this ruling, however, are the large numbers of disabled and institutionalized women who continue to be given long term birth control without their consent, and even sometimes without their knowledge (Canadian Women's Commission on Reproduction, 1995; Withers, 2012). In short, the repeal of sexual sterilization laws did not significantly alter the sexual and reproductive freedoms of those deemed degenerate.<sup>15</sup> What it did enable was the denial and erasure of the entire eugenic branch of Canadian disability and racial history (and present). This erasure then contributed to the dominance of historical narratives about the unilaterally progressive (disability) compassion and support of the Canadian welfare state.

While the western-most provinces were repealing their sterilization acts, the federal government was revising various acts that explicitly targeted degeneracy. For example, in the 1976 Immigration Act, the lengthy prohibited classes section of the past 70 years was replaced with a few simple much less explicitly anti-degenerate paragraphs buried in the third section of

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<sup>15</sup> See Withers (2012) or the website *Eugenics to Newgenics* (2014) for a more comprehensive list of the ways that the eugenic control of those deemed developmentally disabled continues to be practiced in Canada.

the document, entitled “exclusion and removal.” The first inadmissible class listed is:

persons who are suffering from any disease, disorder, disability or other health impairment as a result of the nature, severity or probable duration of which, in the opinion of a medical officer ...their admission would cause or might reasonably be expected to cause excessive demands on health or social services. (p. 12)

Thus, in keeping with the United Nations declaration (1975), Canada replaces its long list of differentially governed defective kinds with a single paragraph that seemingly equally, objectively, and economically governs all disabled subjects as a single class. Although far less explicitly problematic than the previous list of prohibited kinds, this paragraph has, in practice, been as or more exclusionary of non-acquired disability than any previous paragraph (Hanes, 2009). It enables the seemingly objective exclusion of anyone whom doctors believe might be institutionalized, might require significant community supports, or might experience a degeneration in their condition over time (Hanes, 2009; Peers, Brittain, & McRuer, 2012). Each of these seemingly medical and economic criteria – when implemented in an era of mass institutionalization, inaccessible communities, and neo-eugenic thinking – virtually ensures the unconditional prohibition of anyone whose non-normative capacities are understood as congenital, intellectual, behavioural, developmental, contagious, genetic, or related in any way to mental illness (i.e., degenerates). In other words, the only disabled subject likely to be granted entry is the economically independent or productive physically disabled subject: the high-functioning older or injured subject with an acquired mobility-related impairment. This focus on economic independence from the state harkens back to the United Nations (1975) definition of disability as a category of both deficiency and essential dependence. The admissible physically disabled subject in Canadian immigration law is thus not a disabled subject under international

law: they are, by definition, a subject who may be deficient, but not dependant.

By the beginning of the 1980s, capping and deep cuts to welfare programs (Jongbloed, 2003; Stillborn, 1997) were overlapping with increasingly vocal and organized independent living movements in Canada (Jongbloed, 2006; Valentine & Vickers, 1996). The resulting closure of hundreds of institutions for degenerates over the following thirty years has often been discursively constructed as the result of a progressively tolerant and compassionate state (Jongbloed, 2003). However, the lack of concomitant investment in physically and financially accessible community-based resources (including accessible housing, attendant care, and pharmaceutical coverage) led to skyrocketing illness, poverty, death, criminalization, and often re-institutionalization — through long-term hospitalization, nursing homes, and prisons — of those who had been recently de-institutionalized (Rembis, 2014; Ware, Ruzsa, & Dias, 2014). This re-institutionalization, however, was harder to find fault with in international law and morality discourse. The re-institutionalized subjects, after all, were no longer forcibly confined due to their disability status, but rather either forcibly confined due to their criminal status, or ‘consensually’ ‘supported’ in institutionalized settings due to their economic or health-related needs. Once again, therefore, legal and discursive shifts in the institutionalization of those previously deemed degenerates, did not lead to meaningful shifts in the life chances, reproductive freedoms, and freedom of mobility of many of those affected.

In the midst of these austerity-based cuts, the provinces invested increasing amounts into the genetic and abortive prevention of particular kinds of disability (e.g., down syndrome, spina bifida). Free maternal care increasingly included prenatal fetal screening and abortion, and genetic counseling for families deemed high risk (Withers, 2012). In a period of austerity, such increases in funding were justified as cost prevention, despite the fact that universal testing often

costs between ten and one hundred times more than the state-articulated cost of properly caring for each ‘abnormal’ child if they were born (Withers, 2012). Thus, despite discourses of progressive disability tolerance and compassion, neo-eugenic programs have thrived long past the 1970s through techniques of non-consensual birth control, de-institutionalization, austerity-cuts, and preventive medicine: techniques that are far more likely to ‘objectively’ target those pathologized as degenerate than those imagined as physically fit disabled subjects or nationals.

### **Legislating Disability Tolerance**

In the early 1980s, partially in response to the United Nations (1975) declaration of disability rights, the federal government began issuing reports about disability well-being, legislating disability rights, and announcing social and economic supports to create (and celebrate) an inclusive society for disabled citizens (Prince, 2009). All of these legislative shifts, on the surface, offered support to disabled persons as a single unified class.

One form of federally funded disability support in the early 1980s was part of the government’s mandate to minimally fund the establishment of national organizations to represent numerous ‘fringe’ interests in Canada, including members of certain disability movements. This funding helped not only to construct Canada as tolerant of its minorities, but also to shift the focus of local, and at times radical, feminist, Aboriginal, Quebecois, racial, and disability activism towards federal legislative compromises: rendering them dependent upon state support and approval for their continued existence (Findlay, 1987; Valentine & Vickers, 1996). Of note, the Canadian state mostly backed disability groups that espoused the independent living approach to disability rights, an approach that embraced discourses of citizenship, dovetailed with emerging neoliberal values of self-sufficiency and independence, and tended to eschew more radical demands for economic redistribution (Valentine & Vickers, 1996; Withers, 2012).



As an extension of this recognition of disability rights, the federal government created a Special Parliamentary Committee on disability in 1980. The resulting *Obstacles* report found that disabled Canadians (once again, as a unified class) faced major barriers to participation and even survival, and that they desired to be treated with respect, to have control of their lives, and to participate in all aspects of Canadian life (Special Committee on the Disabled, 1981). The report called for rights-based legislation, as well as significant changes to transportation, housing and employment in Canada. As Prince (2009) argues, Canada has not — to this day — made significant and lasting shifts to any of these legislation needs except, perhaps, that of rights. Two subsequent federal reports (House of Commons, 1993; In Unison, 1998) each lament the almost entire lack of improvement on the above problems made by previous governments, and the fact that cutbacks regularly withdrew whatever changes had been promised. Each of these reports also argues that the minimalist existing programs of support were nearly impossible to access for less privileged disabled people – especially Aboriginal people, and people with ‘severe’ disabilities – due to “problems of arbitrary program categories, client confusion, and poor coordination within government, jurisdictional challenges, and insufficient consultation with affected communities” (Prince, 2009 p. 67; Titchkosky, 2011). After each report, the government of the time would make loud announcements about compassionate and tolerant disability supports to be rolled out over the next five or ten years, only to quietly cut the funding shortly thereafter. As Prince (2009) argues, these spectacular promises “not only perpetuate a pattern of relentless incremental changes but also conceal the erosion and decline in existing programs and benefits to persons with disabilities” (p. 77). In other words, the spectacle of progressive compassion and tolerance exalts nationals while obfuscating the continued, neo-eugenic and biopolitical “indirect murder” of subjects who are both racialized and pathologized (Foucault,

1997, p. 256).

Even the constitutional protection of disability rights deserves a deeper analysis. Despite the *Obstacles* (1981) report suggestions, and the United Nations' (1975) declaration of disability rights, disability was left out of the first few drafts of the Charter of Rights And Freedoms ("Constitution Act," 1982). Only due to the persistent last minute lobbying of disability activists led to disability being included as a protected class in the final draft (Prince, 2009; Vanhala, 2010; see also ("Constitution Act," 1982). The final draft reads:

every individual is equal before and under the law and has the right to the equal protection and equal benefit of the law without discrimination and, in particular, without discrimination based on race, national or ethnic origin, colour, religion, sex, age or mental or physical disability. (sec.15, para. 1)

This inclusion of disability, or rather, of two distinct kinds of disability, was monumental, in that Canada was the first country — and the only country in the 1980s — to enshrine disability rights in their constitution (Vanhala, 2010). It was also monumental in that – although differentiating between two disability kinds – the same legal protections were to be offered to both. Despite this monumental success, however, disabled activists soon learned that rights are not always particularly effective in combating foundational structural marginalization and devaluation. In a detailed review of the effects of Supreme Court decisions since the Charter, Vanhala (2010) shows that rights-based approaches to improving the life chances of disabled Canadians rarely translates into universal and lasting change. The Supreme Court decision to require Sign Language interpretation in hospitals, for example, did not lead to significant legal or policy changes in most provinces. Many Deaf Canadians continue to lack accessible healthcare, education, and engagement with the law (*Eldridge v. British Columbia*, 1997; Vanhala, 2010).

Vanhala (2010) argues that as a result, “disability activists are increasingly fighting battles for what they see as a ‘maintenance’ of protection from discrimination rather than battles of rights expansion” (p. 46). The claiming of such formally recognized rights, moreover, tends to skew by income, education level, and sense of national entitlement and exaltation. Systematically impoverished, undereducated, institutionalized, and disrespected subjects who are pathologized as intellectually, developmentally, or degenerate disabled, or mentally ill (Winters, 2012; Rembis, 2014; Ware et al., 2014), are far less likely to be educated about their rights, to be able to access or hire a lawyer to protect their rights, to feel safe or justified in asserting rights, or to be read as as a credible source of legal testimony. Rights might be universal on paper, but their practical application and defence are deeply skewed against precisely those who are systematically targeted, and thus in most need of their protection.

### **Inclusive Attitudes and Compassionate Charities: The Neoliberal Turn**

The above-described coupling of formal state recognition with neoliberal social security cuts is what Jongbloed (2003) calls the shift from a welfare state to a welfare society: the notion that “changes in attitude toward people facing discrimination were as important as financial redistribution” (p. 204). This discourse enabled governments to disinvest from programs designed to combat economic and structural inequality, and instead, download the responsibility of rampant disability (and racial) marginalization to the pathologically intolerant attitudes of certain intolerant Canadians. Unsurprisingly, those most likely not to be tolerated are precisely those who have been systemically pathologized, ensnared, and segregated as degenerate racial threats for generations (i.e., not the physically fit disabled subject). In addition, those who are most likely to be targeted as the source of intolerance and discrimination are also those who have consistently been constructed as degenerate: the impoverished, uncivilized, unintelligent,

uneducated, and non-Western Others (McWhorter, 2009; Thobani, 2007). Thus, in a turn reminiscent of the post-eugenic pathologization of racism, battling individual intolerance of degenerates meant once again targeting and pathologizing individuals understood as degenerates. By extension it also meant loudly exalting Canadian nationals for their morally superior progressive inclusion of disabled subjects within the welfare society and for their protection of such subjects from the discrimination of intolerant (racialized) others.

The move from the welfare state to the welfare society, Jongbloed (2003) argues, was fundamentally sparked by the rise of neoliberalism. For Spade (2011), neoliberalism (in the American context) is characterized by increasing “privatization, trade liberalization, labour and environmental deregulation, the elimination of health and welfare programs” (p. 33-4). The generalized effect of neoliberalism, he argues, is “an over-all upward distribution of wealth and drastically decreased life chances for poor people,” including a grossly over representative proportion of racialized and disabled people (p. 34). Further, one of the primary discursive techniques of neoliberal governance has been that “the words and ideas of resistance movements are frequently recast to produce results that disserve the initial purposes for which they were deployed” (p. 34). In particular, discourses of rights and solidarity come to be used to celebrate the cutting of social services, and the marketization of basic human needs.

All three of Spade’s (2011) descriptions of neoliberalism are characteristic of shifts in the ways that the Canadian welfare society governs disability since the 1980s. First, many of the disability programs that were cut during the 1980s were later picked up by increasingly corporatized charitable organizations, including the running of sheltered workshops and institutions (now called nursing homes or group homes), as well as programs for the curing, rehabilitation, and normalization of pathologized bodies (Rioux & Valentine, 2006; Withers,

2012). Second, the vast majority of disability charities came to be run by middle class, white, able-bodied professionals who reproduced middle class financial privilege in the name of the systemically impoverished populations whom they served (Withers, 2012). Further, federal tax exemptions for charitable donations have incentivized corporations and rich philanthropists to advertise their large donations to charities as a means of exalting themselves as tolerant and compassionate, and increasing their excessive wealth (King, 2006; Withers, 2012). The effect of this, as Withers (2012) outlines in detail, has been that people who experience disability continue to live in extreme poverty while trillions of dollars go into making the rich richer: paying professional fundraisers, charity executives, advertising executives, paying corporations through tax exemptions, and scientists through grants for ridding Canadian bodies and populations of disability. In other words, the negative ontology of disability (Campbell, 2005) has been turned into an extremely profitable product to be sold through cross-marketing, telethons, and fundraising fitness activities (King, 2006): walks and runs that reproduce eugenic discourses around fitness, eugenic technologies for disability extermination, and the neoliberal maximization of profits (to be discussed in detail later). Finally, charitable organizations have increasingly co-opted the language of the disability rights movement to sell the neo-eugenic aim of ridding the world of disability, including phrases like “empowering people to fight back” and “join the movement” (American Cancer Society and multiple sclerosis advertisements, in Withers, 2012, p. 77). Such language undermines existing struggles of disability activists, equating charitable donation with structural and political change. This language also serves to exalt (mostly) white donors for their exceptional disability compassion and tolerance, despite the fact that much of the money goes to middle-class nondisabled workers, and the rest of it tends to fund neo-eugenic programs of disability extermination (e.g., charitable running of sex-segregated

institutions, charity-driven research into genetic testing for identifying, aborting, or modifying potentially disabled fetuses) (Withers, 2012).

### **Spectacular White Tolerance Through Disability Sport**

Given the world's relative disinterest in disability — as opposed to refugee management, peacekeeping, or the control of smallpox (United Nations, 2014)— there were very few opportunities to mobilize Canada's supposedly superior disability rights for national and international exaltation. Disability sport, which was gaining increased media and political interest on the national and international stage (Bailey, 2008; Gregson, 1999), quickly became an arena through which Canada and the rest of the West's moral superiority could be demonstrated.

Canadian sport had undergone some changes since the 1943 Physical Fitness Act was repealed (in 1953) and replaced by the Fitness and Amateur Sport Act (1961) (Collections Canada, 2008). As discussed in the previous chapter, the Physical Fitness Act (1943) focused on “the extension of physical education,” the “physical development of the people through sports, athletics and other similar pursuits,” and the “amelioration of physical defects through physical exercise (p. 4032). The Fitness and Amateur Sport Act (1961), by contrast, focused on “the promotion and development of Canadian participation in national and international amateur sport,” and to provide adequate facilities, coaching, funding, and recognition of excellence to fulfill this objective (p. 3250). That is, while the 1943 act focused on increasing the physical fitness (i.e., racial superiority) of precarious Canadians and nationals, the 1961 act focused on using elite international sporting spectacles to demonstrate the physical and cultural superiority of Canadians (particularly in relation to communist Others (Hill, 1996)).

The 1961 act provided the rationale and funding structure for Canada to bid for, and later host, the 1976 Olympic Games in Montreal. These Olympic Games were a prime opportunity to

fulfill the mandate of the new amateur sport act: to create a spectacle of superior Canadian athleticism and culture on the international stage. The energy put into positively representing the Canadian culture and 'people' cannot be overstated, particularly as it relates to removing degenerates from the public view. For example, in the months leading up to the Games, Montreal police were repeatedly sent to 'cleanse' the city of degenerates (with the help of national intelligence): which included raids on gay bathhouses and the criminalization of the homeless and disabled on the streets (Howell, 2009; Kinsman & Gentile, 2010). Selling the spectacle of a culturally advanced and physically fit Canadian people required the forced removal of all of the immoral and physically and mentally unfit unCanadian subjects that the city could get their hands on.

The federal, provincial and municipal governments, along with the organizers, seemed largely in agreement about the usefulness of hosting the Olympics, and the importance of ridding the Olympic city of the disabled, immoral, and otherwise unfit degenerates. What they were not in agreement on was the usefulness of hosting an international sporting event for the ultra-fit physically disabled athlete: the Paralympic Games. The Paralympic Games began in 1952 as a competition between English and Dutch veterans with spinal cord injuries. They were held in a Stoke Mandeville (England) veteran's hospital (Bailey, 2008). In 1960 and 1964 the Paralympic Games included roughly 400 athletes with spinal cord injuries from over 20 countries and the Games were held in the same venues as the Olympics (i.e., in Rome and Tokyo respectively). The Montreal organizers, however, were the second hosts in a row to refuse to allow the Paralympic Games to use its Olympic facilities (Bailey, 2008; Steadward & Foster, 2003). This decision conflicted with the federal government's embracing of the Paralympic Games, to which they had promised \$500,000 (Bailey, 2008). After all, what better stage than an international

sporting event for inspirational, physically fit disabled Canadians to demonstrate the superior tolerance and compassion of the Canadian culture and people— particularly in the wake of the United Nations declaration of the Rights of the Disabled (1975)? The governments of Toronto and Ontario were quick to jump on board. Toronto became the official host of the 1976 “Olympics for the Disabled,” also known as the “Torontolympiad.”

Once agreeing to fund the games, however, Canada found itself caught between its international reputation as compassionate to the disabled and as a caring, anti-racist state. The international Paralympic organizers — most notably Dr. Guttman — had decided to let South Africa compete, despite the recent United Nations embargo on the country and despite Canada banning athletic competitions with racially segregated South African teams (Bailey, 2008; Brittain, 2011). Guttman’s decision was based on the fact that South Africa’s Paralympic team was racially integrated (Brittain, 2011; Gregson, 1999)<sup>16</sup>. In the end, the Canadian government devised a win-win situation for conserving its anti-racist and disability-tolerant reputations. It withdrew its funding for the Paralympic Games and offered these funds, instead to emerging disability sports organizations in Canada (Gregson, 1999; Leg et al, 2004). This influx of funding sparked a multiplication of Canadian disability sport organizations, most of which were charities run by nondisabled rehabilitation professionals for physically disabled subjects (Gregson, 1999).

The 1976 Paralympic Games continued in Toronto without federal funding. In fact, the federal government’s decision to pull its funding, together with several countries’ decision to boycott had drawn unprecedented media attention to the Games. This led to much higher sponsor and spectator numbers than expected (Jackson, 1977). The majority of the media coverage of the Games focused on the two competing compassions: the plight of the physically disabled athlete

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<sup>16</sup> Although the team was integrated on paper, the two racial factions slept in different quarters, and even rested on different sides of the playing field (Bradburn, 2014).



versus the plight of those affected by apartheid. Siding with the federal government, various national and international reporters argued that South Africa's integrated disability sports program could not possibly make up for the country's choice to tour with a segregated national rugby team (Brittain, 2014). In other words, disabled athletes and disability sport are too unimportant to trump international nondisabled sport. One incredulous Canadian Broadcast Corporation (1976d) reporter, for example, grilled Canadian Paralympic organizer Dr. Jackson about his claim that the integrated South African team was "striving to improve the lot of non-whites just as much as anyone." The reporter quipped: "don't you think it's a little ironical that the only way you can avoid apartheid in South Africa is if you're crippled?" What makes this situation ironic to a reporter in Canada – a country that explicitly targets the degeneracy of disability as an anti-racist way to protect the (white) race – is that it is only the most degenerate of racialized South Africans (i.e., dark-skinned "cripples") who are enabled to interact with purportedly superior whites. What the reporter has not accounted for is that, in the logic of South African white supremacy, these disabled light-skinned athletes are not necessarily understood as fully white.

Most local reporters, however, backed the position of the organizers, claiming that "politics should not be brought into a competition for athletes with disabilities" (Bradburn, 2014). Put more bluntly, "it would be wrong to bring cripples into the political arena" (Novak in Brittain, 2014, p. 1176). Although this argument positions the speaker as a supporter of the Paralympic Games and their athletes, it does so by insinuating that disability sport and its athletes are "beneath politics" (ibid.). The argument thus exalts the compassionate speaker who is protecting the opportunities of the disabled much more so than exalting the Paralympians as athletes. Once the Games began, discourses that favored the Paralympic position gained steam

(Bradburn, 2014). They did so, I argue, through two primary techniques used by reporters and organizers: the distancing of the physically (fit) disabled athlete from the developmentally disabled degenerate, and the explicit use of inspirational discourses.

In his write up of the Games, Jackson (1977) – the principle Canadian organizer – argued that the most important thing Canadians had learned was, “that the physically disabled are human individuals... the only difference lies in the fact that because of a specific disability they may not be able to do quite as much in a physical way as an able-bodied person” (p. 69). Throughout Jackson’s article he repeats the phrase “physical disability” at pretty much every possible turn, implicitly differentiating these precarious Canadians from the specter of a much less “human,” able, and Canadian disabled subject. Similarly, many reporters clung to stories of how each athlete acquired his or her disability, almost as a mantra to distinguish the physically disabled athlete from those whose disabilities developed out of something more insidious (i.e., CBC, 1976a, 1976b, 1976c). Many authors, however, were far more explicit about exactly whom the physically fit disabled athlete was being differentiated from. In his discussion of the Torontolympiad and its impact, a medical doctor chose the following athlete quote as the epigraph: "when people first see me in a wheelchair, they expect me to fall out, throw up, or babble incoherently. They’re amazed when I do none of these things” (Mowatt in Grogono, 1976 p. 158). This epigraph clearly illustrates that the Torontolympiad showed the world that Paralympians are physically disabled athletes, not developmentally disabled, intellectually disabled, or sickly degenerates. A reporter for the *Etobicoke Guardian* (a local paper for the host community) uses a remarkably similar approach to make his point:

at first it was curiosity, as in watching a circus act, or more bluntly a freak show. Then it was intrigue at the abilities of the men to play the game. The only difference was that they

had wheels for legs. Then it was a true sports fan watching a match between two nations and cheering madly for his home country. (in Bradburn, 2014)

The author, in other words, came in expecting to gawk at degenerate, racialized cripples like those of the freakshow era (Garland-Thomson, 1996, 1997). Instead, he saw precarious physically fit disabled Canadians: men who were *like him* before acquiring their disabilities (and thus wheelchairs). These men were similar to inspirational disabled soldiers, whose victories could be reflected back onto the nation and the national, with pride.

Understanding these athletes as akin to inspirational disabled soldiers was made much easier by their embodiments, which matched popular imagery of the disabled soldier. For example, 82% of the athletes were male. They were largely wheelchair users with spinal cord injury, and for the first time at the Paralympics people with amputations and visual impairments (Gregson, 1999; Bailey, 2008). Men with visual impairments and amputations are precisely the figures most represented in inspirational First World War propaganda. Veterans with spinal cord injuries who used wheelchairs were widely chosen for inspirational Second World War imagery (see DSCR, 1919; Pearson, 1919; Tremblay 1995, 1996). The image of these particular kinds of physically disabled men seemed to deeply emotionally affect several commentators. However, it was widely acknowledged that the most appropriate and important inspirational targets of these games were individuals with disabilities. One CBC commentator (1976a) recalls: “I must say it was a stirring sight to see, all of the athletes coming down the track. Some walking and some in wheelchairs, and I would think it would be an inspiration to every disabled person.” This response dovetails with the use of inspiration in the First World War, detailed in chapter 6, in which inspirational techniques and discourses were used to differentially govern nationals and precarious Canadians. Inspiration governs the national by exalting him or her with the celebrated

qualities of the inspirationally overcoming subject, thus further reproducing his or her national status. In other words, inspirationally disabled Canadians make nondisabled people feel good about being Canadian. However, inspiration governs the precarious disabled subject by subjecting him (and later her) to intense rehabilitation techniques and widespread panoptic surveillance, which are strategically designed to induce disabled people to overcome physical and structural barriers, in order to become productive, fit, and inspirational citizens. In short, inspirational disability makes disabled Canadians feel like they have to be good or do good. This much more pointed governance of the precarious disabled subject is evident in Jackson's (1977) articulation of what disabled participants and, interestingly, their medical caregivers learned from the games:

there is no need to stay at home, to be introverted, and to feel sorry for oneself... they learned that physical achievement and the striving for a maximum degree of well-being makes life easier... instead of being welfare burdens on society they can become achievers, tax payers and useful citizens... their physical achievements were of great value as an example to other disabled in the community. (p. 69)

This double use of inspiration was perhaps wielded most skillfully by the nondisabled wheelchair sport president, Guttman, in his rather pointed opening ceremonies speech. Referring to the South Africa fiasco, Guttman declares: "in the world of the disabled *we* are used to overcoming seemingly insurmountable obstacles" (in Bradburn, 2014, italics mine). This quote invokes the inspirational status of the Paralympic athlete as someone who perpetually and heroically overcomes. This quote also, however, exalts Guttman and his fellow nondisabled Paralympic organizers and supporters (i.e., the "we" in the quote) by projecting the heroism of overcoming disabled athletes onto their own feat of overcoming the lack of federal defunding.

Such discourses were used by organizers and the media to exalt Canadian nationals who watched and supported the Torontolympiad. The media invoking spectators as compassionate supporters of struggling physically disabled subjects who valiantly and perpetually faced barriers, including those recently erected by the federal government. In other words, Guttman and the Torontolympiad wielded disability inspiration as a political technique for reproducing the exalted, tolerant, and compassionate status the Canadian supporters of the Games, whose hyper-tolerant Western sheen was threatened by claims of collusion with the explicitly racist South African state. Inspirational disability, in other words, came to the rescue of tainted Western tolerance.

### **Terry Fox: Spectacularly Ordinary Disability**

Four years after the Torontolympiad, in 1980, a very physically fit Western Canadian man named Terry Fox decided that he would run 8860km across the width of Canada in order to raise research money for curing cancers like the one that resulted in his lower leg amputation. Two thirds of the way across Canada – right before he entered the four western provinces – the return of cancer forced Fox to stop. Despite his failure to complete the run, Fox became one of the most exalted and inspirationalized figures in Canadian history. He has been named Canada's greatest hero (1999) and has become a quintessential Canadian icon, appearing on Canadian coinage, stamps, and passports (Terry Fox Foundation, 2014b). The following description of Fox's final miles – taken from the Terry Fox Foundation Website – is an example of how Canadians write about him:

For 3,339 miles, from St John's, Newfoundland, Canada's eastern most city on the shore of the Atlantic, he'd run through six provinces.... He'd run close to a marathon a day, for 143 days. No mean achievement for an able-bodied runner, an extraordinary feat for an

amputee. Terry's left leg was strong and muscular. His right was a mere stump fitted with an artificial limb made of fibreglass and steel. He'd lost the leg to cancer when he was 18. He was 22 now; curly haired, good-looking, sunburned. He was strong, wilful and stubborn. His run, the *Marathon of Hope*, as he called it, a quixotic adventure across Canada that defied logic and common sense.... Though he shunned the notion himself, people were calling him a hero. He still saw himself as simple little Terry Fox... average in everything but determination... the people of Canada were latching on to Terry's dream. They wept as he ran by... As a woman in Toronto, Canada's largest city said, "He makes you believe in the human race again." (Scrivener, 2014b)

In this section, I flesh out the Torontonians' claim. I argue that Fox came to be so widely celebrated because his image enabled the 'average' and 'ordinary' white Anglo-Canadian to believe in and openly exalt their own racial and moral superiority again. In so-doing, Fox served to reaffirm the legitimacy of Anglo-Canadian national rule, and its attendant privileges. Some of the factors that enabled Fox to be exalted in this way included the historical significance and symbolism of the fundraising marathon, and the specific cross-Canadian route that Fox chose to take.

The idea of fundraising through a marathon did not begin with Terry Fox. As King (2006) argues in her Foucauldian analysis of breast cancer philanthropy, the fundraising marathon dates back to the 1950s United Nations campaigns for stopping 'third world' hunger. The fundraising marathon, in other words, began as a neo-colonial project through which Western nations could construct their superiority by helping Eastern and Southern nations who were constructed as less developed in terms of race, morality, and economy. King traces how the idea first took hold in Western Europe, then spread to Canada, and by 1961 was implemented by

the United States Government. The first corporate charity to start its own fitness fundraiser, King notes, was the American March of Dimes, which instituted a walkathon for children with disabilities in the 1970s. Though numerous other corporate charities followed suit, fitness-based fundraising really took off during the American fitness boom in the 1980s: a neoliberal period of privatization and non-profitization in which personal responsibility/blame for health and fitness, and charity-based replacement of social supports became the norm (King, 2006; Spade, 2011). King (2006) argues that one of the most salient effects of the modern fundraising marathon is that it serves to construct the benevolence and moral value of the marathoner, the donor and, by extension, the philanthropic nation. In other words, a successful national fundraising campaign serves to exalt Canadian nationals as morally superior.

Neither did the idea of running across Canada start with Terry Fox. As Scrivener (2000) argues, nearly every week someone decided to walk or bike or run across Canada, often to raise money or awareness for a cause. Perhaps the feat is so widely embraced because the size of Canada makes the run seem almost hyperbolic, and thus media-worthy. However, I argue that the choice to run across the country can also be theorized as imbuing the athlete-fundraiser with a host of exalted Canadian characteristics that have to do with the mythological construction of Canada's European exploration and colonization. Lawrence (2003), for example, writes about this mythology in the context of Aboriginal relations: "Canadian national identity is deeply rooted in the notion of Canada as a vast northern wilderness, the possession of which makes Canadians unique and 'pure' of character" (p. 23). Thobani (2007) builds off on this argument:

tales of pristine rivers and virgin mountains... of harsh winters and wild forests... abound in the national imaginary, as do the stories of individual perseverance and triumph over nature. The forces of nature that shape the land are represented as also shaping the

national character, cultivating a pioneering spirit and a noble perseverance in these subjects. (p. 59)

Thus, I argue, cross-Canada runners are not only celebrated for their charitable labour, but also for their “individual perseverance” over the vast, wild, and harsh Canadian landscape and climate, which imbues them with the celebrated characteristics of early Canadian explorers and pioneers. The repeated national exaltation of these qualities – through celebrations of rugged heroes running across the nation – serves not only to reify these qualities within the nation’s collective character, but also to efface the violence of colonialism through which the nation was built. Thobani writes: “as [Canadians] celebrated their mythologized relationship to the land, colonial violence was faded into insignificance... the relationship of the settler was constituted as primarily to the land, emptied of Aboriginal life” (p. 60). Building on Thobani, I argue that with each reconquering of the Canadian landscape by each strapping young (white) fundraising marathoner, Canadian nationals reproduce a national imaginary of heroic (white) perseverance, and efface a national history of horrific (intolerant and uncompassionate Western) violence.

The above-described imagery of heroic Canadian conquering is ever-present within discussions of Terry Fox’s run (e.g., Scrivener, 2000, 2014a; Terry Fox Foundation, 2014a). He is often described running up steep hills and through vast expanses. He is sometimes directly praised as a pioneer. Perhaps most obviously, however, he was commemorated by having one of Canada’s tallest mountains renamed after him. Fox has been deeply transcribed with, and on, Canada’s seemingly insurmountable natural obstacles, which his superior (white) fitness supposedly enabled him to surmount. The most common imagery, however, is that of Fox fighting the harsh Canadian climate: “he ran through ice storms and summer heat, against bitter winds of such velocity he couldn't move, through fishing villages and Canada's biggest cities”



(Scrivener, 2014b). The short film on Fox, directed by (White) Canadian basketball star Steve Nash, was named *Into the Wind* (Terry Fox Foundation, 2014b). This focus on Fox overcoming the harsh Canadian climate harkens back to a previously discussed paragraph in Canada's immigration legislation, only a few decades earlier, which prohibited the immigration of those who were deemed not to be racially evolved enough to thrive in harsh northern climates ("Immigration Act," 1910). Fox's courageous and successful fighting of the elements is thus just another sign of his (superior) whiteness.

Fox's run can be read as drawing from colonial symbolism not only because of the incessant imagery of persevering over the harsh Canadian wilderness and climate, or because of his choice to run across Canada, or because he draws on the colonial history of fundraising marathons, but also because of the specific cross-Canada route he chose. Fox chose to run from the coast of St. John's, Newfoundland (next to the Atlantic Ocean) to the coast of Vancouver, British Columbia (next to the Pacific ocean). As Scrivener (2000) notes – intending to attest to Fox's bravery and determination – most people start their cross-Canada charitable runs in Vancouver and end in Halifax: a much shorter route between the oceans, one that hits all the major fundraising cities, and also a route with the western winds at one's backs. Instead, Fox chose to run the longer, harder, and – I argue – more patriotic and colonial route. He began in St. John's Newfoundland, where explorer John Cabot first landed in 1497, and where England set up its first North American colony (Heritage Newfoundland, 2012). He then worked his way westward, like the European explorers and pioneers before him. He did this all with a big map of Canada and a maple leaf plastered across his chest.

Fox did not, however, become a national icon simply because of this colonial imagery and journey. There were other important factors, some of which took time to fully form. As

Scrivener (2000) notes, “Terry was more interesting than many [who had fundraised this way before]... he had a handsome face, perfect teeth and curly hair, and he had only one leg” (p. 3-4). In other words, he was a white, middle class, athletic, and physically fit disabled Canadian, reminiscent of inspirational amputee veterans, and of recent 1976 Paralympians. This certainly made Fox inspirational, but not yet iconic. Some crowds and television crews showed up when Fox started his run, but Canadian journalists, cancer fundraisers, politicians and nationals remained largely ignorant, indifferent, or even mocking of him for the first two and a half months of his four and half month run. Canadians had yet to fully learn how to exalt themselves through him.

As Fox ran through Quebec, he became increasingly vocal about his disdain and intolerance for their growing separatist movement, their culture, their language, and their ambivalence to his fundraiser. He wrote: “apparently they can’t speak English. Maybe they also don’t get cancer” (in Scrivener, 2000, p. 94). It was only once he entered Ontario and caught the attention of a local cancer fundraiser named Vigars, that things started to pick up. Vigars, Scrivener writes, “could spin a good story” and knew how to arrange “a big top performance” with movie stars, celebrities, and sports heroes (p. 93). He turned each of Fox’s visits into a “parade” with a “circus-like” atmosphere. Drawing on some freakshow techniques, Vigars learned to sell not the crippled freak, but the inspirational physically fit disabled Canadian. Despite Fox’s refusal to be associated with any corporate logos, Vigars figured out that he could market Fox through the one logo he had on his shirt everyday: the map of Canada with a maple leaf on it. In a time of increasingly vocal Quebec sovereignty movements and anti-Quebec sentiment, Fox came to symbolize a certain kind of Canadian unity that Ontario and Western Canada could get behind: he helped to unify and celebrate Anglo-Canadian sentiment against

culturally and geographically 'unnatural' Quebec separatism.

The unified Canadian nation-state, above even cancer research, is what Fox was used to sell. Various tributes and monuments speak most heavily to this. Scrivener (2000) writes that after Fox's death, "his run, like Canada's motto, would be from sea to shining sea" (p.6). This marks a much more nationalist and unifying tribute than the reality that he would run from sea to Thunder Bay, Ontario, not even two thirds of the distance across Canada. Fox's Thunder Bay monument, similarly reads, "Terry Fox inspired an entire generation of Canadians with his determination and devotion, and it was through his strength and commitment that they were united as they had never been united before" (in Chivers, 2009, p. 86). The monument, "was designed, joining east with west, proudly displaying all provincial and territorial coats-of-arms, and the Canadian emblems of the Maple Leaf and Beaver" (Scrivener, 2014a). His memorials, Chivers (2009) notes, use Fox's transCanadian run to reaffirm the naturalness of a united nation-state. This despite the fact, she continues, that Fox's failure to pass into Western Canada could have just as well been used to symbolize the many federal failures of the era to fully incorporate and appease both east and west.

Ontario organizers, marketers, and journalists played up Fox's symbolism of a united Canada, but also increasingly raked in the dollars by constructing him as an *ordinary* Canadian (i.e., middle class, white, non-degenerate, Anglophone, and Anglo-Saxon national). Although ordinariness may seem like a step backwards for a man who ran the distance of a marathon a day on a non-ergonomic prosthesis, Thobani (2007) argues that "the figure of the national subject is ... exalted above all others as the embodiment of the quintessential characteristics of the nation and the personification of its values, ethics, and civilizational mores" (p. 3). Constructing Fox as an ordinary Canadian thus distanced him from degenerate (racialized) disability and produced

him as a national subject. His inspirational ordinariness imbued him with celebrated national characteristics of whiteness (including perseverance, work ethic, loyalty, caring, tolerance, humility, and family-centeredness), and — importantly — projected his characteristics and accomplishments onto other Canadian nationals. This production of inspirational ordinariness was accomplished through describing, at length, his normal middle-class childhood, his “down-to-earth, solid and dependable” family, and his suburban home with a carved moose on the mantel and velvet pillows under plastic (Scrivener, 2000, p. 14). His biographer introduced Fox in the following manner:

Terry saw himself as an ordinary person, average in everything but his determination. His tastes were simple. He loved sports, and admired two hockey players in particular... He was close to his family. He appreciated pretty girls and enjoyed inspirational poetry. He was a loyal friend. He worked hard for everything he achieved. He was touched by the spontaneity of small children. He believed in national unity, and was puzzled by the efforts of the province of Quebec to separate from Canada. (Scrivener, 2000, p. 9)

In the above quote, Fox’s ordinariness is produced through his superior white work ethic and loyalty, his caring white family, his love for the great (white) Canadian sport of ice-hockey, his simple middle class tastes, his heteronormative desires and cares, and his disapproval of Quebec’s separatist sentiment. In exalting Fox as ordinary, ordinary Canadians could strengthen their own identification with these same characteristics. They could also, however, further exalt themselves as a caring, compassionate, and tolerant people for the very fact that they were accepting and heroizing a disabled person. This self-exaltation would only grow after Canada became the first to enshrine disability rights into law (1982). This heroization of Fox ballooned over the remaining two months of his run, multiplying on the day Fox had to quit because of the return of

his cancer, multiplying again upon Fox's death in 1981. Fox was named companion to the Order of Canada. He was named Canadian newsmaker of the year both the year he stopped and the year he died. Flags flew at half-mast when he died. The CTV national news anchor, Lloyd Robertson, reported:

to me he embodied the best of the Canadian spirit. We are a generous people, fair-minded, not stridently patriotic, but deeply proud of our country. And we're courageous when we have to be - just like him. He was our hero. He was one of us - a true-grit Canadian.

(Robertson in Scrivener, 2000, p. 228)

As Robertson articulates so clearly, what Canadians love most about Terry Fox is that he assures *ordinary* Canadians of their superior white work ethic, generosity, humility, and courage.

Further, Fox reproduces discourses about a superior, compassionate and tolerant Canadian culture, while effacing histories of colonialism and eugenics, and destabilizing discourses of structural inequality. Perhaps above all, in an era marked by Quebec separatism, and followed by Aboriginal land claims, Fox reaffirms both the supremacy and the legitimacy of the united Canadian nation-state.

The most salient political function of the inspirationalization of Fox was the resulting exaltation of white English nationals and the Canadian nation-state. This inspirationalization also inevitably increased the governance and surveillance of not-yet-inspirationally-overcoming disabled subjects. As Scrivener (2000) among others have declared: "he showed that you can live with cancer, you can be productive. Part of his legacy was to show you don't go to your room and hide" (p. 255). The distancing of himself from dependency (and thus from the degenerates that now shared the legal and discursive 'disability' class) was, according to Fox, a prime motivator for his run. He writes: "I wanted to show myself, and other people too, that I could do

it. To show them that I wasn't disabled or handicapped" (in Scrivener, 2000, p. 8-9). This drive to inspirationally overcome his disabled body and status, I argue, was key to how his idolization served to delegitimize political claims of disability activists, and to produce more docile disabled subjects. After all, part of Fox's character that was so widely celebrated was his positive (i.e., depoliticizing) attitude, the fact that he did not complain about inaccessibility or lack of social supports; "he didn't blame anyone...he didn't expect special privileges" (p. 35).

### **Steve Fonyo and Rick Hansen: Athletic Degenerate and Neoliberal Disabled Hero**

Only a few years after Fox's death, two other physically fit disabled Canadians — Steve Fonyo and Rick Hansen — would each embark on their own fundraising marathons. Each athlete would compare himself to Terry Fox. Each would be named to the Order of Canada, and named Canadian newsmaker of the year,<sup>17</sup> just as Fox had been. While these figures emerged over a similar time span, share inspirational discourses and accolades, and sharing a similar marathon approach to fundraising, Fox, Fonyo and Hansen differ in some important discursive and political ways. In the pages that follow, I will briefly introduce Fonyo and Hansen and use their stories to demonstrate how inspirational disability is produced, governed, and enacted through complex and shifting discourses and power formations that can lead to remarkably different political effects.

In 1984, Steve Fonyo, a man who lost his leg to cancer, like Fox, began his Journey of Lives. In this fundraising run, Fonyo retraced Fox's intended route across Canada, arriving in Vancouver in 1985. Fonyo was constructed through some of the same discourses as Fox, including those of conquering Canada's harsh nature, and overcoming disability. Fonyo was

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<sup>17</sup> In the 1980s, Canadian Newsmaker of the year went five times to these three disabled marathoners. The other five years were given to athletes Wayne Gretzky and Ben Johnson, twice to Prime Minister Brian Mulroney, and once to his finance minister for his incoming neoliberal government. Rarely has a disabled Canadian made the list before or since.

going “to do what Terry Fox had been unable to do . . . to run from the Atlantic to the Pacific, a battle against weather, an unforgiving landscape and a physical handicap” (Adams, 2010).

Despite these similarities, Fonyo was never embraced with the same patriotism and exaltation as Fox (Chivers, 2009). In a 1985 Maclean’s article, for example, Fox is constructed as “a gifted athlete, university-educated and articulate man of easy charm” (i.e., an intelligent, middle class Canadian), while Fonyo is constructed as “a grade ten dropout who has difficulty expressing himself,” and a brash, uppity, and uncouth immigrant (Tierney quoted in Chivers, 2009, p. 89). Fonyo, unlike Fox, could never pass as an ordinary national. He was too under-educated and poor to pass as middle class. His Hungarian immigrant parents were too Eastern European to be considered entirely white and to partake in superior Western morality. In addition, Fonyo’s struggles with school and his inarticulate speech colluded with his immigrant status, leading numerous Canadian journalists to pathologize Fonyo as having inferior intelligence and learning disability (i.e., degenerate disability) (Saddy, 2013). He may have been athletic, but it was not entirely clear if he was physically (racially) fit. Despite many journalists discursively constructing Fonyo in racialized and pathologized terms, by the time he made it through to Vancouver – especially once he passed through the difficult Rocky Mountains – Fonyo was subjected to his share of inspirational discourses, and resulting accolades (Chivers, 2009). Of the moment when Fonyo completed his Journey, Canadian news anchor Mansbridge proclaimed: “it was brief, but it was a moment of magic . . . it will be a moment of history in Canadian books for years and years to come, Steve Fonyo with his foot in the Pacific Ocean” (in Adams, 2010). But Mansbridge was wrong. Unlike Fox before him, Fonyo would be almost entirely erased from Canadian national memory within a few years of his journey’s completion (Chivers, 2009; Saddy, 2013).

Like Fox, Fonyo was named to the Order of Canada but, notably, he was named at the rank of officer: a grade lower than Fox or Hansen, who would both be named Companions to the Order. Fonyo has no commemorative statues, coins, or mountains in his name, but he is the namesake of two roads and a beach (“Steve Fonyo”, 2014). Unlike Fox, Fonyo, to my knowledge, has never been credited with “inspiring an entire generation” or, for that matter, with “uniting a country” (Chivers, 2009, p. 86) despite the fact that Fonyo actually did manage to run “from sea to shining sea” (Scrivener, 2000, p. 6). Fonyo was, to my knowledge, never used to discursively construct the unnaturalness of Quebec or Aboriginal sovereignty and the naturalness of Canadian unity. Rather, he was constructed as an unnatural Canadian: an immigrant, an outsider, and a degenerate. Thus, although taking on the same run, for the same cause, and both embodying inspirational disability to some extent, Fox and Fonyo were constructed as very different kinds of subjects, and thus became useful for different political ends.

From 1985 to 1987, Paralympic wheelchair racer Rick Hansen wheeled across the world in his Man in Motion Tour to raise funds for curing spinal cord injury, and to change attitudes about (physical) disability. In contrast to Fonyo, Hansen was constructed as a fundamentally white physically fit disabled athlete. His hyper-fit upper body and manual wheelchair harkened back to Second World War imagery of the physically fit disabled veteran, and the 1976 Paralympic athlete. News reports about Hansen invariably started their stories with the narrative of how he acquired his disability, reaffirming his physically disabled status and his inspirational overcoming of it. In the words of one CBC (1985c) reporter: “Rick Hansen was crippled in a car accident when he was 15, crippled but not defeated.” Hansen, although often purporting to speak “on behalf of the disabled” (CBC, 1986d), was also often eager to differentiate physical disability from intellectual disability and degeneracy. He became famous for inspirational quotes



like: “don’t let your wheelchair or your physical disability limit your ability to think or to participate in life” (CBC, 1985b). Perhaps the most definite proof of Hansen’s construction as white, however, is that – unlike Fonyo – no one ever spoke about it: no one spoke of where his parents were from, or how well he’d done in school. What Hansen and reporters did often talk about was Hansen’s friendship with Fox (CBC 1985c; Scrivener, 2000), which undoubtedly helped to make Hansen inspirational and white by association.

Hansen, however, differed from Fox in a couple significant ways that significantly impacted the political effects of the inspirational discourses about each of them. First, perhaps partially because of the international nature of Hansen’s marathon, Hansen’s tour was almost entirely devoid of national unity discourses, which were the very discourses that had buoyed Fox’s fundraising and made him a national icon (Chivers, 2009). In fact, reporters showed Hansen getting a very warm welcome in Montreal, even speaking a little bit of French with reporters (CBC, 1986d). Hansen did not serve to exalt white Canadians through shared anti-Quebec sentiment. Instead, he served to exalt Canadians for their superior inclusivity. As Hansen proclaimed: “every country we travel through just reinforces more that we are a very, very fortunate people...I think we should all sit back and be thankful for what we have” (CBC, 1985a). Not surprisingly, China became the ideal Other for the most fruitful and exalting comparison. One CBC reporter, for example, asserts: “in a country where the handicapped are still often left without help... Hansen says he hopes his determination will help the Chinese to change their attitude towards the handicapped” (CBC, 1986a). In this way, Hansen not only assured Canadians of their moral superiority, but also promised to export this image, in a spectacular way, to the rest of the world.

The second major difference between Hansen and Fox was that Hansen’s campaign –

although only five years later – was much more influenced by the discourses and techniques of neoliberalism: some of which Fox had fought adamantly against. The most notable example of this is corporate sponsorship. Fox became famous for his belief that no one should make money off cancer (Scrivener, 2000). He refused to use corporate logos of any kind. He refused to accept any funds personally. Doing so, Fox argued, would have been ethically wrong, and would have diluted the message of his cause. Fonyo collected a handful of sponsors and logos along the way, but Hansen built his entire marathon through corporate sponsorship. This neoliberal tactic of corporate-charity collaboration was so new in Canada that the CBC (1986c) did an entire investigative reporting segment explaining it for Canadian viewers. The reporter explains: “donations are pouring in, lots of them from ordinary Canadians along the way, but much of it from corporation that are only too happy to be associated with the man in motion tour!” The reporter goes on to explain how the symbiotic relationship of charitable sponsorship works, and names a list of multinational supporters, whose large logos are plastered across Hansen’s clothing, wheelchair, and van. These large corporations were McDonalds, Nike, Esso, Ford (see also Rick Hansen Foundation, 2014a). These companies, the CBC (1986c) report continues, give him equipment, advertise on his behalf, and give money towards travel logistics and towards the personal financial maintenance of the Hansen team. The reporter continues: “[Hansen] says the arrangement between him and his corporate sponsors is not only necessary, it’s good: for him, for them, and ultimately for disabled people.” Although I can’t quantify how good such arrangements are for sponsors and disabled people, such arrangements continue to be very good for Hansen, who makes \$350,000 per year through the Rick Hansen Foundation Charity. He recently donated his name to his own charity for a \$1.8 million tax receipt (Baines, 2012). In other words, whereas Fox staunchly believed that no one should profit off of charitable

fundraising, and in fact died while living off of his parents (Scrivener, 2000), Hansen took a much more neoliberal approach to charity, marketing, and his own labour. He believed in working within corporations towards solutions to social problems (CBC, 1986c). He believed in running charities through the capitalist logic of multi-national corporations and treating his own labour and 'brand' as a marketable asset to be sold at the highest possible market rate (Baines, 2012). In so doing, he contributed to increased income disparity in Canada by offering large salaries to charity professionals and tax breaks to multinational corporations, all in the name of helping some of the most impoverished people in Canada (see Withers, 2012).

Hansen's neoliberal corporatized approach was paired with clear, carefully calibrated, and incessantly repeated inspirational narratives about personal overcoming and changing the world through changing attitudes. As discussed earlier, such discourses are part of the neoliberal shift from welfare state to welfare society (Jongbloed, 2003): a shift wherein structural inequalities produced through colonial violence, white supremacist logic, and eugenic practice came to be discursively produced as a problem of some "backwards" (i.e., degenerate) attitudes (see Spade, 2011). Within this logic, activism takes the form of changing intolerant attitudes of the nondisabled by "raising awareness about how much disabled people can accomplish" (Hansen in CBC, 1985c). Activism within this model – as with most inspirational narratives – also targets disabled people, increasing the surveillance, governance, and imperative of them overcoming physical and social barriers to become as productive and normalized as possible. Hansen, for example, inspirationally declares: "just because you've had a spinal cord injury or other disability, doesn't mean you can't be successful in business, or family life... so long as you have the heart and desires" (ibid.). Thus, typical of neoliberal and inspirational discourses, lack of effort is constructed as the only true barrier to social worth, which is constructed in terms of

capitalist success, and the (hetero)normative (and presumably white) Canadian family (see CBC, 1987; Clare, 2009).<sup>18</sup> This neoliberal cooptation of activist language (Spade, 2011) is perhaps most clear on the Rick Hansen Foundation's (2014b) website, which reads: "more needs to happen so that one day we can achieve a fully inclusive world where the wheelchair is obsolete." In other words, we can fight for Canadian inclusion of disability as a whole, simply by ridding Canada of disability, or more precisely, curing spinal cord injury. Are other forms of disability irrelevant to this inclusive utopia? Or does this utopia envision the eugenic/genetic curing/extinction of degenerate disability as well? These discourses of personal overcoming, as well as his embracing of corporate sponsorship, made Hansen the perfect poster-child for the neoliberal Mulroney government seeking reelection, which, in the middle of massive cuts to disability support programs, and to the outrage of disability activists, researchers, and service providers, donated \$1 million to Hansen's Foundation (CBC, 1986b, 1987).

### **Political Implications of Inspiration**

Despite Fox, Fonyo and Hansen each being produced, at least to some degree, through discourses of inspiration, each of them came to have different political effects. Neither Fonyo nor Hansen, for example, came to symbolize Canadian unity like Fox did. Thus they were not particularly useful in the discursive construction of white Anglo-nationalism when faced with Quebec separatism and Aboriginal uprisings. Neither Fox nor Fonyo fully embraced neoliberal branding and corporate exchanges to secure mutual wealth. Neither of them, unlike Hansen, came to be useful political allies for neoliberal governments. Perhaps most notably, neither Fox nor Hansen were widely produced as a degenerate or racialized subject. They never became the

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<sup>18</sup> Such critiques were much more rampant at the time of Hansen's wheel than they are now. In fact the CBC (1987) aired an entire half hour episode on how disability activists and researchers were outraged with Hansen's messaging, and that they demanded that he stop his tour.

intolerable Other against which tolerant white nationals, and their inspirational physically fit disabled heroes, came to be produced. Fonyo, as I will discuss below, most certainly came to be produced as intolerably unCanadian.

These figures must also be considered collectively, as a phenomenon unique to Canada, and unique to the 1980s. Over a ten year period, these three men were named Canadian newsmaker of the year five times: five of the very rare occasions that disabled Canadians have ever been named to this list ("Canadian newsmaker of the year," 2014). Over this same period, Canada witnessed the rise of neoliberalism, massive cuts to social services, increased Aboriginal uprisings, and a growing presence of racialized immigrants in the wake of a decade of liberalized legislation (Thobani, 2007). It is within this climate that Canadian nationals perpetually celebrated the perseverance and work ethic of figures like Fox and Hansen (and to a lesser extent Fonyo). This served to exalt Canadian nationals for their superior white work ethic: a colonial mythological white quality that continues to justify contemporary, racialized political and economic inequalities (Thobani, 2007). The 'superior work ethic' justification for Canadian inequality is further supported by Hansen, Fox, and Fonyo because, if these disabled subjects could survive, thrive, and find success and inclusion in Canadian society, then we must clearly live in a meritocracy. As Chivers (2009) argues, celebrating ourselves for celebrating Terry Fox enables Canadians to ignore, efface, and reproduce "the 'actual inequality and exploitation' that disabled people in Canada ordinarily experience" (p. 82). The inspirationalization of physically fit disabled masculinity thus helps to immunize Canadians against the claims of those trying to destabilize the uneven biopolitical distribution of wealth, services, and life chances in Canada, including Quebec separatists, Aboriginal militants, feminists, civil rights activist, and disability activists.

The heroization of Fox and Hansen (and Fonyo), when paired with other spectacularly tolerant gestures, including disability rights, functions in many ways akin to homonationalism (Puar, 2007). Canada's "securitization and valorization" of white physically fit disabled masculinity helps to reaffirm the moral and civilizational superiority through which Canadians feel entitled to judge, exclude, colonize, target, and fail to protect less tolerable, degenerate disabled subjects but also less tolerant and regressive cultures and populations (e.g., racialized, Aboriginal and pathologized Canadians) (p. 3). As McRuer (2010) argues, there remains an "uneven biopolitical incorporation...of disabled subjects who in certain times and places are made representative [of the nation] and 'targeted for life' even as others are disabled in different ways... or targeted for death" (p. 171). Thus, certain tolerated bodies, such as Fox's, "may be the temporary recipients of the 'measures of benevolence' that are afforded by the liberal discourses of multicultural tolerance and diversity" (Puar, 2007, xii). Such measures of benevolence, further, effaced and/or justified numerous state violences of the 1980s, including: immigration laws that refused entrance to the vast majority of disabled subjects; neo-eugenic practices of imprisonment and birth control that targeted disabled, poor, racialized and Aboriginal populations; austerity cuts that further impoverished, criminalized, institutionalized and threatened the survival of racialized, pathologized, and colonized people in Canada; and neo-imperialist interventions into "developing countries, where millions of persons with a disability [are] being denied even the simplest trimmings of a civilized society" (Wang in Bailey, 2008, p. 158).

### **The 2010 Olympic and Paralympic Games: A Spectacle of Disability Tolerance**

When Canada decided to bid for the Vancouver 2010 Olympic and Paralympic Games – the first Paralympic Games on Canadian soil since 1976 – it fully embraced them as an

opportunity to spectacularly advertise superior Canadian inclusion, tolerance, and compassion to the world (Adese, 2012). The celebration of inspirational disability, I argue, was pivotal to this strategy. Canada exalted its own inclusivity not only through hosting the Paralympic Games, but also through making inspirational disability highly visible in the much more widely broadcast component of the Games: the Olympics. The inclusive sales pitch began four years prior, with the handing over of the Olympic flag to Canada, and in particular, to Vancouver's wheelchair-using mayor, Sam Sullivan. The Vancouver Sun reports: "the former mayor battled the cold that day in 2006 and was on the verge of going into a debilitating muscle spasm.... But it wasn't Sullivan's electric pirouettes and athleticism that made an impression; it was his message of inclusion" (Shore, 2010).

Sullivan, however, was voted out of office before the Games began. Thus Rick Hansen quickly took his place as inspirational disabled spokesperson of the Games. Although a past Paralympian, Hansen was most widely used to market Canadian tolerance through the Olympics. He was named, for example, co-mayor of the Olympic Village but not of the Paralympic village (Rick Hansen Foundation, 2009b). Most notably, Hansen was one of the 5 final Olympic torchbearers who helped to light the cauldron during the opening ceremonies, along with four other remarkably white Canadian athletes, including ice-hockey hero Wayne Gretzky and basketball star Steve Nash (Time Magazine, 2010).

The 2010 Olympic opening ceremonies were reminiscent of the white pioneering mythologies (Lawrence, 2003; Thobani, 2007) that had helped to exalt Fox, Fonyo, and Hansen: they were a tribute to Canadians' relationship to their vast, diverse, and wild lands. Within representations of this landscape, as Kalman-Lamb (2012) notes, the organizers "chose to portray whiteness as the core of Canadian identity" (p. 5). Fiddlers, ice-hockey players,

snowboarders, flag bearers, ballet dancers, country and folk singers, and Rick Hansen: so much unmistakable whiteness. Aboriginal peoples are virtually the only non-white subjects featured in the ceremonies, and even they are “appropriated as the origin of a national teleology that culminates in whiteness” (ibid). They were represented only as a tradition of the past, not as a contemporary reality. They offered a traditional welcome and were represented as traditional drummers and dancers in traditional wear (Adese, 2012). They were also – somewhat oddly – represented by the appearance of totem poles, which are then replaced by trees and the voice of non-Aboriginal singer Sarah McLachlan as the space is filled by dancers of the Alberta Ballet (Olympics Vancouver, 2010). Aboriginality is, overall, represented as a trace of mostly Western Canada’s past, only to be non-violently replaced by hyper-white European culture and their heroic relationship to the land (Adese, 2012; Kalman-Lamb, 2012).

When it comes time for the Olympic flag to be ceremoniously brought into the stadium by seven highly accomplished, white Canadians, including famous musicians, athletes, actors, a military commander, as well as the mother of Terry Fox. Fox was posthumously ever-present at the Olympic and Paralympic Games. His mother played key roles in both the Olympic and Paralympic opening ceremonies. Images of commemorative Terry Fox statues made their way into any introductory media packages (Olympics Vancouver, 2010). Perhaps most explicitly, however, the Olympic organizing committee created an award in Fox’s name, and took that opportunity to retell the inspirational story of Fox to the world. The CBC (2009) reports: “a new award in the name of Terry Fox has been created to honour the Olympic athlete from any country who displays the most courage, humility and extraordinary athletic ability at the 2010 Winter Games.” The award was given to two bronze medal-winning female athletes: A Canadian figure skater whose mother had died during the Olympics, and a Slovenian cross-country skier



who competed with four broken ribs and a collapsed lung. Notably, no such award was created for courageous and athletic Paralympians.

The most widely repeated media spectacle (in Canada at least) of inspirational disability during the Games did not involve the many successful Paralympic medalists, Fox, Hansen, or physical fit disability at all. Rather, it was the image of Canada's first Olympic gold medalist – hyper-athletic nondisabled hero Alexandre Bilodeau – hugging his over-excited, visibly disabled brother, Frederic. The Huffington Post (2014) still looks on this moment as one of the best in Canadian sports history:

Canadian skier Alex Bilodeau's gold medal win ... was made all the more heartwarming by his older brother Frederic, who has cerebral palsy, cheering him on. "My brother is my inspiration," an emotional Bilodeau said after his gold medal run. "Growing up with handicapped people puts everything back in perspective."

This spectacle was "heartwarming" for Canadian nationals, I argue, because of that which it brought "into perspective" and broadcast across the world, which was the superior white athleticism, superior Western tolerance, and superior compassion of *ordinary* Canadian nationals.

A discussion of the 2010 Games, however, would not be complete without asking: where was Steve Fonyo in all of these celebrations? In the year leading up to the Vancouver Games, Fonyo had applied to be an Olympic torchbearer. He was outright and repeatedly denied (Saddy, 2013). Fonyo was not the inspirational disabled image with which Canada, and its Olympics Games, wanted to brand itself. Fonyo attempted to remedy this injustice by garnering media attention for his cause. His strategy backfired, earning him a sound public mocking and shaming for his criminal record over the past 15 years, which included convictions for assault, fraud,

theft, and impaired driving. Fonyo only made things worse by his strategic comparison to unmarred inspirationally disabled heroes, claiming “he was overlooked because he doesn’t have the charisma of the late Terry Fox, or the polish of Rick Hansen” (Adams, 2010). Fonyo later gets specific, sharing significant insight into the ways that inspiration is produced:

I use Rick Hansen as an example. I’m not the pretty boy, well cut... I don’t come across like that person, I don’t have the empire behind me and coach me about how to look good on camera...you think I’m not pissed off. Sure I am, cos I should have been there too (in Adams, 2010).

Fonyo’s return to the media dispelled any hope of him ever again exalting Canadian nationals through his inspirational disability. A few months before the Vancouver 2010 Games, the Canadian government announced that it was revoking Fonyo’s Order of Canada on the grounds of his criminal record (Saddy, 2013). Although entirely within their rights to do so, I have to wonder why the Federal Government chose to loudly revoke the Order, something rarely done before, right before the Olympic Games? Why not in 1996 when Fonyo was first convicted? Why not wait until 2011? Regardless of their intentions, the timing of this act made Fonyo into a kind of degenerate disabled foil against which the inspirational supremacy of Fox and Hansen seemed to shine all the more brightly.

### **Summation and Implications**

In this chapter, I argued that seemingly compassionate, tolerant, and inspirational engagements with disability came to be used – since the mid 1970s – as a way to exalt Canadian nationals for their Western moral superiority, and as a kind of spectacle to advertise this superiority on the international stage. I analyze three forms of this new mode of national exaltation through disability governance: the repealing of explicitly violent legislation and

practices; the introduction of seemingly compassionate legislation; and the celebration of inspirational, physically fit disabled heroes. None of these shifts, I argue, has fundamentally improved the life chances of most people who experience disability in Canada. In fact, spectacular Canadian tolerance of disability serves to reproduce and justify the unequal distribution of life chances experienced by racialized, colonized, and pathologized subjects. After all, these spectacles of inspirational physically fit disability (e.g., Hansen or Fox), and these spectacles of inspirationally compassionate disability inclusion (e.g., Bilodeau or disability legislation) serve, above all, to exalt the white Canadian national. They serve to retranscribe whiteness into a more tolerable and tolerant form (i.e., Western superior morality), and thus serve to reproduce and justify the privileges, practices, and violences of white supremacy.

### **Chapter 9: From Inhalation to Inspiration, a Foucauldian Autoethnography**

*The cold, fume-filled air burns my lungs with crackling asthmatic fire, as I wheel down a busy winter street, the flickering Olympic torch in hand. A warm swell of pride expands my chest as strangers loudly cheer me on: “Good for you!” “Isn’t that amazing?” “What an inspiration!” I grin, widely. I want to prove to them how able disabled people can be. The rush of pride quickly turns to chest-squeezing, breath-stealing panic as I jolt to a stop. My front casters catch and burrow deep into uncleared snow. My slick Canada-red Olympic-issue mittens slide uselessly across wet push-rims. I am stuck, in more ways than one. No matter what I choose—to stay stuck, to stand up out of my chair, or to get someone to push me—my inspirational status will be undermined, along with my vanity and my benevolent activist intentions. I will become either the evil faker or the pitiful, unable dependant: just another revolting gimp.*

As the above-described experience suggests, Rick Hansen Terry Fox, and Sam Sullivan were not the only supercrips to be implicated in the Canadian spectacle of disability-tolerance at the Vancouver 2010 Games. Although I had a much smaller spotlight, I too participated in the Olympic Torch relay rather than the Paralympic one: a point that was declared ad nauseam, by both friends and news outlets, as an obvious sign of deep and meaningful disability inclusion in Canada. If this inclusion is really so deep, I thought to myself, why is my wheeling with the Olympic torch so newsworthy? Why are people so moved by the spectacle of it? Why is the Paralympic torch relay so devalued as to celebrate my inclusion in the Olympic one? Why, perhaps most importantly, was I so proud?

In this chapter, I use poststructuralist autoethnography to analyze the contemporary,

quotidian micro-workings of the phenomena that I have been genealogically tracing for five chapters: inspirational physically fit disability. That is, I seek to excavate and critique my own inspirational ‘supercrip’ subjectivity as it has been “gradually, progressively, really and materially constituted” (Foucault, 1980, p. 97), and subsequently deconstituted. To do so, I engage the archive of my bodily experiences, practices, identities, and capacities. I analyze how intimate relations of power and seemingly unrelated disciplinary practices have come to shape my bodily capacities to inspire, my authentic-seeming physically fit disabled identity, and my most well-intentioned, yet inspiring, attempts at activism. Although the focus of this chapter remains (what I call) the *inspirationalization* of my own subjectivity, I nevertheless end the chapter by briefly discussing the effects of this inspirationalization beyond my subjectivity. In particular, I demonstrate how the inspirational subject is a crucial node within much broader circulations of discourse and power. I close the chapter by deliberating on how the inspirational supercrip—and, therefore, my self—could be constituted otherwise.

### **Disciplining the Supercrip Body: The Ins and Outs of Inspiration**

*The heavy, sweat-filled air drowns my tired lungs as my aching, swollen ten-year-old legs carry me back and forth between basketball sidelines. My coach sits up in the bleachers where he observes us, keeping a keen eye on his stopwatch. I struggle to keep my face relaxed, my breath efficient, trying not to let my coach see me grimace in pain. Real athletes don't let pain stop them. I cling to my coach's oft-repeated breathing mantra, which now loops relentlessly in my head: in through mouth to belly — step, step — out through mouth, relaxed — step, step. His voice weaves my breath and steps together, a cadence growing as familiar and natural to me, as, well, as my own breath.*

What could be more intimate, mundane, or natural than one's breath: the seemingly instinctual rhythm of inspiration and expiration? According to Foucault (1995), it is precisely this understanding of human capacities – that they have natural instinctual courses of development – that renders them targets of disciplinary power. Discipline is intended to shape, normalize, and influence the “natural” capacities of each human into more efficient, useful, or governable forms in ways that propel humans to “draw on their own inherent energy and power to do so” (McWhorter, 1999, p. 155). My coaches, for example, did not give me breath. They did, however, subject me to repetitive disciplinary practices that shaped my breath into increasingly athletically useful and efficient forms. They helped to mold me into the *kind* of person who would continuously monitor, discipline, and use breathing towards increasingly athletic ends. The training regimes that my coaches imposed on my teammates and me seem, in retrospect, to have been lifted right from the pages of Foucault's *Discipline and Punish* (1995). Coaches would, for example, strategically dissect spaces and calibrate increments of time in order to specify the rate and effort of our breath and strides in ways that would ultimately better enable them to monitor, rank, and penalize us in relation to our shifting athletic capacities. They would observe us from the bleachers and inspect our performances through videos, rendering us constantly visible, inciting us to continuously monitor ourselves. They implemented drills that meticulously worked on coordinating my most minute, and most intimate, gestures with particular temporal rhythms, with other bodily gestures, and with the sporting objects with which I engaged. Beanbags on my belly induced me to breathe first with my diaphragm, then to expand my breathing into my ribs. A metronome, and later an internalized repetitive mantra designed to create more regular and more efficient breathing pulled the cadence of my breath to the perfectly calibrated length of my stride. Repetition under scrutiny built a seemingly instinctual exhale into

the moment before a leather ball left my hands in a foul shot. Meditation practice taught me to use specific patterns of breathing to push past pain and exhaustion. In combination, these daily practices increasingly molded my breath, body, and identity into the breath, body, and identity of an athlete.

*The footsteps have faded out, but the rhythm of sweat-filled breath, woven together with movement, remains: in through mouth to belly, pull shoulders back, out through mouth controlled, push down hard on wheels. Up on the wheelchair treadmill, I push the looping rhythm of my breath-movement progressively faster. I push towards the point of puking into the thousand-dollar windpipe that measures the cadence, depth, and gaseous efficiency of every breath I take. I no longer need a coach to push me. I have internalized the demands and disciplinary practices of all the coaches who came before.*

*The rhythmic breathing returns, out on the street after practice, as I wheel up a steep hill to my car. I struggle to keep my face relaxed, breath efficient. I try not to let the passersby see me grimace with the pain of a recently sprained shoulder. Real athletes don't let pain stop them. Someone offers to help by pushing me up the hill. I snap: "I don't need any help, I'm a Paralympian!" I turn my focus inwards again, quieting my breath so that the grueling push appears effortless. I weave this breath into even longer, more powerful, strokes. I want to look so athletic that no one would ever imagine that I would need someone to push me. I have internalized the demands and disciplinary practices of the inspirational, hyper-able supercrips who came before me.*

By the time that I began training for the Paralympics, I had internalized the disciplinary

lessons taught to me by the many coaches of my “able-bodied” past. This previous training rendered me fully capable of shaping my own capacities through carefully calibrated dissections of time and space, through perpetual self-testing, and through the meticulous coordination of each breath with the rhythm of a push, and the trajectory of a wheel. Such coaching had made me more than able to discipline myself, and more than willing to do so. This compliance to self-discipline did not, however, minimize the surveillance to which I was subjected. In fact, the surveillance of my capacity to self-discipline became increasingly dispersed and ever-present. I became the subject of and subjected to: long-distance digital surveillance afforded to trainers through data from windpipes and heart-rate monitors; intermittent in-person surveillance of coaches watching from up in the bleachers at training camp; perpetual surveillance by every passerby on the street; and, perhaps most importantly, constant self-surveillance. Each judging gaze pushed me to demonstrate my increasing capacity to discipline myself.

The web of surveillance to which I subjected myself shifted markedly when I started using tools of mobility outside of sport. Teammates, friends, and strangers constantly reminded me that in order to be recognized as a physically fit disabled athlete, I needed to develop the capacity to inspire, in both senses of the word: to breath in (with athletic strength, filling my chest with confidence) and to have a heroic effect (and affect) on others. Like my capacity to breathe, these other heroic, inspirational capacities were developed in me through the constant surveillance and shaping of a whole series of additional capacities that would help me pass as a precarious-yet-inspirational physically fit disabled Canadian, including: independent mobility; athletic negotiation of inaccessible structures; the capacity to narrate a plausible story of disability acquisition; and the capacity to perform disability in consistent, culturally-legible ways. Because I had come to internalize the need to be a physically fit disabled site of



inspiration, I also came to internalize the sense that the cadence of my wheeling, the uprightness of my posture, the effortlessness of my breath, and the strength of my voice were constantly under surveillance by the people around me, as well as under threat of suspicion by them. I meticulously trained myself out of every possible sign of the “gimpy” fatigue or pain of my degenerate/ive condition that would call into question the legitimacy of my physically fit disabled supercrip status. At the same time, I trained myself out of leg movements and other signs of inconsistent (dis)ability that would call into question the legitimacy of my physically disabled status. Strangers, too, actively policed my inspirational disabled status insofar as their inspired looks often changed to looks of disapproval—that were sometimes even accompanied with angry accusations that I was a “faker”—if and when I moved my legs, stood up from my wheelchair, or switched from my wheelchair to my crutches, and vice versa. I came to learn that the capacity to inspire is linked to the capacity to act *as if* I were a stereotypical physically fit disabled subject with complete spinal cord injury. I was obligated to act *as if* I were the physically fit disabled person that strangers had expected *before* I would be celebrated for the ways in which they perceived me to have heroically overcome my disability.

My teammates also shaped my inspirational capacities. They taught me—largely through their ridicule of other degenerate-seeming disabled people—how to coordinate my newly developed inspirational movements with the tools that I use. For example, they taught me to strip down my wheelchair of any superfluous comforts: no high backrests or armrests to detract from my disciplined posture; no push handles to distract from my fiercely cultivated independence; no seat belts, anti-tip bars, breaks, or gloves to make me look soft, dependant, or “gimpy.” By watching my most inspirational friends and teammates, furthermore, I learned to perform athletic maneuvers on the street such as appearing “relaxed” while balancing on my two rear wheels, and

climbing and descending stairs while seated in my chair. With this instruction, my most inspirational friends and teammates convinced me that if I mastered these dangerous (and often functionally superfluous) moves, people would take my inspirational, physically disabled athleticism (and thus physical and racial fitness) seriously.

Both my coach-led training to become increasingly self-disciplined and my peer-led disciplinary training to become increasingly inspirational significantly increased various capacities, the outcomes of which were some remarkable and uncommon life-opportunities: such as sponsorships, public-speaking opportunities, and national media exposure. Nevertheless, this disciplinary process of inspirationalization also had its costs. As McWhorter (1999) explains:

normalizing disciplinary practices may tremendously enhance a person's ability to perform certain kinds of functions or accomplish certain kinds of tasks, but they decrease the number of different ways a person might be able to respond in a given situation; they narrow behavioural options (p. 137).

In other words, discipline not only increases certain capacities in the disciplined individual, it also makes that same individual increasingly *docile*. That is, discipline makes people more controllable, more predictable, more open to further discipline, and more eager to discipline themselves (Foucault, 1995). Indeed, the more that I trained both forms of inspiration, the better I became at each technique, but the harder it was to practice — or even to recognize — alternative ways of moving, breathing, and being. The more I trained, the more trainable I became: more and more of my capacities came under the disciplining surveillance and practices of more and more experts, who could more readily shape my actions and capacities according to their needs. The more I trained, the more invested I became in my inspirational athletic identity, and the less willing I was to do any action, or tell any story about myself, that would not

reproduce this identity. In other words, the more I invested in my hyper-able capacities and identities, the narrower my range of possible actions became. In order to merely be recognized as an athlete and to recognize myself as one, I was willing to: restrict my mobility and capacities (for example, by narrowing the range of tools that I used); increase my pain, fatigue, and muscular degeneration (for example, by not using a backrest); and risk serious injury and possible interruption of my athletic career (for example, by learning to balance on two wheels without anti-tippers). In short, my increased capacity for inspiration was accompanied by a certain docility on my part.

*The room is quiet but for the soothing voice of our team psychologist, and our synchronized, obedient breath. She prompts us to breathe in deeply and to imagine our breath moving all the way down to our toes, relaxing each muscle in succession as we breathe out. I feel my breath move into my chronically dislocated hip. I flinch and then regain composure, using the familiar inspiratory rhythm to push through pain into relaxation. I can't help but wonder how my teammates are doing. Do they breathe deeply into a painful, absent, unsensing, or prosthetic limb without flinching? An idea emerges. My hands grasp the crutches at my sides and I guide my next breath deep into their rubbery tips. I feel an embodied sensation of my breath tracing their contours and density: aspects of my crutches that I have explored intimately through the repetitive sharing of weight and time. The muscles we have developed together, through our shared movement, twitch with the pleasure of this exploration. These sensations are more real and relaxing to me than the instructed movement of breath through my supposedly natural legs.*

“We believe,” Foucault (2003c) famously states, “that the body obeys the exclusive laws of physiology, and that it escapes the influence of history, but that too is false. The body is molded by a great many distinct regimes” (p. 360). As I have attempted to demonstrate through the past five chapters, Foucauldian (1995, 2003c) genealogies can serve to historicize and politicize the aspects of our bodies that seem most natural and apolitical, including our identities, feelings, desires, and even the very shape and capacities of our flesh. McWhorter (1999) develops this point further, arguing that disciplinary regimes subject sensations “to diminishment, intensification, and qualitative variation through time and with cultivation or exercise” (p. 179). That is, disciplinary regimes are often used to actively cultivate pain, suffering, pleasure, and other physical and psychological sensations because they are useful for producing more disciplined and docile subjects (Heyes, 2007).

Within sporting and inspirational disciplinary regimes my bodily sensations have often been strategically utilized, actively produced or shaped in ways that rendered me increasingly open to further discipline. Coaches often coercively used the burning sensation that highly fatiguing exercises produced in me in order to increase my docility, perpetually re-designing the exercises to make them increasingly and differently painful as I developed the capacity to withstand the increased pain that they caused. At the same time, the nausea that ensued when I pushed through the fatigue that repeated, long races in the wheelchair caused came to produce in me a pleasurable-painful sensation. Because of the inspirational self-practices I cultivated, I felt a deep, embodied, sense of shame when I receive various types of mundane assistance (such as a push up a steep hill). Meditative breathing exercises enabled me to cultivate the (physiologically erroneous) sensation that I was actually breathing deep into my legs or crutches, as well as to develop the capacity for deep relaxation and pain control. Both of these capacities helped me to

train through injury and stress. In sum: my bodily sensations have very particular local histories and very specific calibrated uses.

My desires, too, have their own histories. Multiple times every day, for eight years, I trained the skill of tilting up and balancing on one wheel. This history, mixed with four years of medically induced retirement from wheelchair sport, has produced a recurring, compulsive desire—a physical bodily craving—to feel that ratchet-strap pull against my dislocating hip into the momentary weightlessness of a tilt. I imagine that this deep sensation of longing is similar to what nondisabled people erroneously assume that I feel for bi-pedal ambulation. Is longing to walk any more natural than longing to tilt? Is the chair or the crutch any less a part of my body than my legs are? My body shape, my capacities, my sensations, and my qualities of movement are moulded and extended by the different tools with which I mobilize. The aluminum crutches with which I swing up a flight of stairs, like a six-foot quadruped, extend my straining shoulders and arms. At another moment, however, I glide with the ease of a four-foot tall titanium wheelchair user who gets stuck at the bottom of the very same flight of stairs. The height, shape, capacities and movement patterns of my body shift with each “body-object-articulation,” that is, they shift with every disciplined relationship that I form with a tool of mobility (Foucault, 1995, p. 152). My tools are articulated with my body at great cost: each high-tech, light-weight tool costs thousands of dollars to buy and requires that I train for thousands of hours in order to learn how to use it proficiently. My tools and my body mold each other through this repetitive training in ways that make it increasingly hard to differentiate body from tool. I can physically feel the precise contours of the smallest pebble that my rubber wheel or crutch tip bends to enfold. My body instinctually adapts with shifted weight, a largely unconscious process no less natural or intuitive than the shifting of weight between one’s feet. My tools have become embodied. Rose

(1996) explains: “human being is emplaced, enacted through a regime of devices, gazes, techniques which extend beyond the limits of the flesh into spaces and assemblies” (p. 143). In other words, we come to embody the disciplinary techniques, tools, technologies, and knowledges that we use, and that are used upon us. I learned, trained, and paid to move like an inspirational physically fit disabled athlete, and both this movement and this training became components of my very embodiment and subjectivity. My hyper-able disabled body is made up in equal parts of crutches, dislocated bones, absent backrests, and metronomes.

My bodily sensations, my desires, my various body-object articulations, and the very contours of my flesh are as much an effect of “the iron hand of necessity” as of the “dice-box of chance” (Nietzsche in Foucault, 2003c, p. 361). The workings of power, as well as a series of random events or mistakes have shaped my body and its capacities. My current embodiment is not an inevitable outcome of stable structures of power. I could easily have ended up otherwise. My broad shoulders, for example, have been precisely moulded by the disciplinary weight training regimes of the personal trainer whom my coach assigned to me. My skinny legs, on the other hand, are largely the effect of my doctor’s contraindications for strenuous lower body workouts. My body shape is thus the contingent effect of medical and sporting relations of power (as well as numerous other relations of power that I have covered throughout my genealogy). Both my trainer and doctor gained access to my body, however, through random events: a series of unlikely scenarios whereby a stranger invited a seemingly nondisabled version of me to a wheelchair basketball practice, which led me to meet a sport official who happened to recognize my gait pattern and sent me to a neurologist for testing. Eventually, through a whole series of lucky breaks and strategic navigations of Paralympic power relations, my diagnosis gained me eligibility for the Paralympic team (see Peers, 2012a). This history of accidents, reversals, and

plays of power is largely absent from the inspirational stories that are told about me. The inspirational supercrip story about me would have you believe that I overcame a physically disabled body through a naturally endowed sense of self-discipline and willpower, which was enabled by a benevolent and inclusive Canadian culture. These supercrip stories would have you believe that the inspirational affect of my overcoming is also perfectly natural, perhaps even inevitable. My embodied history of both power and chance are erased through the inspirationalization of my biography.

### **Subjecting the Supercrip: Inspiration or Expiration**

*Fresh oxygen scorches my lungs for the first time. Having been pushed out of my mother, thanks to her own disciplined Lamaze breathing, my first breath is beat into me by the hand of a benevolent doctor. My skin shifts from the blue-white hue of oxygen deprivation to the distinctly red hue of trauma. My loud ear-splitting wail prompts the doctor's confident assertion: "It's a healthy baby girl! Strong lungs. Ten fingers. Ten toes." With that first sloppy, mucus-filled, independent breath I begin my voyage as a healthy human being.*

Butler (1988) argues that one of the first constituting acts of subjectivity is the sexing of newborns. The movement from *it* to *girl* in the declaration "it's a girl!" is the first of many sexing technologies that secure an essential part of our subjectivity. Yet, before the celebratory announcement of the sex of a newborn (or fetus), there is almost always a just-as-critical qualifier, namely, whether it is *healthy* (in fact, often the sex of a fetus is first established through in utero tests designed primarily to assess fetal health). Indeed, my strong breath and normative number of digits – and lack of any other markers of developmental inadequacy and degeneracy – marked my movement from (sub-human, or at least, sub-racial) thing to human just as much as

my genitalia did. Borrowing from Butler, I contend that discrete health and ability statuses—not unlike “discrete genders”—“are part of what ‘humanizes’ individuals within contemporary culture” (p. 522). Objectified knowledges of gender and health, along with their corresponding technologies of division and normalization, have each fundamentally constituted me not only *as* a person, but also as a particular *kind* of person to be recognized, treated, and acted upon in corresponding ways (Foucault, 2003d; Rose, 1996).

Since my childhood, I have been acutely aware of how the *kind* of gendered subject that I was shaped the kind of athlete I could become. Conversely, to some extent, the kind of athlete into which I could make myself shaped the kind of gendered subject that I would be. I noticed, from early on, how sport involved “dividing practices” whereby my gender classification led to regulated physical separation from my brothers and the allocation to me of different equipment, rules, and training regimes than were given to them (Foucault, 2003d, p. 126). These gendered sporting divisions only fed my desire to be a better athlete: to show all the boys that I did not play ‘like a girl.’ I was far less aware, however, of how health and ability classifications divided and governed my athletic (and other life) opportunities. My subjectivity as a healthy, non-degenerate human began in utero and was reproduced through my first independent breath and the normative timing of my various other developmental “firsts.” I “achieved” enough developmental milestones to successfully pass as a healthy, able-bodied kind of person: the only kind of person that had access to the sports that I played. It is plausible that discursive links between health and sport were precisely why my parents kept me in sport, despite the constant injuries I experienced. I was encouraged to engage with technologies of elite athletics (for example, breath training) so that I would grow up to be a healthy person. I, by contrast, eagerly engaged with technologies of health (for example, ‘healthy eating’) so as to become a stronger



athlete. Only much later did I become aware of the extent to which the mutually constitutive subjectivities and disciplinary regimes of “the healthy” and “the athletic” increasingly narrowed my possible range of actions, rendering me far more governable by the people who would find my healthy, athletic body useful.

*Pressurized oxygen scorches my lungs for the first time: dry bursts burning relief into thirsty tissue and tired muscle. The exhalation is then squeezed out of me by the hands of a caring respiratory therapist. My skin shifts from the blue-white hue of oxygen deprivation to the distinctly red hue of shame. With that stale, mucus-filled first dependent breath, I begin my voyage as a sickly, degenerate, and revolting gimp. My highly disciplined physically disabled identity did not prepare me for degenerate and sickly subjectivity, quite the opposite. Five years earlier, I had been diagnosed into degenerate disability through the authoritative pronouncement of a neurologist. My diagnosis, however, was quickly followed by the incredulous reactions of everyone I told: “but you are so strong, independent, and healthy-looking... you don’t look like one of those people!” This diagnosis, and the resulting reactions, began my voyage as a remarkably healthy, inspirational, physically fit disabled supercrip.*

The bodies, practices, and identities that disability, illness, and impairment configure are no more natural or ahistoric than the bodies, practices, and identities that athletics configure. As Tremain (2006) argues – and I have attempted to demonstrate throughout this dissertation – impairment “is an historically specific effect of knowledge/power,” which divides human variation into categorical types in order to render the people assigned to some of these categories susceptible to the disciplinary interventions of other people, especially people who are regarded

as “experts” (p. 185). My medical diagnosis secured my eligibility into the segregated diagnosis-only Paralympic sport world, a world where further classification separated me from my peers who were deemed more or less impaired. My diagnosis also made me subject to a less official and much more insidious set of dividing practices and related disciplinary regimes, which coalesced in the recognizable forms of two different *kinds* of disabled people. One famous inspirationally disabled person once explained this distinction to me: “there are two kinds of disabled people in the world, those that sit at home complaining, and those, like us, who are out there trying to make something positive of themselves.” In other words, there is the remarkably productive, inspirational and independent physically fit disabled supercrip that I became at the height of my Paralympic career, and then there is the sickly, dependent, degenerate, gimp that I became as I began to use oxygen, to need an attendant, to ask for accommodation, and to stay at home and rest.

Dividing practices play out insidiously in the most intimate of spaces and are covertly dispersed throughout many of the most dominant and dangerous institutions, practices, and discourses of our time. Foucault (1980, 2003d) warns us not to conflate this wide dispersal with a top-down, purposefully deployed, ideological intention. Seemingly dominant and powerful normalizing forces (such as the technologies of normalization that constitute inspirational supercrips like me) are nonetheless “fed by innumerable and often conflicting individual aims” (McWhorter, 1999, p. 19). Thus, the outcome of my own subjection was likely not the aim of the people who participated directly in my subjection. The doctor who diagnosed me might simply have been invested in the advancement of his research through my diagnosis. The athletes who helped shape me into a hyper-able physically fit disabled athlete were likely more invested in their own inspirational identity than in mine. My inspirationalization and the reproduction of

larger inspirational discourses may have been effects of these various actions, but it is unlikely that they were the shared intentions of the actors. As Cruickshank (1999) explains: “the system and its makers do not create order from above; rather, the messiness of small things makes possible a large system” (p. 42). This messy, bottom-up production of larger social systems is precisely why Foucault (2003c) calls for an ascending analysis of power. That is, Foucault urges us to trace how specific intimate rationalities (for example, my teammates trying to pass as inspirational) merge with particular disciplinary technologies at the level of the individual (say, my self-training to become a hyper-able tool-user). He also urges us to follow how these intimate and individual workings of power may collude with or shift in relation to more widely circulated or deeply institutionalized practices and discourses (for example, widely circulated supercrip stories of Terry Fox or Rick Hansen). As I have tried to trace throughout this dissertation, even the most seemingly purposeful and capitalist-serving of phenomena (such as neoliberal discourses of inspirational overcoming) emerge from a messy convergence of often unrelated rationalities, technologies, and discourses. Furthermore, the smallest, seemingly insignificant, practices (like my own attempts to go without pressurized oxygen in public) can coalesce in ways that significantly affect the possible life-choices and the distribution of life-chances of people whom I have never even met (see Spade, 2011).

*Each breath pierces my diaphragm with violent cramping. I struggle to keep my face relaxed, trying not to let the crowd see me grimace in pain. My weakening respiratory muscles burn from climbing the six stage stairs in my wheelchair, in order to accept my “Courage to Overcome” award. As I wait for my cue to speak, I am unsure if I will have the strength to project my voice across the crowd, let alone to project the inspirational physically fit disabled*

*image they expect. I look longingly over at the microphone, poised high above a tall solid wood lectern. I could simply stand up and use it. I could have chosen to simply stand up and climb those six stairs by foot. But I choose to remain seated: terrified of standing up like a faker, of passing out like a gimp, of no longer passing as an inspirational physically fit disabled supercrip; as being found out, as a degenerate. This doesn't feel like courage. I long to show real courage: to crush their expectations of wheelchair-boundedness; to point out the disabling, inaccessible stage; to defy the expectation to simply overcome; to show pain; to revolt. I am given the cue to speak. I open my mouth. I remain silent: due, perhaps, to a lack of oxygen, or courage, or intelligible alternates. I return to the script that I have been told they all want to hear. I say something about the abilities in all of us. I force a smile at the standing ovation, but long for the revolution.*

Supercrip subjects and their revolting gimp counterparts are produced through multiple, heterogeneous practices and discourses, many of which employ or collude with liberal forms of government. Within liberal forms of government, one enables and encourages the governed people to act voluntarily, while simultaneously using intricate systems of threats, promises, punishments and rewards to coerce these same people to “voluntarily” choose actions that are desirable to those who govern (Foucault, 2004). As Rose (1996) argues, liberal governance “has been defined by the problem of how free individuals can be governed such that they enact their freedom appropriately” (p. 134). The appropriate enactment of freedom for a contemporary Western subject is to voluntarily manage (or govern) one’s own bodily functions, capacities, and productive output in ways that comply with the expert advice and normative expectations of medical, financial and political authorities (Foucault, 2004). In other words, liberal forms of

government amount to “govern[ing] people by getting them to govern themselves,” and thus are useful for creating responsible, self-governing, productive citizens, such as the supercrip (Cruikshank, 1999, p. 39).

The imperative to govern myself long predates my pathologization as a degenerate, or my performance of physically fit disability. I came to voluntarily control my own breath, pain reactions, and health practices through repeated disciplinary sports training, through threat of painful running drills, as well as through the promise of, and later the adoption of, athlete subjectivity. As a nondisabled athletic national who was exalted as white, however, I was subject to relatively minimal surveillance and discipline because I was largely assumed to be a responsible self-governing citizen. My involvement in sport, in conjunction with my unpathologized body and blood lines, made me easily readable as someone who had chosen to make herself into a healthy and productive member of society. Once diagnosed with degenerative, hereditary disability, however, I suddenly became a pathological subject who was constantly scrutinized and categorized, disciplined and coerced by experts and passersby alike. I was scrutinized and categorized so that pathological aspects about *subjects like me* might be rendered increasingly intelligible and thus solvable (Rose, 1996). I was disciplined and coerced so that I would increasingly govern the pathological aspects of my self appropriately. I was increasingly scrutinized and disciplined because pathological subjects like me are, it seems, continually suspected of failing at appropriate self-government. We have, too often, proven unable to contain, normalize, and control our leaky, spasming, painful, weak, or out-of-control bodies (Clare, 2009). We are imagined as too primitive to responsibly refrain from perversions, predatory advances, and the spreading of our degeneracy to further, unlucky, generations (Malacrida, 2015). We are seemingly too stubborn to adapt to normal disciplinary regimes and

training, and thus ‘selfishly’ demand that schools, athletic facilities, and workplaces must be made accessible to us (Withers, 2012). We are thought to be too lazy to make ourselves into productive, contributing citizens, rather than relying on government funding and supports to survive. We are purportedly too irresponsible and incompetent to be trusted to govern ourselves as responsible liberal citizens. We are pathological. We are revolting. We are gimpy degenerates. We must be watched, managed, and governed.

To be recognized as a degenerate gimp is to be greeted with pity, disgust, revulsion, or normalizing advice, if not to be simply ignored. Social discomfort and isolation, however, are not the only effects of this subjection. Disabled subjects who do not pass as the self-governing physically fit disabled subject are much more likely to be written off by doctors, to be unemployed, to live in poverty, to be homeless, and to be incarcerated in prisons, mental hospitals, or nursing homes (Rembis, 2014; Spade, 2011; Ware et al., 2014; Withers, 2012). Furthermore, such subjects are more likely to find themselves subject(ed) to the intensification of direct government within relations of domination, wherein, for example, experts control how money that belongs to “clients” can be spent (Withers, 2012), restrict their freedom of movement (McWhorter, 1999), and determine the exact timing of each of their most intimate bodily functions (e.g., sleeping, eating, bowel movements) (Sullivan, 2005). The most readily-available strategy for avoiding these relations of near-total domination is, for many, to try to develop one’s capacities to be governed from afar: to become recognized as, and exalted for, governing oneself as a liberal citizen. This translates, in my experience, as learning to perform inspirational physically fit disability: to pass as a supercrip. As a supercrip, my attempts to self-govern, to normalize, to overcome, and to fiercely and spectacularly exhibit my independence and productivity are not motivated merely by heroic virtue, ideological ignorance, or malicious

intent. Every pathologized subject works within a narrowly constituted field of possible actions. Sometimes it feels as if there are only two choices: control yourself or be totally controlled by other people (McWhorter, 1999, p. 145). As Clare (2009) writes: “supercrip lives inside my body, ready and willing to push the physical limitations, to try the ‘extraordinary,’ because down at the base of the mountain is a nursing home” (p. 13). The threats and punishments of not (sur)passing as a supercrip are ever present. Unfortunately, passing “successfully” has its costs as well.

*Each breath pierces my diaphragm with violent cramping, even though I get my partner to push me up the ramp to receive my “Woman of Vision” award. I struggle to relax my forced smile. I try not to hide the grimace of pain. I attempt to show my contempt for the ableist metaphor. This lack of self-discipline is a capacity that I have yet to master. An inspirational video montage of my life plays on the big screen, my politicized sound bites expertly edited out of the final version. I try to stay composed at the crowd’s ovation. I long for the revolution.*

Useful democratic citizens, Cruikshank (1999) argues, “are both the effects and the instruments of liberal governance” (p. 4). That is, the practices, discourses, and subjectivities of useful democratic citizens often inadvertently serve to justify and reproduce the very relations of power to which they are subjected. For the most part, I became a supercrip for self-centered reasons: because I wanted to continue to be seen as an athlete; because I wanted to maximize my freedom and opportunities; and because I wanted to escape pity and control. Nevertheless, some of my most regrettable supercrip experiences, which occurred when my inspirational story was broadcast across the country, occurred at least in part because of my activism. I wanted to seize

the opportunity that the stage afforded in order to try to shift stereotypes of disability, and to show that disability is a problem of social injustice, not a problem of pathological bodies. Inevitably and almost invariably, these activist aims backfired. The inspirational supercrip image broadcasted through the “Courage to Overcome” award, for example, overshadowed and contradicted the political message that I intended to convey in my acceptance speech.

McWhorter (1999) writes: “shouldering as much responsibility as possible for coping with your disabilities only makes it easier for tight-fisted taxpayers to say you don’t need social services at all” (p. 144). I recognized, early on, that positions of greater political leverage were earned if one demonstrated a capacity to self-govern and inspire. The more leverage I gained, however, the more widely dispersed my inspirational persona became, and therefore the more I undercut the intelligibility of the very changes I hoped to affect: namely, less inaccessibility, isolation, poverty, and pity in the lives of people who experience disability. Through my own unintentional, and even well-intentioned, supercrip actions I have inadvertently reaffirmed the notion that disability is a problem because of other (i.e., degenerate) disabled people’s lack of individual will and capacity to self-govern.

Cruikshank (1999) argues that practices that aim to produce empowered citizens “link the subjectivity of citizens to their subjection, and link activism to discipline” (p. 67). That is, practices of empowerment lead people like me to believe that our identities are the cause, not the effect, of our subjection. Practices of empowerment lead us to believe that the activist path to social change involves even greater engagement with the disciplinary practices and the liberal “empowering” regimes that subject us. Insofar as I received that “Courage to Overcome” award, I unintentionally reproduced the legitimacy of the very programs that subjected me as supercrip: the “empowering” disability-sport programs that disciplined my body into increasing healthiness,



independence, and self-control; as well as the heroic supercrip stories and practices that had me govern myself into increasingly inspirational, physically fit disabled forms. Each celebration of me as supercrip is the celebratory reproduction of the very forces that narrowed my range of possible actions, left me increasingly open to government by others, and induced me to govern every aspect of my self – often to the point of self-harm.

The inspirationalization and subsequent celebration of the physically fit disabled overcomer not only reproduce the forces that govern the inspirational supercrip. They also reinforce the subjectivity of the revolting, degenerate gimp. Rose (1996) explains:

the language of responsible self-advancement is linked to a new perception of those outside civility— the excluded or marginalized who through willfulness, incapacity or ignorance cannot or will not exercise such responsibility. On the one hand, pathologies are re-individualized, removed from a “social” determination into a moral order, thus providing the basis for new and harsher strategies of surveillance and control of those who, after all, bear the responsibility for their fate within their own hands. (p. 145)

In other words, the inspirational supercrip serves to reproduce, reinforce, and legitimize the subjection, poverty, incarceration, and limited life-chances of the people who cannot, or will not, simply overcome. What is perhaps most disconcerting is that throughout my inadvertent participation within the reproduction of these unequal, and often violent, relations of domination, I was often celebrated as an activist or advocate who, by virtue of my supercrip notoriety, was helping to empower the disabled. This dilemma is a problem not unique to disability. As Spade (2011) explains: “the hallmarks of neoliberalism are co-optation and incorporations, meaning that the words and ideas of resistance movements are frequently recast to produce results that disserve the initial purposes for which they were deployed” (p. 34). Through my own frantic

attempts to escape degenerate gimp status, through my disciplined subjection as an inspirational physically fit disabled supercrip, and through my misguided attempts to use inspiration as an activist entry-point, I unintentionally reproduced the very structures that, in the long run, would further subject my communities and my self.

### **Inspiration Expires**

What I hope this Foucauldian analysis has made clear is that inspirationalization can reproduce extremely dangerous and disabling effects. If, however, the inspirational supercrip is simply written off as a problematic (mis)representation, a hegemonic villain, or an ideological dupe, we have failed to take into account the complex web of ordinary practices and broadly dispersed strategies of government that come to constitute, discipline, coerce, and subject inspirational disabled figures. To theorize the supercrip in this way—that is, as both an effect of, and a site for the reproduction of, dangerous configurations of power—enables new ways in which to imagine how one might act within, and against, these configurations (see Foucault, 1980). Furthermore, if we begin to engage with the supercrip in this way, we can begin to engage with subjectivity itself as an opportunity and strategy for reimagining and shifting our worlds.

As I have demonstrated through this autoethnography, the self can be a crucial entry point for genealogical critique. The self can be an archive through which one can begin to problematize the contemporary practices, discourses, and subjectivities of disability that appear most benevolent, natural, or mundane. For Foucault (1995, 2003b), the conscious acting of the self on the self (or better still, against the self) is at the very heart of ethics. It is a process of critical self-experimentation, fragmentation, and multiplication that offers possibilities for developing different capacities, increasing our range of possible actions, minimizing relations of domination, and bringing new relations and practices into being. Because the subject is such a

crucial node in the exercise of power, this critical work on the self is also an engagement with the broader political problems that constitute us (Butler, 1988; Foucault, 2003b; McWhorter, 1999).

In the past few years, my capacities to inspire, in both senses, have diminished, or in medical terms, degenerated. I have taken up the tools of the sickly, engaged in interrelationships of the dependent, and increasingly fail to (sur)pass as a physically fit disabled supercrip. I am less and less successful at living in normative ways (Foucault, 1997): the ten-hour conference day, the expectation of painless sitting, and the attempted self-propulsion of my wheelchair across the tiniest of grades have become points of inevitable failure. I have come up against some of the more life-threatening systemic violences to which the degenerate gimp is subjected: I have become, in some arenas at least, the kind of subject that the state is perfectly happy to “let die” (p. 241). In other arenas, my Paralympic past, my academic present, and the expectation of a cure-encompassed future still protect me. I have come to recognize through this process, and through processes of Foucauldian critique, that contemporary social relations around degeneracy deserve revulsion, not the (revolting) subjects whom they subject. Though I would never downplay the dangers, violences, and relations of domination to which many who are deemed degenerate are subjected, I have come to realize that there may be more room for revolution in the revolting gimp’s gutter than the supercrip’s stage grants me. I have witnessed how my intermittent failures in the rituals of self-mastery and self-management have created space for improvised strategies of survival and, with them, new unanticipated capacities for sensation, connection, experimentation and subjectification. I have come to believe that there is little transformational potential in the inspirational motto “the crips are overcoming” and I am increasingly pulled to engage strategically with the war cry: “The gimps are revolting!”

## **Chapter 10: Concluding Thoughts**

In this dissertation I have used both genealogy and poststructuralist autoethnography to historicize, denaturalize, and critique inspirational, physically fit disability in Canada, from Confederation to contemporary times. Through five years, and now over 200 written pages, of engaging with hundreds of national, local, and personal archives I have come to an argument that I did not even have the discursive tools to imagine at the onset of this research. I have argued that Canada's particularly intense inspirationalization of physically (fit) disabled subjects is a technique that serves – among other things – to reproduce white supremacy, to perpetuate the neo-eugenic targeting of the nation's (disabled) Others, and to justify the continued unequal distribution of life chances. In this concluding chapter, I will offer a brief chapter-by-chapter review of how I developed this argument, followed by a discussion of the contributions, limitations, and future possibilities of this research. I close by reflecting on the four driving questions that I first posed in my introduction as a way to engage more deeply with the implications of this work.

### **Summary of Research: From Explicit Eugenics to Inspirational Paralympics**

Within the first three chapters of this dissertation, I introduced the problem of inspirational disability, framed it within existing literature on the inspirational supercrip, and introduced and explained my genealogical and autoethnographic approach. In chapter four, the first genealogical chapter, I sought to historicize inspiration by tracing some of the conditions of possibility for its later emergence and salience in Canada. I focused largely on early, post-Confederation immigration documents, supported by a host of other legislation, reports, and periodicals between 1869 and 1910, and drew most heavily from the genealogical works of Foucault (1980, 1990, 2003d) and McWhorter (2009) for theoretical support. The first point I

argued in this chapter is that the differentiation, proliferation, and governance of various kinds of defective subjects (many of whom we now refer to as disabled) became an increasingly central nation-making concern at the turn-of-the-century. Second, I demonstrated how this intensification coincided with the increasingly explicit governance of immigration through the logic of biological racism: the notion that there is one human race and that non-disabled white Europeans are the most developmentally progressed members thereof. Third, I argued that the increasing prohibition of defective and racialized kinds, in the era, was a eugenic tactic: a tactic that emerged from the confluence of white supremacist logic, medicalized techniques of subjectivation through pathologization, and biopolitical strategies for controlling racial degeneracy through the containment of sexual, reproductive transmission. Finally, I demonstrated how most – but not all – defective subjects were constructed as racial degenerates, and thus were prohibited from immigrating to Canada, and were institutionally segregated or deported if already living in Canada. That is, disabled degenerates (particularly those with pale skin and European heritage) were constituted as a reproductive threat that could diminish the racial supremacy of the future white population and nation. I argued, however, that a single disabled kind – the physically defective (European) subject with acquired disabilities – is constructed in the legislation as a tolerably white subject whose only potential threat to the nation is that of economic dependency, not racial degeneracy. This (racial) bifurcation of disability, I argue, would set the stage for the differential government of these two disabled kinds, including the almost exclusive use of inspiration on physically defective subjects.

In chapter five, I built off of the previous chapter to destabilize the ubiquitous progress narrative of increasing disability support, inclusion, and protection within the early 20<sup>th</sup>-century Canadian welfare state: a narrative that is later used to explain (and exalt Canadian nationals for)

the successes of disabled Canadians. Specifically, I traced the differential governance of degenerate and physically defective subjects through the increasingly institutionalized social security programs of the early 20<sup>th</sup> century, demonstrating that programs that supported one kind of disabled subject often threatened, neglected, or excluded other disabled kinds. To do so, I drew from a broad set of archives, including legislative documents, governmental and non-governmental reports, periodicals, popular books, and activist and academic writings of the time. I also drew from several useful histories about the shifting welfare (e.g., Jongbloed, 2003; Reichwein, 2005), eugenic (e.g., Malacrida, 2015; McLaren, 1990), and colonial (e.g., Regan, 2011; Thobani, 2007) programs of the era and drew significant theoretical and archival support from Thobani's genealogical work (2007). Through these sources, I demonstrated that social security nets serve entirely different functions for those produced as different kinds of subjects: and not all of these functions serve to support life. I argued that nets like retirement pensions served mostly to financially secure those (mostly well-off European men) constituted as white nationals. I argued that increasingly institutionalized poverty relief served to support precarious Canadians: those, like the physically defective, who were passably white, yet not exalted as independent, productive national subjects. Further, I argued that social supports like universal education served to filter out and to ensnare degenerate disabled subjects along with other racialized Others: ensuring that such subjects would experience vastly diminished life and reproductive chances, as well as increased vulnerability to early death. In sum, I argued that the emergence of social security programs was not only contemporaneous with, but also foundationally linked to and reproductive of, the eugenic targeting of disabled degenerates and other racialized subjects

In chapter six, I used similar sources as the previous chapter, with the addition of widely

circulated inter-war pamphlets and advertising campaigns. I used these to trace how the inspirationalization of the white, physically disabled Canadian soldier came to be embraced as a federal-level technique for differentially governing, and justifying the increased governance of, physically disabled, degenerate, and white national populations. I begin by analyzing a rare, pre-war depiction of inspirational disability in Canada, and then proceed to demonstrate how such discourses were explicitly taken up, transformed, and wielded for the purposes of better governing the injured soldier, and for justifying the expansion of nationalized, biopolitical, and often eugenic programs. I close the chapter by discussing some of the national social security programs that emerged out of this inspirational justification, and the ways in which they continued to differentially threaten and support degenerates and physically defectives, respectively. These new, eugenic, nationalized programs were enacted under the banner of public health, and they included: child welfare, mental hygiene, increased border control as public health measure, and national physical fitness programs.

In chapter seven, I traced how – in the wake of the Second World War and global anti-Holocaust sentiment – explicit and vehement targeting of degenerate disability became one of the techniques that Canadians used to perpetuate eugenic and white supremacist programs in seemingly non-racist ways. For this chapter, I mapped out the contradictions, overlaps, insights, and disability-based gaps of Thobani (2007), McWhorter (2009), and Brown's (2006) genealogical analysis of the era. I then wove these in with my own archival research, which was based on legislative documents, government reports, official records of parliamentary debates, and the writings of prominent eugenicists and maternal feminists of the time. Through this process, I came to argue that the targeting of disability functioned alongside the increased government of Canadian families, the broadening of the biopolitical welfare state, and the

seemingly objective administration of desirable populations. These techniques, collectively, enabled an (up until now) explicitly white supremacist Canadian nation to maintain and even deepen its eugenic programs while rebranding itself as a compassionate, multicultural, welfare state made up of tolerant (white) Canadians and their families. By the early 1970s this rebranding had served to essentially replace discourses of superior white racial advancement with those of superior Western tolerance and advanced morality. This change sparked a (small) shift in discourses about the nation's Others: moving from fear of the racially primitive degenerate to intolerance for the archaic practices and backward racist beliefs of primitive cultures. The discourses about the disabled racial throwback shifted even less. Widely circulating disparaging discourses abounded about those pathologized (or metaphorically constructed) as, for example, degenerate perverts, slow, retarded, developmentally delayed, and emotionally stunted. The temporal, developmental logic through which whiteness and its Others have been produced had barely shifted in 100 years. Although the eugenic techniques had shifted (e.g., the rise of social security) the eugenic implications had also not. These discourses of superior Western tolerance enabled the post-war period to be celebrated as the height of the compassionate Canadian welfare era, even as it ushered in the height of Canadian involuntary institutionalization and sterilization. These discourses, I argue, would also enable the later emergence of spectacular tolerance, inclusion, and inspirationalization of physically fit disability in Canada.

In chapter eight, I relied on legislative archives, mainstream media archives, biographies, athlete journals (indirectly), and popular histories to trace how Canada's tolerance and inspirationalization of disability, from the mid-1970s to contemporary times, came to be useful for constructing and exalting its superior Western morality. As discussed above, in the post-war period, superior Canadian tolerance was partially constructed through explicitly targeting



disability, rather than race, within Canada's eugenic practices. Since the 1970s, however, Canadians have come to exalt themselves through explicit – even spectacular – gestures of disability acceptance, inclusion, and inspiration. I argued in this chapter, that such spectacles came in three primary forms: repealing the most obviously violent anti-degeneracy legislation and programs (e.g., sterilization); legislating greater rights, protections, and (to a lesser degree) supports for disabled Canadians of all kinds (e.g., disability's inclusion in the charter); and loudly inspirationalizing physically (fit) disabled (white, masculine) subjects (e.g., Terry Fox). I ended the chapter by more closely analyzing a handful of the most widely celebrated examples of such inspirationalization, including: the 1976 Paralympic Games, the heroization of Terry Fox and Rick Hansen in the 1980s; the complicated inspirationalization and racialization of Steve Fonyo in that same era; and the 2010 Olympic and Paralympic Games. I argued that some of the specific discursive constructs, techniques, and historico-political contexts of each inspirational example have differed in important ways, thus altering some of the resulting political effects. Collectively, however, I argued that these figures serve to reproduce the very discourses, subjectivities and relations of power from which they have emerged: including those that are deeply ingrained in neo-eugenic and white supremacist national formations that both justify and enact the “maldistribution of life chances” (Spade, 2011, p. 193).

Finally, in chapter nine, I turned to the archives of my own experiences in order to trace how my inspirational supercrip subjectivity has come to be produced, reproduced, enacted, and more recently, challenged. Through this poststructuralist autoethnography, I explored the particular techniques of power that came to shape my flesh, my capacities, my sensations, my desires, my identities, my experiences, and my actions into those of an inspirational physically (fit) disabled subject. I explore how I was relatively successful at performing physically fit

disability, despite having been diagnosed with a condition that is understood as degenerate (i.e., genetically transmitted) and degenerative (i.e., worsening, reverting my capacities to earlier developmental stages). I discussed the micro-level stakes in this inspirationalization process, that is, the intimate motivations and rationalities that had me reproduce physically fit subjectivity. I also discussed the larger stakes: the impact that I have come to believe that inspirational disability has on others who will not or cannot overcome. Finally, I discussed my increasing failure to inspire, over the last few years. I briefly discussed the shifts in capacity that have rendered my body, at times, illegible within inspirational discourses and, thus, governable as a revolting, degenerate, gimp. I conclude by acknowledging the dangers of not inspiring, but also celebrating the personal and political possibilities of taking on the subjectivity and practices of a revolting gimp.

### **Contributions of Research: Gaps, Failures and Possibilities**

Throughout this dissertation, I have engaged significantly with each of the three gaps that I identified in my literature review of inspirational disability. First, through both my genealogical analysis of the macro-forces that govern inspirational subjectivity and my autoethnographic analysis of my own inspirational subjection, I join only a couple of scholars (Berger, 2008; Clare, 2009) who have analyzed the mechanisms through which inspirational subjectivity is produced, experienced, or enacted. Of these, I am the only scholar to date who has analyzed this inspirationalization process from a poststructuralist perspective: that is, a perspective that does not take for granted the pre-discursive existence of the biological phenomenon of impairment (Tremain, 2006).

Second, this dissertation is unique in the field, in that it has engaged with inspirational disability as a fundamentally historical phenomenon. That is, I have approached inspiration as a

cultural invention that has emerged out of specific conditions of possibility, and that persists, and indeed shifts, because doing so “meets certain requirements of contemporary political arrangements” (Tremain, 2006, p. 192). Such an approach, I argue, has enabled a more contextualized analysis of the power effects of particular instances of inspiration, and thus may also enable a more nuanced approach for those who are seeking to undermine its use.

Third, I have attempted, throughout, to engage with disability as a series of subjectivities, techniques and discourse that are thoroughly interwoven with those of race, class, sexuality, and gender. A handful of other scholars have engaged with inspirational disability through an analysis of intersecting identities (e.g., how experiences of gender and disability co-exist within the same person) (Clare, 2009; M. Hardin, 2007; Hardin & Hardin, 2005; Schell & Rodriguez, 2001). Following Spade (2011), however, my work has instead attempted to grapple with overlapping systems of subjection. That is, I have sought to trace crucial confluences (e.g., eugenic pathologization as sexually dangerous racial degenerates), continuities (e.g., the persistence of temporal logic within discourses about the Other), and differentiations (e.g., the targeting of disability to create anti-racist eugenics) in the techniques and discourses that have been used to produce various kinds of pathologized, racialized, gendered, and/or classed subjects. This approach is unique in this field of research and it has enabled me to theorize inspirational disability not only for its disabling effects, but for its racializing, gendering, and sexualizing effects as well.

Although I have engaged deeply with each of these gaps, I hesitate to say that my work has fully addressed any of them. I believe that addressing a gap can be akin to taking a trowel and plaster to a small crack in an otherwise seemingly-unified field of knowledge: a way to fill, plug and smooth over inconsistencies such that they require – and provoke – less attention. If I

engage these gaps, it is with hammer and pry bar: attempting to pry them open, dig them deeper, adding new cracks, and trying to otherwise disturb the unifying field of knowledge. Thus, as I engaged each of these gaps, I created a whole host of unanswered questions, untaken opportunities, and unmitigated limitations: inevitable failures.

For example, I would have liked to have engaged more deeply with a broader range of subjectivating forces. I am convinced, for example, that the heteronormative masculinity (and potentially reproductive heterosexuality) of inspirational physically fit disabled subjects like Fox or Hansen (especially in opposition to disabled degenerates) is of greater theoretical importance than I was able to convey. I failed to more fully engage these aspects largely because I struggled, in my early chapters, to intelligibly narrate the complexity of so many threads. I therefore focused my efforts of what seemed most salient and least comfortable within contemporary discourses: the interwoven technologies of racialization and pathologization. A more complex reading of a smaller piece of this web would, therefore, be an exciting future project. Similarly, in my autoethnography, I struggled to write about the intimate, daily production of my own whiteness in relation to disability. This gap is perhaps too recently noticed, too deep, too close, too omnipresent, or too important for me to have developed within the allotted space and time. This remains the failure that I most struggle with, both academically and politically (if these things can be separated). This is, thus, the most pressing area of future research for me.

### **Questioning Inspiration**

I started this manuscript with four questions, which I shared less as guiding interrogations than as burning curiosities. I return, now, to these four questions in order to explore how this project has met and/or moved them, and further, to reflect on how these questions and this research have moved me.

I first asked: what are the conditions of possibility for the contemporary production of an athletic, supercrip subject like myself? I will spend minimal space on this question, given that I have thoroughly engaged with it through both my genealogical and autoethnographical research, as well as in my concluding discussions above. My engagement with this question was by no means exhaustive: the archives, struggles, and possible counter-histories are far too numerous and shifting. The most resounding offering I have in relation to this question, however, is that the production of inspirational subjectivity in Canada has been conditional upon the production of numerous other kinds of (mostly racialized and pathologized) subjects. As I traced in both the fourth and fifth chapters, before inspiration came to be ubiquitously used in Canada, the precarious physically fit disabled Canadian needed to be produced, differentiated from, and secured against the racial threat of, dozens of other, far less tolerable and white defective kinds. In other words, in order to produce inspirational disability, a whole host of defective and degenerate subjects had to be produced, targeted, and differentially governed. Thus, the conditions of possibility for inspirational disability include the production of physical disability, the production of degenerate disability, and the reproduction of countless biopolitical techniques for differentiating, excluding, marginalizing, profiting from, and/or targeting degenerate populations for violence, neglect, and early death.

In response to the second question – what are the political implications of inspirational disability? – I would be tempted to add to the previous sentence: the production and inspirationalization of the physically (fit) disabled subject often functions as a biopolitical technique for targeting and marginalizing those pathologized as degenerate. Although inspiration directly targets the individual body, actions, and capacities of a physically disabled subject, its most widespread and dangerous effect is arguably how it justifies and enacts the often-eugenic

biopolitical governance of seemingly unrelated racialized, pathologized, and impoverished subjects. As I demonstrated in chapter 6, for example, interwar inspirational physical disability was used to induce injured soldiers to normalize themselves. However, the inspirationalization of injured soldiers served the larger purpose of justifying the federal biopolitical expansion into ‘public health’: an area that was far more concerned with the social hygienic goals of controlling the spread of racialized and pathologized degeneracy than with the rehabilitation goals of a few thousand physically disabled subjects.

Similarly, in the early 1980s, the inspirationalization and spectacular idolization of Terry Fox may well have induced Fox, and other physically disabled subjects, to perform hyper-athleticism and physical fitness. However, what Fox is most commemorated for is how he justified the continued Anglo-Canadian rule of a ‘united’ Canada (Chivers, 2009; Scrivener, 2000). His inspirationalization was thus employed for the exaltation of Anglo-Canadian nationals, as well as for the governance of intolerant and barbaric Quebecois separatists, and later, degenerate and ungrateful Aboriginal activists. The inspirationalization of Fox, Hansen, and to some extent Fonyo also helped to exalt the superior disability tolerance of Canadians in ways that effaced or legitimized the concomitant massive neoliberal cuts to disability programs and supports: cuts that served to further threaten the health and life chances of many of the most impoverished and most deeply marginalized disabled subjects (see Chivers, 2009). In sum, the individual bodies that have been targeted by inspiration have often not been part of the populations that this biopolitical technique has mostly served to govern. That is, inspirational techniques that target white physically disabled individuals are often deployed in ways that have foundationally biopolitical, and often white supremacist and eugenic, effects.

The third question that I asked in my introduction is: how does inspirational disability

impact upon the subjectivities of those being inspired, of those being inspirational, and of those not deemed inspirational (enough)? In the opening chapter of my analysis, I discussed the production of dozens of excludable kinds. By the end of this chapter, and the 1910 immigration act, these numerous kinds were governed in three seemingly distinct ways. The non-defective white European immigrant was unconditionally welcomed, and even paid, to come to Canada. The vast majority of defective, and increasingly racialized, kinds were unconditionally prohibited from entering Canada, for fear of sexually transmitting their racial degeneracy. One particular category, the physically defective, however, was allowed entry, conditional upon economic security. The differential governance of these three different kinds of subjects, I argued, each served to reproduce and justify each other under the overarching logic of white supremacist nation-making.

In the subsequent chapters, I outlined how these three subjects continued to be co-constitutive within the eugenic logic of the welfare state. Thus, the inspirationalization of the precarious disabled Canadian soldier served to exalt the white national as both brave and compassionate, while justifying the increased eugenic targeting of those deemed racial degenerates. By contrast, after the Second World War it was the explicit targeting of degenerate disabled subjects that enabled the exaltation of the national as tolerant and anti-racist, while their social supports for precarious Canadians (like the physically disabled) continued to exalt nationals as compassionate. In chapter 8, the loud and spectacular incorporation of tolerable disabled difference into the biopolitical state during the late 1970s and 1980s served to (re)reproduce at least three kinds of — by now all-too-familiar — national subjects: the exalted tolerant white national, the tolerated precarious Canadian, and the intolerant (and intolerable) degenerate Other. In the following paragraphs, I will discuss the relationships between these

three, contemporary subjectivities, and discuss what I understand as their political and personal implications for a subject like me.

As McWhorter (2009) argues, the eugenic production and targeting of degenerate difference is not necessarily primarily concerned with racialized subjects. As I have cited above, she writes: “modern racism is not really about nonwhites; modern racism is really all about white people” (McWhorter, 2009). White eugenicists produced and targeted racialized and disabled degenerates in order to protect and exalt what they conceptualized as racially superior whiteness. The post-war welfare state targeted disability and pathology in order to protect and exalt the (white) Canadian family. Ordinary, multicultural (white) Canadians tolerate certain precarious Canadian immigrants and disabled subjects because it serves to exalt them as tolerant and compassionate nationals. These same tolerant multicultural nationals refuse to tolerate other racialized, pathologized, colonized, politicized, and now *terror-ized* subjects because they are deemed too intolerant, or backward, for our multicultural nation. (In)tolerance, as a governmental technique, reproduces protects, and exalts whiteness, and its attendant privileges and violences.

At the beginning of this genealogy, the precarious physically defective Canadian is a rarely discussed exception to racialized degeneracy, a relatively unimportant white remainder produced through the differential governance of white nationals and racial degenerates. By the 1980s, however, the physically (fit) disabled Canadian becomes a figure of exceptional whiteness. He — almost invariably a he — comes to be spectacularly embraced (alongside Canadian sports stars like ice-hockey player Wayne Gretzky and basketball player Steve Nash) for his superior white intelligence and work ethic, which helps him to rise above more racialized or culturalized specimens. He comes to be spectacularly celebrated (alongside multicultural



foods and indigenous dances) as a symbol of superior Canadian tolerance for others: a symbol that can be embraced more fully for the fact that he is white. He comes to be mobilized against claims of social inequality as evidence of a caring and compassionate Canadian meritocracy: evidence that (superior white) work ethic, intelligence, and cultural tolerance accounts for the vastly uneven distribution of wealth and life chances. And yet he remains precarious, “marked as deviant, marginal or undesirable by virtue of being tolerated” (Brown, 2006, p. 14). The precarious disabled Canadian, like the compliant immigrant or the assimilated Indian, is essentialized as different. They are conceptualized as inherently non-Canadian, and enabled to survive, or even thrive, in Canada only out of the kindness of legitimate Canadian nationals (Thobani, 2007). Brown (2006) writes: “like patience, tolerance is necessitated by something one would prefer did not exist. It involves managing the presence of the undesirable, the tasteless, the faulty - even the *revolting*, repugnant, or vile...as compensation, tolerance anoints the bearer with virtue” (p. 25, emphasis mine). Thus, a figure like Hansen can be idolized partially because of his physical disability and at the same time, funded, precisely for the eugenic aim of ridding the world of disability. The exaltation of Hansen and the extermination of disability serve to exalt and to protect whiteness.

The physically fit, physically disabled subject, thus, is produced in order to inspire and exalt white nationals: to fill their lungs with pride and entitlement, to enable them to breathe easier in the face of a brutal colonial past (and present). The moment disabled subjects fail to inspire — by failing to perform whiteness (e.g., Fonyo) or by challenging the supremacy and benevolence of white neo-eugenic rule (e.g., activists) — they fall from inspirational disabled heroes, to intolerable, repugnant, and revolting gimps. As Brown (2006) explains, “the subject of tolerance is tolerated only so long as it does not make a political claim, that is, so long as it lives

and practices its ‘difference’ in a depoliticized or private fashion” (p. 46).

The above quote brings me to the fourth and final question that I will address: what can this kind of analysis tell us about the possibilities of engaging with disability otherwise? As Brown’s (2006) quote suggests, to revolt, as a person who experiences disability, is to refuse exaltation, inspiration, and privatization (in both senses of the word). It is to refuse to be pedestalyzed, spectacularized, and sold as a neoliberal, corporatized brand. It is to refuse to be hidden away in an institution, or to have one’s subjection fully domesticated. To revolt is to refuse to participate in, or profit from, the tolerance and compassion of white supremacy.

As this genealogy has traced, not all disabled subjects are faced with the choice to revolt. By virtue of congenital or intellectual pathology, diagnoses of insanity, or racialized ancestry, many disabled subjects are already living in the dangerous biopolitical territory of the intolerable degenerate. If they can survive both the dangerous *care* and neglect that the state and various charities offer them, they are likely to offer far more foundational, transformational, and intersectional politics than the physically fit disabled poster-children of our neoliberal charity-run movements are currently offering. In a neoliberal nation-state that has co-opted activist discourses and athletic disability for neo-eugenic ends, revolting may be the most important revolutionary politics that we have.

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