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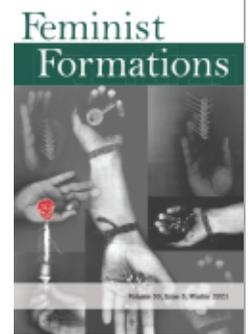
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Abolishing the Broom Closets in Omelas: Feminist Disability Analysis of Crisis and Precarity

Jess Whatcott and Liat Ben-Moshe

Ursula K. Le Guin's 1973 short story "The Ones Who Walk Away From Omelas" depicts a utopian city where the happiness of most of the citizens depends on the misery of a child who lives in a broom closet. We activate the story in the midst of a global pandemic which is laying bare the pre-existing conditions of precarity under gendered settler racial capitalism. We interpret Le Guin's story through an intersectional feminist disability lens, emphasizing the necessity of attending to disability and the carceral institutionalization of disabled people as key to understanding how precarity is distributed. We make the case that "Omelas" represents places of disability confinement, specifically the institutionalization of disabled people in psychiatric and congregate facilities for people with intellectual and developmental disabilities.

By examining two such institutions in Salem, Oregon (Omelas spelled backwards), we make explicit the connections between capitalist precarity and carceral disablement. We argue that disability is key to understanding the capitalist crisis because disablement and the construction of the ability/disability binary has been a key mechanism for constructing disposability in the crisis of capitalism. Turning from crisis of late stage capitalism to the crisis of genre, we show that Le Guin's story forces us to confront the role of ongoing eugenics and ableism in the imagination of feminist abolition. We show how "Omelas" offers a different kind of abolitionist horizon in the form of the "ones who walk away." We, however, push to identify with the child in the broom closet and not the ones for whom the story poses a dilemma. We end with the psych survivors and self-advocacy organizers who cannot physically "walk away," but who instead lead the fight for the abolition of the broom closet from within.

Keywords: Abolition / Capitalism / Disability / Institutionalization / LeGuin, Ursula / Precarity

Introduction

Ursula K. Le Guin's short story "The Ones Who Walk Away From Omelas" (1975) is a favorite in women's and gender studies courses, and has been an object of feminist analysis across almost fifty years. The story depicts a utopian city called Omelas, where the happiness of residents depends on the misery of a child who lives in a broom closet. Le Guin described the story as an exploration of the moral crisis articulated by William James in an 1891 essay (Roemer 1991). James's essay decries any "bargain" that produces happiness for the many in exchange for the suffering of an individual.

Why return to Omelas, and why return now? Our interpretation of "The Ones Who Walk Away From Omelas" intervenes in what we perceive as a failure to recognize that the "child" on which the town's happiness depends is *disabled*, and we, like many disabled/mad/neurodivergent people before us, understand the "broom closet" as a carceral disability institution. Revisiting the story with this interpretation illuminates the centrality of disability and institutions of disability confinement in structuring the crisis of precarity under gendered settler racial capitalism. This is especially urgent given the life and death stakes for incarcerated and institutionalized disabled people currently made disposable during the COVID-19 pandemic. We cannot afford to *not* think about the disabled "child" in the "broom closet," especially so in the present.

Other interpretations of the "broom closet" in Le Guin's story identify the reliance of modern happiness on other sites of precarity such as reservations and prisons (Povinelli 2008). But such interpretations either do not or only implicitly make connections between (racial settler) capitalism and disablement which we believe is central to understanding the politics of precarity. An intersectional feminist disability analysis is necessary to identify the inter-related logics of disposability that traverse the globe through the circuits of transnational gendered racial settler capitalism. Therefore, in the first section of this article, we explore the relations among capitalism, disability, and precarity—what we call "the crisis in The Crisis"—through our focus on the institution-industrial-complex.

Le Guin specifically uses the language of eugenics to describe the "child" at the center of the story: "It looks about six, but actually is nearly ten. It is feeble-minded. Perhaps it was born defective, or perhaps it has become imbecile through fear, malnutrition, and neglect" (1975, 281).¹ Despite this clear connection to disability ("feeble-minded") and eugenics ("defective"), no article to date had fully explored this connection. Tracking the ways that eugenics shows up in "Omelas," the second section of our paper showcases the "broom closet" as metaphor for the real life carceral institutions in which disabled people were and are made to disappear. We insist that the story is about the specific political economy of disposability that justifies disability sites of confinement, and the role these sites play in securing happiness for those not (yet) institutionalized or

disabled. We make the case that “Omelas” represents real life places of confinement such as those in Salem, Oregon, the site of at least two massive eugenics institutions: Oregon State Hospital and Fairview Training Institute, which we argue are the real-life dark side of Omelas (“the good life”). The urgency with which we make these connections during the politics of precarity and disablement under COVID-19 is further explored in section three.

“Omelas” forces us to confront the role of ongoing eugenics in our imagination of feminist futures, including abolitionist ones. In our last section, we build on Alison Kafer’s (2013), Sami Schalk’s (2018), and Therí Pickens’s (2019) insights that just futures are routinely imagined through the erasure of disabled people. We identify how feminist utopian writing has relied on eugenicist ideals in order to imagine the abolition of institutions of confinement. Le Guin’s story offers a partial alternative. However, we call on readers to identify with the “child” in the broom closet instead.

In our conclusion we discuss how “Omelas” offers another abolitionist horizon in the form of the ones who walk away, refusing to accept their happiness on the premise of the suffering of others, preferring instead an unknown future. In our re-imagining of the story, the psych survivors and self-advocacy activists may be those who cannot physically “walk away,” and instead blow up the dilemma of “walking” or “staying” by leading the fight for the abolition of the broom closet.

The Crisis in the Crisis: Capitalism and Disability

“The Ones Who Walk Away From Omelas” opens on a joyous festival in a town green. The narrator/author attempts to convince skeptical readers about the deeply happy lives of the residents of Omelas, depicting a community devoid of Wall Street, war, monarchy, and slavery. More than halfway into the story, the narrator pivots sharply away from the festival on the green, taking readers below one of the spacious and airy homes of Omelas, downstairs to a dingy basement. There, in a tiny dark room with a dirt floor, is a child upon whose imprisonment the entire happiness of Omelas depends. The narrator insists that all Omelians are informed of the child in the broom closet, and some even come to gawk at its conditions from the doorway of the closet. While most residents learn to accept that the price of their utopia is the misery of the child in the broom closet, the story ends with a reference to the handful of Omelians who have chosen instead to walk away from utopia.

“Omelas” describes a system of exploitation under which some (or one) have nothing because others have a lot. The people of Omelas witness this exploitation but then act in various levels of denial or forgetfulness to justify it. Many interpret “Omelas” as a parable that illustrates specifically how capitalism was/is created precisely through making some people disposable (Brooks 2015). In order for gendered racial capitalism to exist, some people have to be

dispossessed (as Le Guin gracefully illustrated with the title of another novel [1974]). Our interpretation is that “The Ones Who Walk Away from Omelas” is not just a useful parable about capitalism generally, but specifically about how happiness and the “good life” under capitalism is made possible for some, through disability confinement.

The requirements of capitalist systems to devalue negatively gendered, racialized, and Indigenous populations constitutes what we would call “the regular crisis.” In classic Marxist theory, capitalist labor markets require a “reserve army” of labor that can be tapped into during economic expansion, or laid off during economic contraction (Marx [1867] 1990). Cedric Robinson theorizes that the process of producing this surplus is racialized and the process of hierarchization based on race/ethnicity began before capitalism and its theorization, making all capitalism *racial* capitalism (2000). Other scholars have built on this idea by pointing out that some negatively gendered and racialized populations are not ever considered potential labor, and instead exist as what Grace Hong calls the “existentially surplus” (Hong 2012; Tadiar 2013). In the fifty years since the publication of “Omelas,” the contractions have become ever more acute. In Elizabeth Povinelli’s treatment of the story, she uses the term “late liberalism” to denote these re-alignments in the governance of difference and the governance of markets, which she argues occurred due to a series of legitimacy crises from anticolonial, new social, and Islamic movements (2008, 25).

It is no accident that the child in Le Guin’s fictionalized tale (and critique of capitalism) is “feeble-minded.” Disability activist-scholars such as Marta Russell theorize that disability, interlocking with race and gender, is also an ideology upon which capitalism rests (2019). Inside of “the regular crisis” of late stage capitalism lies this other crisis—the invisibility of disability in its racialized and gendered dimensions. The crisis of disability within capitalism has multiple elements that are contradictory. Capitalism profits by invoking biological difference as the “natural” cause of inequality, dictating who can and cannot work, or whose labor is “skilled” or “unskilled” and therefore deserving of little to no pay (Stone 1984; Erevelles 1996). As a consequence, Charlton (1998) includes disabled people as a “surplus” population, as evidenced by the definition of unemployment itself, which historically excludes disabled people, undocumented migrants, retired people (who often wish to work), and women (who do unpaid labor).

The construction of disability operates through bio-medical understandings that locate problems in individual bodies and minds, deflecting attention from systems that structure access (physical accessibility and access to resources), a displacement that is obscured by labeling individuals as “sick,” “mentally ill,” or “disabled.” By medicalizing disability, the State causes what Jasbir Puar calls “targeted debilitation” (2017) while individualizing and blaming populations for their own illness and injuries, deflecting from the racial structural violence resulting from conditions of work, incarceration, or lack of health care

in capitalist societies, especially under neoliberalism and austerity. This critique of capitalism is central to Sins Invalid's conceptualization of "disability justice":

The nature of our disabled bodyminds means that we resist conforming to "normative" levels of productivity in a capitalist culture, and our labor is often invisible to a system that defines labor by able-bodied, white supremacist, gender normative standards. Our worth is not dependent on what and how much we can produce. (2019, 23–24)

However, Nirmala Erelles argues that racialized bodies, specifically Black bodies, systematically become disabled through the process of commodifying labor and extracting surplus value (2011). Yet as Erelles points out, people of color, and in particular Black women, are routinely denied access to the official recognition of being disabled, especially when such recognition would come with access to resources and accommodations (however inadequate those might be). Disability under capitalism is both a tool to extract surplus value, and a category that is inaccessible to some whose labor or surplus value is extracted through other means.

This connects to the final layer of crisis that is central to our examination of "Omelas": the politics of capitalist disposability enacted through the variety of profit-extracting congregate enclosures or sites of confinement. In late capitalism, post-1970s, new solutions were developed in response to the "problem" of unproductivity of disabled people who could not be put to work as "unskilled" laborers. "Existentially surplus" (Hong 2012) people became sites for the extraction of value in new ways, specifically becoming the commodity for carceral institutions, from jails to nursing homes. We directly name nursing homes and other types of disability confinement, such as psychiatric hospitalization, as forms of incarceration. As argued elsewhere, incarceration does not just happen in penal locales such as prisons and jails but in a wide variety of enclosed settings, including prisons, jails, detention centers, institutions for the intellectually disabled, treatment centers, and psychiatric hospitals (Ben-Moshe 2013). As Liat Ben-Moshe, Chris Chapman, and Allison C. Carey define it, incarceration is not just a space or locale but a logic of state coercion and segregation of difference (2014). Institutions of disability confinement are connected to what has been called the prison industrial complex—a way of identifying the profitability of carceral investments.

In the post-industrial era, carceral treatment of disablement has become big business. Marta Russell calls this "handicapitalism," which can be evidenced in the institution-industrial-complex in the form of a growing industry of private nursing homes, boarding homes, for-profit psychiatric hospitals, and group homes (2019). As Russell and Jean Stewart suggest, disabled people are worth more to the Gross Domestic Product when occupying institutional "beds" than they are in their own homes (2001). It is not only the bodies of disabled people who are capitalized on in this industry, but surplus value is also extracted from mostly

low-paid women of color (largely migrants to the United States) upon whose labor the industry relies (Parrenas 2000; Glenn 2010; L. Muñoz 2019). This labor is largely invisible even in *Omelas*, noticeable only by a half a sentence of hostile and begrudging effort to “hastily” fill “the food bowl and the water jug” for the child in the broom closet.

The Crisis in Salem, O: The “Broom Closet” as Disability Institution

More than halfway through the story, Le Guin introduces readers to the child and the broom closet:

The room is about three paces long and two wide: a mere broom closet or disused tool room. In the room a child is sitting. It could be a boy or a girl. It looks about six, but actually is nearly ten. It is *feeble-minded*. Perhaps it was born *defective*, or perhaps it has become *imbecile* through fear, malnutrition, and neglect. It picks its nose and occasionally fumbles vaguely with its toes or genitals, as it sits hunched in the corner farthest from the bucket and the two mops. It is afraid of the mops. It finds them horrible . . . It is so thin there are no calves to its legs; its belly protrudes; it lives on a half-bowl of corn meal and grease a day. It is naked. Its buttocks and thighs are a mess of festering sores, as it sits in its own excrement continually. (1975, 281, emphasis added)

This image of this disabled child in the broom closet of “*Omelas*” is meant to be horrifying. It is perhaps meant as exceptional. But for people with disabilities reading the story, this is quite a familiar trope in our lives. As scholars who study carceral institutions of disability confinement, the specific references within “*Omelas*” to the history of eugenics institutionalization of disabled people are striking to us. The process of disablement and the practice of eugenic institutionalization in the story of “*Omelas*” is the story of (some of our) lives, incarcerated in a “broom closet” in order to secure the good life of the people of *Omelas*.

Note that Le Guin chose the specific terms “feeble-minded,” “defective,” and “imbecile” to describe the child. Each of these terms were invented during the late nineteenth and twentieth century eugenics era in the United States, functioning as catch-all categories for a variety of people with physical differences and impairments, chronic illness, neurodivergence, madness, and perceived moral failings (such as poverty, alcoholism, and sex work).¹ These terms, and eugenics discourse overall, justified a variety of eugenics programs, including institutionalization in psychiatric hospitals and “homes for the feeble-minded” throughout the twentieth century. Women and girls made up significant portions of the populations in these institutions, and anxieties about the sexual behavior of women/girls justified the expansion of state institutionalization during the pre-World War II eugenics era (Kline 2001; Rembis 2011; Zipf 2016). While scholarship has demonstrated that eugenics sterilization programs targeted Black, Latinx, and Indigenous women in the United States (Davis 1983; Roberts 1997;

Briggs 2002; Carpio 2004), scholarship on eugenics institutionalization is still uncovering the ways that Indigenous people in the United States and Canada were affected (Yellow Bird n.d.; Burch 2021).

Given this specific language in the story, it strikes us that to date little scholarship has focused on the broom closet as representing psychiatric hospital wards and “homes for the feeble-minded.” Our interpretation is bolstered by the historical context in which “*Omelas*” was written; the early 1970s increased awareness about the conditions of carceral facilities for disabled people. “*Omelas*” was published following national exposés of the conditions in psychiatric hospitals, state schools, and residential institutions for those labeled as “mentally retarded” (MR) in the parlance of the time (originally built to house the “feeble-minded,” now “intellectually/developmentally disabled”). A famous exposé in that era was published in 1966, when educator Burton Blatt and photographer Fred Kaplan took candid photographs in so-called “back wards” of four institutions for those labeled as MR in the Northeast United States. The appalling account of what they saw was published as *Christmas in Purgatory* (Blatt 1966). It was a damning (and warning that the following descriptions are disturbing) display of black and white photographs depicting adults and children lying, sitting, and staring aimlessly in barren but overcrowded rooms. Some were fully naked; some were half naked. Some were in cribs. Some were facing feces covered walls. Broom closets that came to life.

Five years later in 1971, Geraldo Rivera took a cameraman on an unannounced tour of Willowbrook State School, an infamous institution for people with intellectual disability labels on Staten Island, New York.² Descriptions of what transpired at the facility are chilling. William Bronston, a physician working at Willowbrook who was one of the whistleblowers, described the conditions in the institution at the time:

The place was pandemonium all the time, shrieking, stench, chairs flying, people unconscious, asleep on the floor after being drugged daily, burned both from laying against the radiators and injured by the daily detergent concentrate used to swab the floors . . . nudity and humiliation the norm, violence the norm. I mean, all the time . . . It was all blamed on “mental retardation.” (Goode et al. 2013, 139)

On the heels of similar exposés regarding psychiatric facilities, feminist activists in the 1970s organized to stop “institutional violence” against incarcerated women in prisons and psychiatric wards, as chronicled by Emily Thuma (2019). Thuma describes how organizers on the inside, formerly incarcerated people, and allies launched incisive critiques of medicalized forms of carceral control and were successful at shutting down proposed treatment units for “violent women.” In “*Omelas*,” we interpret Le Guin as not just replicating the exposé in terms of shocking the viewer at the inhumanity of the institution but launching a specific critique of how the institution is rationalized.

In addition to the cultural awareness of disability institutions within which the story was published, there is also the matter of the name “Omelas.” Le Guin once stated that “[People ask me] ‘Where do you get your ideas from, Ms. Le Guin?’ From forgetting Dostoyevsky and reading road signs backwards, naturally. Where else?” (Kennedy and Gioia 2004, 274). “Omelas” spelled backwards is “Salem, O (Oregon)” a city about an hour drive from Portland where Le Guin lived from 1958 through her death in 2018.³ For most of the twentieth century, Salem was home to three eugenics institutions: a state prison, Oregon State Hospital (OSH), and Fairview Training Institute.

The Salem branch of OSH—originally named the Oregon State Insane Asylum—was constructed in 1883 and is the oldest operating psychiatric hospital in the state of Oregon. Much of the renowned film *One Flew Over the Cuckoo’s Nest* (Forman 1975), based on Ken Kesey’s book by the same name (1962), was filmed onsite at OSH, gaining the facility even more notoriety. Although technically a fictional portrayal of psychiatric institutionalization, Kesey based some of the book on his experience as an orderly in St. Elizabeth’s hospital. This novel and the widely acclaimed movie gave the critique of psychiatric hospitals a popular appeal and reach in the 1970s. The Salem branch of OSH still incarcerates civilly committed patients today and operates as a forensic hospital for people facing criminal charges who cannot participate in their trial, as well as for people who successfully argue the defense of “guilty except for insanity” (State of Oregon n.d.). However, compared to the peak in the mid-twentieth century, when OSH experienced significant overcrowding with nearly 3,600 people institutionalized, today’s capacity is 554 people. Part of the remaining grounds of OSH have been declared a historic site, and one of the buildings has been turned into a “Museum of Mental Health” open to the public (OSH Museum n.d.).

Salem, Oregon, was also the site of another eugenics institution that existed until the year 2000. The Oregon State Institution for the Feeble-Minded opened in 1908, charged with (ware)housing people categorized as “idiotic and epileptic” (P. Ferguson, Ferguson, and Brodsky 2008). The first patients were transferred from the then Oregon State Insane Asylum onto the new 670-acre facility. The gendered eugenics purpose of the institution is clear in the 1905 report commissioned by the Oregon State Legislature on the feasibility of building a home for the feeble-minded. The report recounted the tale of a “feeble-minded” woman who was leading an “immoral life” (either being forced into sexual servitude or choosing multiple sex partners, the report is unclear) (7). It was this “menace of the feeble-minded” woman—having sex that could lead to socially unwanted pregnancy—that partially justified building the institution.⁴ This is important context, as the rate of psychiatric institutionalization for assigned female people was, up to the mid-twentieth century, almost equal, and in some decades or specific sites (Metzl 2010) greater, than of assigned male people (Harcourt 2006).

Further, the eugenics purpose of the establishment structured life in the facility, as strict segregation of the sexes among the “inmates” was used to prevent relationships that could lead to sex (P. Ferguson, Ferguson, and Brodsky 2008). Carceral disability institutions (and carceral institutions in general) thus became important sites for disciplining gender conformity and the gender binary. This is apparent in the specific forms of education and “training”—a euphemism for unpaid labor that made the institution run—that “inmates” at eugenics institutions received. Women and girls were assigned to the gendered labor of ironing, sewing, needlework, rug-making, and basketry (Welles 1916). Women and girls were also disproportionately assigned to the labor of “caring” for other residents, such as making sure people did not drown during hydrotherapy sessions (P. Ferguson, Ferguson, and Brodsky 2008). When a parole system was set up at the institution in the 1930s, assigned female inmates were sent out as domestic laborers in the homes of nearby middle-class families.

Oregon State Institution was renamed Oregon Fairview Home in 1933, Fairview Hospital and Training Center in 1965, and finally became Fairview Training Center in 1979. Fairview eventually closed, after a fight orchestrated by the seeds of the self-advocacy movement, a movement of people with intellectual and developmental disability labels who advocate for their rights, including the right to live in the community and the right to not be institutionalized. In 1983, the US Department of Justice arrived at Fairview to investigate allegations of abuse under the Civil Rights of Institutionalized Persons Act that eventually led them to withdraw federal funding from the facility (P. Ferguson, Ferguson, and Brodsky 2008). Authorities encountered horrific stories—again, content warning—like these collected through an oral history project of Fairview described by Oregon State Representative Sara Gelser:

“I was handicapped, but it made me sicker to be there. It was like a prison.

Handcuff. Shut door,” one said.

“I didn't like it there. People mean,” another said.

One resident described being disciplined with razor strops: “It stings really bad.”

Others recalled:

“They used their shoes to spank us also.”

“If you don't behave yourself, they'd get you with the scalding hot water.”

“They were strict at Fairview. You got beat up, yelled at. *They put us in closets.*”

(2010, emphasis added)

It is this last quote that stands as the ultimate evidence that carceral disability institutions must be outed as the broom closets of modern society. As if it was not enough that those confined at Fairview were locked away, they were also put in actual closets as forms of punishment and abuse.

The 1983 DOJ investigation was followed by a lawsuit filed by The ARC of Oregon, the Oregon Advocacy Center and families of Fairview residents, and an investigation by the Health Care Financing Administration. These actions

led to the decertification and defunding of Fairview in 1987. Although the institution was recertified in 1989, the population at the facility began to drop as residents were placed in community group homes, as part of a larger trend of deinstitutionalization.

Thousands of people died while living at Fairview, and their remains were not always collected by family members. After the permanent closure in 2000, thousands of cremated remains were discovered, and a process was implemented for descendants to apply to have the remains rematriated (Oregon Health Authority n.d.). Haunting images of the remains and of the abandoned site of Fairview are easily searchable on the internet, but the physical site is now gone. Arson destroyed several buildings in 2010, and shortly after, the land was purchased by developers who have since turned the site into a luxury condo residential “hub” (Bach 2019). To us, building luxury condos (“the good life”) over the remains of those confined in closets within disability institutions could not make our argument clearer and more urgent—the “good life” is not just settler capitalist extraction but relies on disablement (targeted debilitation) and then on its erasure (of disability and its necessity). This erasure persists in theory, in practice, and in fiction, relying on what Abbas and Voronka called “institutional erasures” of sites of disability confinement (2014). This erasure of late capitalism is only possible through legacies of settler extraction in different ways. What does it mean, for example, to construct luxury condos on a site of incarceration that is also Indigenous land? The failure to interpret *Omelas* as a story of carceral disability institutions adds to the societal crises in which disability is made to disappear into a material and scholarly “broom closet.”

Old and New Crises: From Staph Infections to COVID-19

Our return to *Omelas* was initially precipitated by Elizabeth Povinelli’s utilization of the story to discuss the current organized abandonment of Indigenous populations on reserves (2008). Povinelli uses “*Omelas*” to preface an analysis of the crisis of unequal distribution of life and death among Indigenous people and settlers in late liberal societies. In Povinelli’s reading, Indigenous communities’ suffering must take place in order for life to flourish in “*Omelas*,” which represents Australian settler society as a whole.

To show how government disinvestment from Indigenous communities is a form of state killing, Povinelli describes the systematic rationing of antibiotics that could effectively treat staphylococcus infections that are rampant on Aboriginal reserves. Povinelli speculates that the reason the Australian government agencies withhold antibiotics is that they operate under the assumption that even if the infection goes away, the Indigenous community remains “fetid.” According to Povinelli, rationing medicine and medical care is necessary for upholding the moral perceptions required of late liberalism, pinning responsibility for their own injury on Indigenous people and absolving the state from

responsibility for investing resources in care. Povinelli links this current day practice of rationing to the nineteenth century ideology of Social Darwinism, in which illness and pain were identified as inherent to the bodies and cultures of Indigenous people. This theory is settler colonialist, because it was argued that as Indigenous people got sick or died, the land and resources would be used by the “strong,” who were “meant to survive.”

We find Povinelli’s interpretation of “Omelas” to be an important theorization of racial settler capitalism. Povinelli’s interpretation stops short, however, of making the connections between capitalism and disablement or debilitation explicit. The reliance on the child in the broom closet is not only a symptom of precarity in late liberalism but of *disability/debility* specific forms of precarity. Without making these connections, the relationship between the Aboriginal reservations in Australia and the psychiatric wards in Salem, Oregon remain unrecognized, not to mention the confinement of Indigenous people under the rubric of madness or disability (Yellow Bird n.d.; Burch 2021). An intersectional feminist disability analysis is necessary to identify the interrelated logics of disposability that traverse the globe through the circuits of transnational racial settler capitalism.

The moment in which we are conjuring our interpretation of “Omelas” cannot make the politics of disposability and its lethal consequences clearer. We activate Le Guin’s story during the unprecedented global pandemic of COVID-19, the novel coronavirus. The question of disposability—who can or should be sacrificed for the good life of the community to continue—is a lived reality in 2021. It was clear from the outset of the pandemic that people with pre-existing medical conditions (people with some chronic illnesses and disabilities), older people, immunocompromised people, and people with intellectual and developmental disabilities fare worse when contracting COVID-19 (Rubin 2020; Landes et al. 2021). As we have quickly learned, the virus has only deepened existing inequalities in the likelihood of contracting infections, accessing health care, becoming disabled, and being exposed to premature death. These inequalities are based on class, race, Indigeneity, prior disability or illness, age, and geographical location (Eligon et al. 2020). The child in the broom closet is not currently nor was historically a person of a certain physical age. “Child” and related concepts have instead operated as a legal category that has justified state interventions ranging from the denial of Indigenous sovereignty, access to medical care, to hyper surveillance and placement in carceral institutions (Meiners 2016).

These divides both exacerbate and put the crisis of disposability under gendered racial settler capitalism on full display. This is what is coded whenever the death of someone from COVID-19 complications is attributed to “underlying health conditions.” In other words, contracting or dying from COVID (as it was for staph infections) are blamed on the weakness of individual body/minds and not seen as a form of targeted debilitation (Puar 2017) or structural

inequalities. In the United States, Black, Indigenous, and Latinx people have been disproportionately affected by COVID-19, both in morbidity and mortality (Oppel, Jr. et al. 2020; Abou-Sabe, McFadden, and Martinez 2020), and this is partially the result of the disproportionality of people of color under the category of “essential workers” (including those who work in nursing homes, mentioned earlier), those who were not protected by stay at home orders, those who can be sacrificed for life (in Omelas) to continue.

The pandemic makes apparent one commonly cited definition of racism credited to Ruth Wilson Gilmore, of “state sanctioned or extralegal production and exploitation of group-differentiated vulnerability to premature death” (2007, 28). Relatedly, Kimberlé Crenshaw (2020) has identified white supremacy and not diabetes, for example, as the pre-existing condition to COVID-19 death in the United States, a condition she calls “disaster white supremacy” (coined after Naomi Klein’s [2007] formulation of “disaster capitalism” to denote how white supremacy becomes more visible and capitalizes on times of crisis).

Despite the global and local mandates to shelter in place, lockdown, and quarantine, the group differentiated, and uneven distribution of resources and vulnerabilities became almost immediately apparent. Centuries of settler colonialism and racism have distributed these underlying health conditions unevenly (Gilmore 2007). As Jasbir Puar insists, debilitation is political and racialized (2017). The state targets to debilitate, which is what she calls, in relation to the state’s (bio)power, “the right to maim.” If those affected and dying from COVID-19 were not majority Black, Indigenous, Latinx and/or incarcerated, the early calls to “re-open” the United States, the resistance to mask-wearing, or the outright claims that COVID is a hoax, would likely not have been so vocal.

We emphasize that the uneven distribution of resources and vulnerability is made possible partially through imprisonment. Across the United States, the populations most at risk for contracting COVID-19 and at high risk for serious complications and death from the virus are in congregate living facilities, including nursing homes, jails, prisons, and migrant detention centers (Gebeloff et al. 2020). Cook County Jail in Illinois, Riker’s Island in New York, Marion Correctional Institution in Ohio, San Quentin State Prison in California, and other jails and prisons across the country made headlines for becoming what Michelle Jones, a formerly incarcerated woman, calls “kill boxes” (Kilgore 2020). It matters who the “child” in the “broom closet” is. It is by now well known that Black people are disproportionately represented in jails and prisons (including women’s prisons) (Mauer 2013; Nellis 2016). Statistics and qualitative studies also show that Latinx people, Indigenous people, and some Asian/Pacific Islander communities are also disproportionately locked up compared to whites, including in women’s prisons (Ross 1998; Mauer 2013; Nellis 2016; Trapedo Sims 2020). This was not without contestation of course, as social movements arose demanding to “Free Them All.” However, their cries were mostly not heeded as can be evidenced by the fact that out of 31,000 imprisoned people who sought

compassionate release because of COVID and their “existing conditions,” only thirty-six were actually released nationwide (Blakinger and Neff 2021). Meanwhile, approximately 40% of those who died due to COVID-19 have died in nursing homes across the country (*The New York Times* 2020). The heightened risk of COVID-19 across jails, prisons, and nursing homes occurs because physical distancing is nearly impossible, employees are circulating in and out of these facilities, and access to personal protective equipment (PPE) has been limited to non-existent.

Racialized disablement and the carceral geography of the pandemic justify a particular politics of abandonment within the medical industrial complex (Kim 2017; Nelson 2010). Jina Kim describes racialized disablement as the practice of mobilizing “ableist reasoning and language” to make racialized people’s lives expendable, and to legitimate state violence (2017, 2). These multiple layers of disposability work to distribute life changes during COVID-19 in quite literal ways, enacted directly by policy makers and doctors (“#NoBodyIsDisposable” n.d.). Under an ableist and neo-eugenicist common-sense, the pandemic has made apparent that hegemonic medical discourse requires that some lives continue to be sacrificed in order to preserve the lives of others. Some dubbed these (erroneously) as “survival of the fittest” policies.⁵ One example is in the practice of hospital triage protocols and policies that ration life saving measures out of fear of “wasting” limited resources (Crenshaw et al. 2020). As feminist disabled bioethicist Joseph Stramondo describes, various triage protocols across US states during the pandemic would deny treatment or ventilators to those with intellectual disabilities of muscular atrophy (2020). Stramondo points out, “[T]he reason such a person would be denied lifesaving care via triage is because a third-party judge like a physician or policy maker does not believe their life has enough quality to be worth saving in comparison with that of non-disabled others.”

It was not long into the pandemic when cases of disabled people being denied treatment materialized. For example, in July 2020, one example made national news when a Black disabled man named Michael Hickson was denied further treatment—the use of a ventilator, as well as food and water—for COVID-19 until he died six days later (Cha 2020). Hickson’s wife resisted the doctor’s assessment that “there was little hope Hickson would survive or regain ‘quality of life,’” but she was overruled. Stramondo (2020) recommends: “A person’s self-assessment of their own well-being is deemed irrelevant in the context of triage and, thus, I would argue, any third-party assessment of well-being should also be deemed irrelevant.”

Governing through the unequal distribution of proximity to death (Gillmore’s definition of racism) is the basis of race-ableism (Ben-Moshe 2020) during the crisis of COVID-19, which only magnified and built on the general crisis of capitalism. To borrow from Achille Mbembe (2003), this necropolitical imperative—for the majority to live, some must die—is here embedded in the circuits

of precarity through capitalizing on people made vulnerable. This trope is by no means new, and is the legacy of not just capitalist accumulation via making surplus populations but also the discourse of eugenics.

The Crisis in Genre: Eugenics and Feminist Utopia

“Omelas” helps us to diagnose the crisis of disability confinement and eugenics within the crisis of capitalism, and it also offers a way to examine a crisis of genre through a feminist disability lens. Identifying utopian speculative fiction as a site in which broader cultural imaginaries are both reflected and produced, critical disability scholars argue that “perfect societies” are frequently made possible through the process of making disabled and mad people disappear (Kafer 2013; Schalk 2018; Pickens 2019). In other words, utopias—including feminist ones—engage in eugenics. It is also through elaborate schemes of eugenics that some beloved feminist utopias specifically imagine the abolition of prisons, psychiatric hospitals, and other carceral disability institutions. It is because of this trend that “Omelas” is an important intervention into feminist utopianism—by emphasizing exactly how the “broom closet” and carceral disability institutions are the tradeoff for relieving women of care responsibilities, and pushing us to think of other solutions to patriarchy that do not sacrifice disabled people.

Alison Kafer argues, “Disability . . . plays a huge, but seemingly uncontested, role in how contemporary Americans envision the future. Utopian visions are founded on the elimination of disability, while dystopic, negative visions of the future are based on its proliferation” (2013, 74). In other words, speculative fiction becomes utopian by describing in detail how congenital disability can be wiped out, and how aging, illness, and accidental impairment can be cured or prevented through the advancement of technology. Utopias make sense to readers because they rest on shared foundations, including able-normativity, which Sami Schalk describes as an inability to “imagine the benefits or value of disability to society nor the benefits, value, or possible social contributions of disabled people” (2018, 87).

To illustrate, Kafer turns to Marge Piercy’s novel *Woman on the Edge of Time* ((1976) 1997), published contemporarily to “Omelas”. Piercy’s novel depicts a Chicana woman living in 1970s New York who escapes from a psychiatric hospital by time traveling to a possible utopic future. Part of what makes this possible future utopic is that social reproduction is shared equally across genders, achieved through technology which allows human reproduction to take place outside of sex and outside of the body. Piercy’s solution to the problem of unequal distribution of social reproductive labor along gender lines is achieved through an elaborate process of genetic manipulation that prevents the birth of people with “undesirable” congenital conditions, including those that would be labeled intellectual/developmental disabilities. In other words, Piercy creates a feminist future through a eugenicist project.

We add to Kafer's point that feminist abolition is also specifically imagined in utopian texts through eugenicist schemes. That is, psychiatric hospitals, prisons, training institutes, nursing homes, and other carceral facilities have disappeared in feminist futures, but only because disability and disabled people have been disappeared. We propose that this is another aspect of what Ruha Benjamin (2016) calls the "carceral imaginary," wherein we can only imagine a world without bars by disappearing the people who we assume naturally belong in cages and "broom closets." In *Woman on the Edge of Time*, the protagonist observes that the future she travels to does not have psychiatric hospitals. This abolitionist horizon is achieved partially through the bioengineering away of certain genetic predispositions, and partially through a vaguely described practice of sending those who still experience madness someplace in the country to get well. Kafer concedes that in Piercy's novel, despite the eradication of physical disability, madness still exists in her utopic future. The creation of less broom closet-like spaces allows people experiencing madness to retreat comfortably away from normal society; something like a return of the original meaning of the asylum. However, it is through the elimination of collectively agreed upon negative traits that feminists in the novel have built a future world without prisons, psychiatric institutions, and training institutes that we argue constitute the "broom closet."

"The Ones Who Walk Away from Omelas" intervenes in the eugenicist impulses of feminist utopianism by illuminating how social good is secured precisely through carceral logics. Le Guin breaks with the tropes of white feminist utopianism, by instead emphasizing the distributions of power that undergird imaginaries of utopia. "Omelas" forces us to confront the disability in the room, and the use of institutions for disabled people to bring about social good. Yet this intersectional feminist disability reading of the story only works if we as readers insist on identifying with the child in the broom closet as the protagonist of the story. Who is the narrator of "Omelas"? As Roemer (1991) points out, the only time readers hear actual speech from an Omelesian perspective is when the child says, "I'll be good." In this passage, we know that whoever is narrating has been to the broom closet, because their perspective is so close "you can smell it," as in, the smell of urine and excrement in the bucket. As Roemer suggests, Le Guin's narrator leaves a lot to the reader's imagination, inviting a participatory act with the audience in the building of Omelas's utopian vision. But the dystopian part of the story, the detailed description of the child in the broom closet, betrays this collective nature of the first part of the story.

"I'll be good," says the child, which means that unlike the townspeople's rationalization of the child's disposability, the child tries to reason and bargain for their freedom, a freedom that eugenics and the narrator foreclosed: "It is too degraded and imbecile to know any real joy. It has been afraid too long ever to be free of fear. Its habits are too uncouth for it to respond to humane treatment" (1975, 281, 283). This is the same logic of drapetomania and other

discourses of racial science that denigrated enslaved people as unable to live in freedom and maintained the ideology that enslavement was for the slave's own good (Jackson 2009). The justification for the broom closet is also the logic of detention in carceral eugenics institutions, where the purported goals of rehabilitation, treatment, and training justify the deferral of promised release from detention until the day when the detained person has demonstrated they can "make good" (Whatcott 2017).

When we read "Omelas" from the perspective of the disabled child, as many mad and disabled people do read it (rather than from the perspective of the townspeople that face the dilemma or the Faustian bargain), then the William James/Dostoyevsky thought experiment falls apart. If the story was written from the perspective of the disabled child, the trade-off of suffering for promised happiness would not make sense. This only is a dilemma because the story is not written or rarely interpreted from the perspective of disabled people.

The Ones Who Can't Walk but Still Fight

The ending of "The Ones Who Walk Away From Omelas" explains the title of the story. Upon learning about the child of the broom closet, or after living with the knowledge for a while, some Omelians choose to leave town:

These people . . . walk straight out of the city of Omelas, through the beautiful gates . . . They leave Omelas, they walk ahead into the darkness, and they do not come back. The place they go towards is a place even less imaginable to most of us than the city of happiness. I cannot describe it at all. It is possible that it does not exist. But they seem to know where they are going, the ones who walk away from Omelas. (1975, 283–284)

For those of us committed to justice, the ending of the story raises questions. Is the only justice possible that of "walking away" from the society that requires broom closets? What about the child who is left in the broom closet? Are other horizons made possible *only* for those who can walk away from the presence of disability and madness? Is this not another repetition of abandonment of disabled and mad people, and, consequently, yet another imaginary of a "disability-free future" (Kafer 2013; Schalk 2018)? Is the future of the mad Black child simply "unfathomable" in Theri Pickens's (2019) terms?

Or is Le Guin's story calling us to confront that there is no blueprint for the kind of change required for justice? By not knowing where to go, do those who walk away make the case that both utopia and abolition are necessarily unfinished, always in a collective project of becoming (Ben-Moshe 2018)? The story does not stop with people who leave, or with the people who stay, but with the horizon of an elsewhere and otherwise. This is an enactment of José Esteban Muñoz's description of "hope" as a critical affect and a methodology for combating political pessimism/anti-utopianism. According to Muñoz, "hope

is spawned of a critical investment in utopia, which is nothing like naive but, instead, profoundly resistant to the stultifying temporal logic of a broken-down present” (2009, 12). There is no easy resolution to the story, and Le Guin does not “solve” the moral crisis she presents. Instead, she presents us with an imaginative experimentation that jars us out of the present and invites us to imagine other possible futures. As Le Guin herself insisted: “To find a world, maybe you have to have lost one. Maybe you have to be lost” (1989). Insofar as the story moves us toward feminist abolitionist horizons, therein lies the radical hope.

Creatives have presented us with other possibly more satisfying endings to “Omelas.” Borrowing from the 2013 film *Snowpiercer* directed by Bong Joon-ho, we can imagine blowing up not only the broom closet, but the entire town of Omelas. The few who survive could rebuild the entire world from the ground up. Another ending is conjured by the title of N. K. Jemisin’s short story “The Ones Who Stay and Fight” (2020). The story raises the point that walking away is for the privileged. In this version, Omelians do not walk away, but rather stay to raise the consciousness of their fellow Omelians and work collectively to dismantle hierarchies of disposability. Jemisin’s re-writing of the story reminds us that other abolitionist endings to the story remain to be imagined, ones that do not rely on eugenics and the disappearance of disabled people.⁶

Instead of blowing up the train, we blow up the dilemma between “walking” or “staying” by identifying with/as the psych survivors and self-advocacy activists and all those who cannot physically “walk away” from the broom closet. We call for listening to the “child” in the broom closet to theorize their own route to liberation. The child cannot walk away from the closet, but through self-advocacy they write their own narrative about what freedom is. We call for turning to the epistemologies of disabled people, rejecting the tendency to ignore crip and mad knowledge about the conditions of our own lives (Johnson and McRuer 2014). Leaving non-disabled others in charge of theorizing our broom closets ultimately does very little to help us dismantle and implode them. We are invested in an ending that grows out of the material struggle to abolish all the broom closets, to shut down the Salem Asylum, the nursing homes, and the state prisons, while utilizing disability knowledges and lives, as opposed to eliminating or preventing them.

This ending can only be written by returning to the knowledge grown out of self-advocacy and mad/anti-psychiatry movements, what Ben-Moshe calls “dis-epistemologies of abolition” (2018). These epistemologies led to the biggest decarceration movement in US history—deinstitutionalization (of psychiatric hospitals but also its less discussed twin of closure, residential institutions for people with intellectual disabilities). Deinstitutionalization as a movement imagined a different utopia than the eugenic one (asylums), grounded in the knowledge of those institutionalized and (some of) their families, advocates, and activist lawyers, as we show with the brief history of the Oregon State Institution in the previous sections.

Salem, Oregon was not only the site of mass disability confinement but also a major site of its resistance. In 1973—the same year that “*Omelas*” was published—a joint committee was formed of self-advocates who still resided in Fairview along with those who were already deinstitutionalized from there. The goal was to plan a national convening. The conference took place in 1974 in Oregon. A whopping 560 people came, over double what was expected (Williams and Shoultz 1984). It was the conference that helped to spark what came to be known as the People First movement. The name “people first” was chosen to indicate that people with intellectual disability labels were people and not just a label.

The activism of those institutionalized and deinstitutionalized was central in pushing not for reforming institutions but shuttering them altogether (Ben-Moshe 2020)—in other words, of blowing up the broom closet from within. For example, as described by Paul Williams and Bonnie Shoultz (1984), Project Two in Nebraska began when a few people with I/DD labels who were deinstitutionalized from Omaha’s Beatrice institution started to meet to share their struggles of living in the community after institutionalization. In another venue, former residents of Pennhurst in Pennsylvania established Speaking for Ourselves, headed by Roland Johnson, with the goal of ensuring that all people get out of institutions and receive services in the community (R. Johnson and Johnson 1999).

Other groups have also demanded the freedom of people to live in the community and not in disability-based confinement. Under the banner of “Free our people,” the national grassroots organization ADAPT advocates for living in “real homes, not nursing homes” as their slogan details. They (disabled advocates) use civil disobedience to push for freedom. Their infamous tactic is to utilize their chairs and assistive devices (which are often heavy and hard to move) to lock themselves in place to disrupt “business as usual.” Despite not being able to literally “walk away,” ADAPT members and other self-advocates and activists create movements and knowledges that disrupt the necropolitical imperative to sacrifice themselves or erase their oppression for others’ to have “the good life.”

These movements for freedom from carcerality have been reactivated under COVID-19, as those incarcerated, their family, friends, and activists all agitated for incarcerated populations to be released from nursing homes, jails, and prisons, under such campaigns as “Free Them All” and “Let Our People Go.” These are abolitionary demands to decarcerate, to shut down these carceral spaces, or to stagger decarceration by releasing those most vulnerable first.

If “*Omelas*” is a parable for the settler racial capitalist exploitation of disabled lives, then blowing up the broom closet requires a different sense of worth, one not related to capitalism, labor, or commodity fetishism. This is where frameworks like disability justice and interdependence are urgent and necessary. As we theorize from within (while trying to implode) the broom

closet, we have a very different kind of economic and relational system in mind. As Patty Berne describes:

The fifth principle of Disability Justice is a newly articulated contribution to justice-based movements, Recognizing Wholeness, meaning that we value our people as they are, for who they are, and that people have inherent worth outside of commodity relations and capitalist notions of productivity. (2015)

Such frameworks bring forth an understanding of our interconnectedness, in oppression, daily living and liberation, through “mutual care” (Kittay 2015), queer kin networks and interdependence which “we were taught before the massive colonial project of Western European expansion” (Berne 2015). Given the life or death stakes under the crisis in the crisis, we need intersectional disability knowledges, movements, and liberation dreams now, to implode the broom closet from within.

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Notes

1. Le Guin’s language also provides an opportunity to discuss the gendered dynamics of eugenics. Le Guin says of the child in the basement: “It could be a boy or a girl.” Whatever Le Guin intended, the description of the child in the broom closet as having no gender gestures toward the role of sex differentiation in establishing normal development under the ideology of racial science (Wiegman 1995; Somerville 2000). According to the theory of recapitulation, borrowed by eugenicists from nineteenth century racial science, linear notions of universal development placed some people as perpetually backwards to the pinnacle of bodily achievement: white, able-bodied men (Gould 1981). The use of “it” in the story rather than gender pronouns is an opportunity to recall that sex ambiguity was, under nineteenth century racial science, central to proving the backwardness of the primitive and savage races.

2. This exposé is discussed in Ben-Moshe (2020). Readers who are interested in viewing the original Rivera exposé of Willowbrook can do so at <https://www.youtube.com/watch?v=xPvQpWEdxoY>.

3. In an email exchange circulated online in the early 2000s, a reader named Martha Allen Sherwood asked Le Guin if “Omelas” was meant to be Salem, Oregon (Webster 2007). In response to Sherwood’s inquiry, Le Guin responded that correlating the broom closet of Omelas with the real-life hospital and prison was a clever reading, but she insisted it was not her intention to point to a specific locale.

4. In 1923, the state of Oregon successfully passed another eugenics law that would affect the residents of Oregon State Institution: this law allowed for non-consensual reproductive sterilization of those deemed “feeble-minded, insane, epileptics, habitual criminals, moral degenerates, and sexual perverts who are a menace to society.” Although people of all genders were sterilized, between 1928–1940, approximately 70 percent of the sterilization surgeries were performed on assigned females (P. Ferguson, Ferguson, and Brodsky 2008). According to Sara Gessler, a former representative in the Oregon State Legislature, sterilizations continued into the 1970s (2010). Peter Boag uncovered historical evidence that in the state prisons, men accused of homosexuality were specifically targeted for sterilization under the law (2003).

5. There is a consistent ableist bias in quality of life assessment for people with disabilities, see for example Amundson 2010.

6. For one such imaginative tale, written with the perspective of the child/ren in the broom closet see “A House by the Sea” by P.H. Lee (2018). We thank one of the anonymous reviewers for bringing this story to our attention.

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