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Cover Page Footnote

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Occupied Land is an Access Issue: Interventions in Feminist Disability Studies and Narratives of Indigenous Activism

Jess L. Cowing

Abstract: Native/Indigenous narratives of health and environmental activism often engage with feminist disability issues to center the connections between land, health, sovereignty, and historical legacies of settler militarized colonialism. Within the context from which Native women and youth act as key leaders in health and environmental activism, expanded modes of feminist disability inquiry could interrogate how transformative justice issues require historicizing concepts of ableism through ongoing legacies of settler colonialism. Considering the work of Native writers such as Winona LaDuke, feminist disability studies scholars might critically examine how key tenets of feminist disability issues such as access require attention to Native/Indigenous narratives. This article begins with a critique of foundational disability studies work to trouble settler concepts of access that rely on settler state-granted accommodations without critically examining how the settler state generates disability in the first place. Next, the article analyzes ableism in anti-obesity discourse targeting Native/Indigenous youth as an example of how feminist disability studies scholarship might work toward foregrounding settler colonialism in cultural examinations of disability. Finally, this article examines how Native/Indigenous narratives of health and environmental activism negotiate access to land and cultural resources outside of settler state structures of extractive, corporate land, and bodymind encroachment.

Keywords: Indigenous health and environmental activism, disability studies, anti-obesity discourse, feminist access issues.

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Content Notification: This article includes analysis and discussions of body shaming around size and disability.

Introduction

In 2011, Michelle Obama's *Let's Move!* campaign launched "Let's Move! in Indian Country" (LMIC) at the Menominee Nation in what is now Wisconsin to address rates of obesity among Native youth. A week after LMIC launched, Native youth joined Obama at the White House Kitchen Garden on the South Lawn of the White House to plant "the 'three sisters' – corn, beans and squash" with seeds from the Smithsonian National Museum of the American Indian (2011b). Native youth and leaders from the National Congress of the American Indian gathered on White House grounds for the purposes of representing Indigenous issues. Yet the White House's coverage of this event (2011a, 2011b) immediately segued from Indigenous planting practices to the popular characterization of obesity as one of the most significant issues facing Native communities.

For instance, the White House Press Release (2011) qualified LMIC's focus on gardening and health as a "response to the current obesity trend" through commonly cited obesity statistics that label Native youth "between the ages of two and four" as a population with "a higher prevalence of obesity . . . than any other racial or ethnic group." As Karisa Butler-Wall (2015) argues, the "construction of childhood obesity as a site of crisis" occurs through surveillance that "classifies populations of people for intervention according to a racialized calculus of risk" (229). The White House promotion of LMIC targets Native youth as a minority group, that more than "any other racial or ethnic group," requires the kind of racialized interventions Butler-Wall analyzes. However, unlike other communities of color, Native peoples occupy different proximities to U.S. citizenship that require distinguishing between racial and national differences. Placing Native youth in the same category with "other racial or ethnic group[s]" disavows land as a point of access to health and wellness, or how Indigenous people hold a unique status as the original inhabitants of what is currently the United States (@damienlee, January 31, 2018; Adrienne Keene, February 24, 2018).¹

Obama's *Let's Move!* campaign is just one example of how anti-obesity rhetoric demands an examination for the ways in which discourses of health and fitness rely on ableism, a form of oppression that targets disabled people. The anti-obesity rhetoric in LMIC also perpetuates ableism through dismissing settler colonialism, or the framework for recognizing the United States as a nation formed through the colonization of Native/Indigenous peoples. Settler colonialism remains an under theorized mode of inquiry in the interdisciplinary field of feminist disability studies (FDS). Yet FDS has the potential for a meaningful engagement with Native/Indigenous feminist narratives of health and environmentalism through a critical disability studies methodology that as Julie Avril Minich (2016) proposes "emphasizes its mode of analysis rather than its objects of study" (para. 5). Following Minich, I suggest that Native narratives of health and environmental activism expand the conventional archive for feminist disability projects at the intersection of activism and scholarship.

This article takes up Native/Indigenous narratives of land as a point of access to health and wellness to argue that settler occupied Indigenous land is a feminist disability concern. Disability justice organizers, FDS scholars, and/or disabled, chronically ill, and neurodivergent people collaborate and care through a practice referred to as addressing peoples' access needs. We critique access issues at events and conference venues such as unclear signage, a lack of gender inclusive bathrooms, too little space in the aisles between rows of chairs, and presidential addresses without Communication Access Real-Time Translation (CART). Access measures are acts of care, and each practice of care communicates to disabled, chronically ill and/or neurodivergent people that their presence is anticipated and expected. Yet FDS inquiries have largely avoided questions of colonization in critiques of state oppression and concepts of access to healthcare and life-sustaining resources. What would it look like for FDS scholars to take up what Leah Lakshmi Piepzna-Samarasinha (2018) calls "care work" to formulate a scholarly praxis acknowledging how land theft generates uneven points of access to health and wellness?² Native/Indigenous writers and organizers narrate how health is a political issue that cannot be separated from historic and ongoing Indigenous relations to land. As environmental activist and writer Winona LaDuke, Mississippi Band of Anishinaabeg, writes in *All Our Relations: Native Struggles for Land and Life* (1999), the environmental devastation of Indigenous land has had a range of ecosocial as well as physical and emotional effects on Native peoples. Native/Indigenous narratives of health and environmentalism push FDS scholarship to move beyond appropriating the language of decolonization as a call for mobilization in ways that fail to consider Native/Indigenous sovereignty.³

Considering the work of Native writers such as LaDuke, FDS scholars might critically examine how key tenets of feminist disability issues such as access require attention to Native/Indigenous narratives and histories. I begin with a critique of foundational disability studies work to trouble settler

concepts of access that rely on settler state-granted accommodations without critically examining how the settler state generates disability in the first place. Next, I analyze ableism in anti-obesity discourse targeting Native/Indigenous youth as an example of how FDS scholarship might work toward foregrounding settler colonialism in cultural examinations of disability. Finally, I examine how Native/Indigenous narratives of health and environmental activism negotiate access to land and cultural resources outside of settler state structures of extractive, corporate land, and bodymind encroachment.⁴

A settler colonial framework from a feminist disability perspective contextualizes LMIC as a federal, non-Native response to a perceived social issue that disregards how many Native people live with uneven access points to healthcare and traditional foodways as a result of displacement and assimilation. The anti-obesity discourse in LMIC targets Native youth through biopolitical processes of what I call *settler ableism* (2020).⁵ Settler ableism refers to the ways in which Native/Indigenous people experience state violence through federal assimilation measures that target their bodyminds. Assimilation targeting Native/Indigenous people often occurs through ableist rhetoric and tactics that fixate on their bodyminds as sites of reform. Ableist assimilation goals that have historically included gender conditioning and domesticity training intend to terminate Native peoples' access to land and foodways as well as health and life-sustaining resources. Recognizing settler ableism in LMIC situates the initiative in the context of historic and ongoing colonization in order to recognize how the settler state has historically harnessed health as a compulsory mechanism through which to forcibly assimilate Native youth into U.S. settler society.

Critiquing Settler Disability Studies

The field of FDS has the potential to build on critical examinations of capitalist productivity models in order to consider the legacies of historical and ongoing colonization.⁶ Nevertheless, the vast majority of feminist disability projects have failed to address narratives of Native/Indigenous sovereignty beyond reductive rhetorical gestures to “decolonization” that ultimately generalize the ways that legacies of settler colonialism affect specific tribal nations in distinct ways. For example, the edited collection *Occupying Disability: Critical Approaches to Community, Justice, and Decolonizing Disability* (2016) offers analysis of healthcare professions and disability activism motivated through cultural moments of “occupation” such as Occupy Wall Street. The collection gestures to the significance of grounding this work through the intersections of settler colonialism and ableism. Yet the editors name their intervention as a “decolonial” project motivated through a U.S. cultural moment without substantially engaging with how tribal nations understand decolonizing practices or how Native/Indigenous studies responds to U.S. settler colonialism.⁷ Likewise, another disability theorist, Ellen Samuels (2014), argues that disabled people and Native peoples were subjected to forms of rehabilitation in the early-mid twentieth century in order to be assimilated as productive citizens into the U.S. settler state. Samuels’s broad categorizations of rehabilitation discount Native people as citizens with political and cultural sovereignty as well as people with different experiences of state violence than white and/or other negatively racialized people.⁸ This current gap in FDS scholarship underscores what Christopher Bell (2006) has called “white disability studies” (275-282) and produces what I refer to as a kind of “settler disability studies.”

To harness the radical potential of disability justice in FDS would require reckoning with the ways in which disability studies has historically remade the very systems of oppression it declares investment in dismantling. This work begins with interrogating how disability studies emerged as an academic field of inquiry after the disability rights movement generated a universalizing form of disability politics defined through settler civic engagement.⁹ Since the passage of the American With Disabilities Act (ADA) in 1990,

popular narratives of disabled citizenship often celebrate state-granted disability inclusion even as rights secured through the federal government are only possible because of the colonization of Native/Indigenous land. Yet state-granted disability inclusion rests on the depoliticization of tribal sovereignty and privileges people who are disabled in convenient ways such as white, settler, cisgender, neurotypical, and visibly disabled people whose legible value to the settler state allows them to obtain diagnoses and receive accommodations.¹⁰

Foundational texts in disability studies additionally narrate U.S. historical and cultural formations of disability with the assumption that settler state-granted rights will amend, or at the very least alleviate, disability oppression and discrimination. For instance, Simi Linton's (1998) description of disability studies in *Claiming Disability: Knowledge and Identity* reifies the same exclusions of Native/Indigenous peoples that have historically discounted the existence of disabled people. Specifically, Linton echoes the settler ableist rhetoric regarding Native peoples as perceived infantilized "wards" of the state from Chief Justice John Marshall's opinion in *Cherokee Nation v. State of Georgia* (1831). She writes that disability studies "explores the critical divisions our society makes in creating the normal versus the pathological, the insider versus the outsider, or the competent citizen versus the ward of the state" (2).¹¹ *Claiming Disability* outlines the possibilities for disability studies in the late 1990s and offers a needed examination of disability as a broad identity category. Nonetheless, Linton's description of disability studies rests on the assumption that the settler state is the ideal mechanism through which white, settler disabled people gain visibility and access to resources.

Linton's articulation of the emerging field of disability studies is just one example of a larger erasure of Native/Indigenous issues in foundational disability studies' scholarship. The lack of engagement with settler colonialism in foundational work contributes to assumptions of settler sovereignty as a given framework for engaging in core aims of disability studies work — namely, critiquing ableism and deferring to disabled, chronically ill, and/or neurodivergent people as the primary authorities on lived and embodied experiences of difference. As FDS has increasingly incorporated interventions from critical race, ethnic, and gender studies, scholars might also consider how part of the work of advancing transformative justice necessitates critiquing settler progress narratives of disability inclusion. Thinking with the work of queer, transgender, Black and Indigenous people of color (QTBIPOC) who have long addressed settler colonialism in disability justice work is one means to address the erasure of Native/Indigenous issues in foundational disability studies work.¹²

Settler progress narratives of disability inclusion erase the lived experiences of chronically ill, disabled, and/or neurodivergent QTBIPOC who live with what Piepzna-Samarasinha (2018) explains as the awareness that "that the state was built on racist, colonialist ableism" (23). The field of disability studies has historically defined access in terms of necessary identity affirming practices that have emerged from federal structures of rights and care and institution-granted accommodations. Yet as Piepzna-Samarasinha reminds us, chronically ill, disabled, and/or neurodivergent QTBIPOC peoples' access to healthcare is mediated through land seizure, the loss of traditional food sources, state-generated violence, as well as genocidal and assimilation-related intergenerational trauma.¹³ Reading Native/Indigenous narratives of health and environmental activism as feminist disability texts recognizes that Native/Indigenous struggles for land justice are also broad access issues. In *All Our Relations*, LaDuke (1999) narrates links between biodiversity, land sovereignty, and health in a series of chapters on Native efforts to contend with the material impacts of contamination from Superfund and mining sites. LaDuke writes about Mohawk midwife and environmental activist Katsi Cook who began advocating for research studying the effects of water and fish contamination on women and nursing parents in Akwesasne, part of Mohawk reservation land in upstate New York since the early 1980s. Cook worked with tribal members to organize resources addressing health disparities for Mohawk people living near a toxic, GM superfund

site.¹⁴

Cook's work links the embodied effects of chemical toxicity to histories of colonization through what LaDuke calls "precedent-setting environmental justice work that links the intricate culture of the Mohawk people to the water, the turtles, the animal relatives, and ultimately the destruction of the industrialized General Motors Superfund site (12)." LaDuke and Cook's narratives of Indigenous activism challenge FDS to rethink long held formulations of access through linked approaches to health, chronic illness, and disablement that necessarily work outside of settler structures of care that have historically generated forms of state violence and disablement.

Recent interventions in the areas of critical disability and environmental studies identify settler colonialism as an ableist system of oppression even if settler colonialism and Native/Indigenous issues are not the main subjects of analysis.¹⁵ For example, Eli Clare (2017) writes a poetic land acknowledgement about camping near the "white pines in occupied Abenaki Territory" in a preface to the first chapter of *Brilliant Imperfection: Grappling With Cure* (1). Clare's first chapter discusses the politics and personal experiences of cures, and the preface titled "White Pines" may appear to have nothing to do with the politics of disability and what he calls the "ideology of cure" (3). But as Clare demonstrates, placing a land acknowledgement where it might seem out of place — like it has nothing to do with disability — is precisely the point. In this brief preface, Clare explains the effects of settler deforestation on the white pines that exist now with "[t]runks split into three" and that are "bent around and through each other" (1). These are the trees that have grown in Abenaki homelands in the centuries after "the king's representatives" and English settlers "claimed ownership of all the white pines over a hundred feet tall" as to build ships for the British Royal Navy (1).

Clare reminds readers that liberation will not occur as a single issue because ableism "interlocks with racism, sexism, homophobia, transphobia, and classism" as well as settler colonialism and deforestation (xiv). Clare's description also recognizes that to inhabit a crip bodymind storied with progressive, and/or permanent, and/or ever-fluctuating change is also to know deeply how to live in and with an altered landscape. Put another way, Clare's clarification that "occupied Abenaki territory" is also "known for the time being as Vermont" recognizes the messy, "brilliant" ways in which settler bodyminds occupy, stim, swell, and gain life-sustaining care on Indigenous land only because of historic and ongoing land seizure (1).

Clare's narration of the mutual interdependence between land, disabled bodyminds, and Native/Indigenous sovereignty follows what Alison Kafer (2013) calls a "political/relational model of disability" that recognizes how disability "does not occur in isolation" (8). Kafer's political/relational model does not explicitly discuss colonization. However, it does offer a way to build critical disability methodologies that interrogate how Native/Indigenous sovereignty is depoliticized through ableist logics. Considering Kafer's political/relational model, how could FDS work toward meaningful coalition building to recognize occupied land as a core feminist disability issue? I now turn back to an analysis of anti-obesity discourse as an example of how settler ableism offers a different mode of reading Native/Indigenous issues to advance anti-colonial FDS scholarship.

Settler Ableism in Anti-Obesity Discourse

Michelle Obama established LMIC as an extension of the national *Let's Move!* campaign to end childhood obesity. Partnering with various federal programs and offices, LMIC asks "Tribal governments, Urban Indian Centers, private businesses and the non-profit sector...to sign up and work together to raise the next generation of healthy Native children" (*Let's Move! in Indian Country Interagency Workgroup* n.d.,

1). The “Let’s Move! in Indian Country Toolkit and Resource Guide” deploys the rhetoric of late nineteenth -century Indian education reform to outline various federal programs and offices in order to assist tribal communities to “end childhood obesity in Indian Country within a generation” (4). Perpetrators of late nineteenth-century carceral Indian education such as Lieutenant Richard Henry Pratt aimed to rapidly assimilate Native youth through family separation that targeted younger generations for white, Christian language and cultural training. LMIC echoes late nineteenth-century assimilation rhetoric to depict the elimination of obesity as an assumed shared goal for all Native peoples, suggesting that “[h]aving fit, energetic, and vibrant communities is the Indian Country way.”¹⁶ In fact, LMIC asks Native people — typically defined as people living in tribal communities within or in close proximity to reservations — to attain nutrient rich diets and engage in physical exercise as means to prevent chronic health conditions.

Coverage of Native youth for non-Native audiences such as the White House’s promotion of the kitchen garden event perpetuate understandings of unfit American Indians who require federal care.¹⁷ As critical fat studies scholars have argued, anti-obesity discourse relies on arbitrary standards of health to pathologize racialized, classed, and gendered peoples.¹⁸ Anti-obesity campaigns such as LMIC commonly reference how Native children contribute to a perceived U.S. obesity epidemic and public health crisis. As Butler-Wall (2015) writes of Obama’s *Let’s Move!* campaign, “children’s bodies have long been targets of biopolitical regulation,” and for Native children, this biopolitical regulation cannot be disentangled from legacies of colonization (230).

Modes of analysis that acknowledge settler ableism recognize how anti-obesity campaigns such as LMIC build on historical legacies of assimilation to target Native children for “biopolitical regulation” (Butler-Wall, 230). Concepts of health that are applied to Native children are deeply entangled with settler assimilation measures that have historically targeted Native children’s bodyminds through genocidal displacement from Indigenous homelands. Moreover, scholars such as Kathleen LeBesco (2011) demonstrate how anxiety over body size is a feminist disability issue because anti-obesity discourse does important cultural work to depict obesity as a state project and a public health concern. Here I do not analyze individual Native people’s experiences of fatness and/or disability, yet I examine how settler ableism operates through anti-obesity discourse as a way of, as Sami Schalk (2017) writes, “doing critical disability studies” even when I am “not . . . directly studying disabled people” (para 1). Instead, I suggest that critiquing anti-obesity campaigns through recognizing settler ableism questions normative body size as a universally attainable and desirable condition for which Native/Indigenous people hold responsibility. Interrogating civic fitness, health, productivity, and heteronormative disciplining for perpetuating settler ableism requires thinking with Native/Indigenous studies and critical fat studies scholars to take up access to land and health as a feminist disability concern.

Recognizing settler ableism in anti-obesity rhetoric also troubles apolitical concepts of health as a universal condition. As LeBesco (2011) argues, it is a state interest to frame health as an easily achievable condition for which all people have equal access. However, Native/Indigenous scholars, writers, and organizers such as Winona LaDuke demonstrate how health is a deeply political concept that is shaped through structural violence and rests on access to land. For example, LaDuke (1999) writes about the “ethnostress” of social and health conditions exacerbated through environmental contamination from superfund sites and mining (90). Considering LaDuke’s links between health and environmental contamination, the concept of settler ableism intervenes to highlight how non-Native narratives of Indigenous bodyminds rely on ableism to depoliticize the connection between health and land claims in two significant ways. First, non-Native narratives deploy ableist rhetoric of fatness as a limiting, pathological condition. April Herndon (2002, 121) notes that many people fixate on biological origins for fatness and nonnormative body size as a means to publicly “pathologize” and “discredit” fat women. Anti-

obesity rhetoric operates most powerfully through assumptions that no one really wants to be fat, which as Anna Mollow (2015) notes, “is supposed to be everyone’s worst fear” (199).¹⁹ Initiatives such as LMIC operate on this assumption to recruit individual people to join a high energy, collaborative movement that is *good for you*. Mollow’s call for critical disability examinations that take ableist oppression of fatness seriously resonates with the ways in which LMIC assumes that Native children cannot be considered “healthy” if they are chronically ill and/or fat.

For instance, LMIC rhetoric is a compulsory celebration of physical activity and normative body size that depicts obesity as an individual, pathological problem for which the solution is physical exercise and diet (Let’s Move! in Indian Country Interagency Workgroup n.d.). Settler narratives of obesity as an undesirable and limiting condition are an example of what Kafer (2013, 3-4) calls an “ableist failure of imagination” that denies peoples’ current lived experiences through imagining a future where their bodymind differences become eradicated. Anti-obesity rhetoric undermines the ways in which bodymind differences are powerful, often desirable, political sites “to be contested and debated” (3-4). While LMIC material does acknowledge tribal-specific approaches to health and wellness, the initiative remains premised on the assumption that eliminating obesity is one of the most significant issues within Native/Indigenous communities.²⁰

The second way that ableist non-Native narratives of Indigenous bodyminds depoliticize land claims is through dismissing the structural and historical links between Indigenous access to land and multiple forms of bodymind health. Proliferating a discourse of entrepreneurial ambition and a desire for normative body size, LMIC’s rhetoric of community mobilization assumes that all Native youth are capable of getting fit and becoming healthy on equal terms. In addition to promoting forms of physical activity, LMIC identifies public secondary schools as locations from which to enact anti-obesity programming through food, or what LeBesco (2011) calls “revisionist school lunch programs” (158). LMIC focuses on secondary schools as places that can help Native youth access “traditional” and “healthy” food (Let’s Move! in Indian Country Interagency Workgroup n.d.). LeBesco critiques how school officials administer such school lunch programs in a way that “suggests the extent to which the state/public health folks would like to have the children all the time” (159). For a significant portion of the late nineteenth and twentieth centuries, federally administered historic Indian boarding schools did have Native children all the time.

The federal management of Native children through school lunch and fitness programs in secondary schools must be considered within the long context of boarding school institutionalization and incarceration. Native children have historically been subject to processes of assimilation and displacement from tribal lands and resources for traditional foods.²¹ As LeBesco (2011) and Butler-Wall (2015) both discuss, the desire to monitor children all the time is a shared national project. Moreover, monitoring Native children specifically repackages assimilation era settler desires to alter nonnormative peoples, lifeways, and bodyminds as a progressive concern for *all* children. Yet obesity prevention initiatives such as LMIC place the burden for solving perceived public health crises on individual Native children and their families: If you are unhealthy, it is your fault, and you can become healthy, but only if you work hard enough.

The emphasis on diet and fitness in anti-obesity initiatives additionally obscures how Native peoples have long organized to regenerate traditional foodways. For example, Elizabeth Hoover, Micmac and Mohawk, and Devon A. Mihesuah (2019), Choctaw, explain how Indigenous organizing for collective access to traditional foods through “farmers markets” and “seed distributions” have long responded to “high rates of diabetes and obesity, environmental destruction, pollution, resource depletion, poverty, and general lack of access to healthy food” (4). Hoover and Mihesuah do not contest the framing of obesity as a constructed public health crisis in this statement. However, their work necessarily points to significant

ways that Indigenous organizers have long attended to health and access to traditional foods outside of federal interventions, a reality that anti-obesity initiatives such as LMIC only acknowledge as it serves an ableist pathologization of fatness and chronic illness as individual failures.

LMIC encourages Native families to spend time in parks and outdoor recreation spaces as ways to take action against obesity as a “threat to Indian Country” that “weakens the fabric of Indian communities” (Let’s Move! in Indian Country Interagency Workgroup n.d., 4). In addition to discounting Native peoples’ uneven points of access to “nearby public lands,” LMIC relies on depoliticized notions of “public” land to generate fictive narratives of nutrition as a universal, apolitical issue of health available to all who are willing to work hard enough.²² As LaDuke (1999) reminds readers, most of what is now considered U.S. national space is occupied Indigenous land.²³ LMIC’s suggestion that Native people access public land in order to exercise assumes that Native people are able to safely access land without being criminalized, a reality that does not currently exist due to centuries of state land theft and militarized occupation of traditional Native homelands. The construction of obesity as a preventable, pathological epidemic solved through equal access to land and recreation circumvents structural issues of suicide, murder, and rape, and renders forms of intertribal activism as causes less worthy of national attention. Put another way, placing the burden for preventing obesity on individual Native children and their families ignores present realities of state violence and structural causes for the long-term effects of colonization.

Native/Indigenous Narratives of Health and Environmental Activism

Non-Native narratives that pathologize Native people’s bodyminds, such as anti-obesity rhetoric in LMIC, obscure issues that dominate Indigenous-led and authored activism and media such as ongoing threats to water and land access due to pipeline construction. As Laura Jaffee and Kelsey John (2018), Diné, note in a discussion of Indigenous opposition to the construction of the Dakota Access Pipeline (DAPL), Native people have long incorporated discourses of disability and health justice in fights for land sovereignty because “Indigenous resistance to land-body disablement is not new” (1421). Native women and youth have long been at the forefront of health and environmental activism. Nick Estes (2019), Lower Brule Sioux Tribe, explains in *Our History is the Future* that Native women as well as Two-Spirit and queer people led the opposition to DAPL throughout 2016. Sacred Stone Camp began after a group of Native and non-Native youth ran a relay run titled “Run for Your Life” from Cannonball, North Dakota to the regional office for the United States Army Corps of Engineers (USACE) in Omaha, Nebraska.²⁴ In what follows, I read Native/Indigenous narratives of health and environmental activism as they force a reconsideration of feminist disability concepts of access and care outside of white, settler accommodation frameworks. Not all of these narratives have explicit links to disability and/or chronic illness or health; however, these narratives all situate access to land as an ongoing, and constantly shifting, embodied experience.

Accounts of Standing Rock provide one example of how Native/Indigenous writers link ongoing state violence to the long history of settler land seizure that continues to determine access to life-sustaining resources on Indigenous land. The USACE issued an evacuation letter (the same week as Thanksgiving) to water protectors at Standing Rock in the fall of 2016. Shortly after the USACE’s evacuation notice, the Standing Rock Sioux tribe (2016) issued a “Proclamation in support of Oceti Sakowin camp safety” in response to state escalation of violence at prayer camps. The proclamation places militarized police violence in the context of historical oppression. For example, it opens with acknowledging the anniversary of the 1864 Sand Creek Massacre and situates water protectors’ “peaceful

activities” on land that “is within the tribe’s 1851 Treaty of Fort Laramie Territory” (para. 2). The proclamation later critiques state-initiated violence: “Whereas, State law enforcement have been directed to and are stopping vehicles headed to Oceti Sakowin Camp and imposing excessive fines up to \$1000 on those carrying supplies in attempt to block the supplies from reaching the Camp, thereby directly creating health and safety risks that endangers the lives of the Water Protectors” (para. 7). The series of “whereas” statements appropriates the language of federal proclamations such as the joint Congressional resolution apologizing to Native Americans (2009), a form of apology that poet Layli Long Soldier (2017), Oglala Lakota Nation, also critiques in *Whereas*.

In the poem “Resolution (6),” Long Soldier explores the ways in which Indigenous people negotiate access to water and unceded Oceti Sakowin land through an expression of water protectors’ perspectives of settler militarization at Standing Rock. She begins by explaining how water protectors’ actions are not contingent on federal approval. She writes: “the people themselves are healing this land its waters with or without Presidential acknowledgement they act upon this right without apology” (94). In the lines that follow, Long Soldier captures the ways in which water protectors disrupt settler state narratives of supposedly dangerous and violent protesters through two different expressions of guidelines. One set of guidelines is for visitors who wish to participate in the ceremonial prayer camps, and the other consists of suggestions for how water protectors might handle questions from law enforcement.

Long Soldier weaves together the lines of a personal interview that run down the right side of the page with the lines from a Facebook post that run down the left side of the page. The Facebook post details a list of “Direct Action Principles” for the Oceti Sakowin camp, and the interview suggests how to “be really clear always ask” when interacting with the police (94). The guidelines seamlessly mix Indigenous perspectives of water protection — “I acknowledge a plurality of ways/to resist oppression” — with suggestions for how water protectors respond “to law enforcement” — “you may ask/does that seem reasonable to you” (94). When the two sets of guidelines are read together, both sources together generate expressions for protection with acts of rhetorical resistance.

Long Soldier’s poem is a reminder of what Audra Simpson (2014), Mohawk, refers to as the “*precarious* assumption that their [settler nation-states] boundaries are permanent, uncontested, and entrenched” (22). In other words, in the language of the USACE evacuation notice (2016), “Corps-managed federal property” rests on a tenuous assumption of settler control that concedes land theft and prior Indigenous claim (USACE 2016, as quoted in Goldtooth 2016). The guidelines in Long Soldier’s (2017) poem do not declare a sentiment like, *go away, we own this land; we will determine who has access*. Rather, the guidelines explain best practices on Indigenous homelands. The water protectors question *police* rights to interrupt prayers and search sovereign bodies, for they (the police) are on Indigenous land, and as Long Soldier concludes, “This is a ceremony/& when you’re coming back/act accordingly” (96).

Long Soldier expresses the ways in which Native people must navigate layers of settler militarization to gain access to life-sustaining tribal resources on Indigenous land. As Hoover and Mihesuah (2019) argue, Indigenous activists organize access to traditional foodways as a direct response to centuries of settler interference with land and the preservation of Native foodway knowledges (4-5). Additionally, LaDuke (1999) communicates the urgency of Indigenous land and water rights through narratives of disability and health justice issues including the impact of environmental toxicity and destruction. LaDuke describes ecological devastation through the language of extinction and settler militarism. In the opening lines of the introduction, LaDuke connects the extinction of species to the loss of Indigenous life. She begins with facts: “There have been more species lost in the last 150 years than since the Ice Age,” then situates the loss of species life in the context of Indigenous life in the same time period: “During the same time, Indigenous peoples have been disappearing from the face of the earth” (1).

LaDuke goes on to cite how “[o]ver 2,000 nations of Indigenous peoples have gone extinct in the western hemisphere, and one nation disappears from the Amazon rainforest every year” (1). Throughout this opening, LaDuke mixes informational genres (this is neither a case study, a policy proposal, nor a strictly non-fiction exploration) to communicate the urgency of grassroots Indigenous efforts to protect and restore humans, nonhumans, and Indigenous access to land.

All Our Relations demonstrates that land is a feminist disability concern through connecting the colonization of Indigenous land to environmental and bodily health. LaDuke examines how Native activists negotiate access to foodways and life-sustaining resources through tribal-specific forms of health justice that link environmental destruction to settler encroachment on Indigenous land in the early years of the environmental justice movement.²⁵ LaDuke describes how “The Toxic Invasion of Native America” is an urgent narrative that requires an interdisciplinary means of storytelling (1-3). Through case studies of Indigenous grassroots activism, LaDuke argues that the long history of settler colonial environmental devastation has produced “a direct relationship between the loss of cultural diversity and the loss of biodiversity” (1-3). Yet despite LaDuke’s contributions to environmental justice and reproductive justice movements, *All Our Relations* is generally not cited as a text engaging with feminist disability issues.

LaDuke’s analysis highlights late twentieth-century case studies from a variety of tribal nations yet frames these narratives within a longer history of militarized settler extractive industries. Refusing to leave narratives of health injustice in the present tense, LaDuke outlines the cumulative historical impact of militarized settler occupation on Indigenous land. Blending Native knowledge of land and species relations with statistical evidence of land and biodiversity loss and disease occurrence, LaDuke narrates the impact of grassroots Native organizing in the wake of historical deforestation and colonization. For instance, LaDuke notes in the introduction that “some groups of Diné teenagers have a cancer rate 17 times the national average” due to “abandoned uranium mines” that “sit on Diné land, leaking radioactivity into the air and water” (3). And later she explores how late nineteenth-century destruction of forests on the White Earth reservation impacted Anishinaabe health. LaDuke explains how after lumber companies took control of much of Anishinaabe land, “90 percent of White Earth land was controlled by non-Indians, and our people were riddled with diseases” only “[t]wo decades later” (5). Citing Indigenous relations to salmon in the Pacific northwest, LaDuke links land, biodiversity, and health through traditional connections Native peoples have with nonhuman species: “The stories of the fish and the people are not so different. Environmental destruction threatens the existence of both” (1). Put another way, the loss of Indigenous access to life-sustaining resources and land leads to the destruction of nonhuman environments that affect human health and survival.

All Our Relations additionally advances activism that is largely unattributed to Native/Indigenous women in mainstream environmental health movements. LaDuke narrates how the loss of Indigenous access to life-sustaining resources and land destroys nonhuman environments and affects reproductive health and human survival. In an examination of the embodied effects of militarized settler environmental destruction, Katsi Cook (2007) draws on Mohawk lifeways that emphasize women as the “first environment;” Cook links access to traditional Haudensaunee lands and foodways to community health and chronic illness through what she calls “environmental reproductive justice” (32; see also, Hoover 2017, 2018; LaDuke 1999). According to Cook, “reproductive justice and environmental justice intersect at the Nexus of woman's blood and voice” (32). Environmental reproductive justice generates a different kind of Indigenous access that provides Mohawk women resources to what she calls the “valuable, sustainable cultural resource” of breastfeeding in addition to birthing and cultural practices that are not necessarily contingent on settler mediated benefits (32-33).

For instance, Cook critiques the impact of corporate seizure of Indigenous land on Mohawk women’s bodyminds. According to Cook:

We accumulate toxic chemicals like PCBs, DDT, Mirex, HCBs, etc., dumped into the waters by various industries. They are stored in our body fat and are excreted primarily through breast milk. What that means is that through our own breast milk, our sacred natural link to our babies, they [babies] stand the chance of getting concentrated dosages. (cited in LaDuke 1999, 18-19)

Cook's words pick up on LaDuke's characterization of the "toxic invasion of Native America" to narrate a trajectory of the embodied effects of settler capital industries. She identifies "toxic chemicals" as violent agents of colonization that were "dumped into" Indigenous waterways to become "stored in" Mohawk peoples' "body fat" and then "excreted primarily through breast milk."

Cook (2007) continues to link encroachment on Mohawk land to encroachment on Mohawk women's bodyminds and immune systems. She writes:

We understood that many other aspects of women's health were at risk from exposure to industrial chemicals in our environment. Environmental estrogens, reproductive cancers, reproductive failure, autoimmune diseases, thyroid disease and a host of other concerns fill our clinic charts and community meetings. (32; also in Hoover 2018, 11)

Here, Cook writes about settler contaminants, or "industrial chemicals," as agents of settler colonization that generated myriad forms of bodymind violence against Mohawk women and children through "a host of other concerns" including chronic illness (32).

Cook's work offers a different formulation of access beyond settler concepts of access defined through individual mobility. Instead, Cook's environmental reproductive justice work takes up bodymind health as an issue of access to tribal sovereignty over Mohawk land and food sources as well as birthing and cultural practices.²⁶ LaDuke and Cook's narratives of Native/Indigenous activism in different tribal communities call attention to the ways in which environmental devastation is deeply entangled with historic and ongoing legacies of settler colonialism that unfold and map onto human and nonhuman bodyminds on Indigenous land.²⁷

Conclusion

Native/Indigenous writers narrate the embodied and disabling effects of living on and with occupied land that has sustained centuries of settler militarization. State and corporate encroachment on Indigenous land, such as DAPL construction, justifies the ableist disablement of multi-species life as the necessary cost of protecting fictive settler land jurisdiction. Reading Native narratives of health and environmental activism through a feminist disability perspective challenges settler ableist anti-obesity discourses that disavow traditional Indigenous practices. Native narratives of health and environmental activism contextualize health as a political condition mediated through Indigenous land claims. Narrating health as a political concept shaped through legacies of historical and ongoing colonization critiques federal mandates such as LMIC that insist on health as a universal goal. I have argued that the erasure of Native/Indigenous narratives in foundational disability studies necessitates FDS scholarship that excavates how the historical legacies of settler state violence have generated the conditions under which disabled settlers seek liberation through state formulations of access. Through a meaningful engagement with Native/Indigenous narratives of health and environmental activism, FDS scholarship might better attend to historical legacies of colonization.

Those historical legacies of colonization shape Native/Indigenous people's different connections to the federal government, the disability rights movement, and settler frameworks of accommodations. This different relationship then requires work in FDS that addresses the long history of ableist assimilation rhetoric and practices that continually generate violence. How can FDS scholar-activists imagine disabled, accessible futures in ways that move away from a model of settler-state granted accommodations, rights, privileges, passes, benefits? And what would it look like to imagine possibilities for neurodivergent and/or chronically ill and disabled crips to exist interdependently outside of failed settler state structures on occupied Indigenous lands? FDS scholarly-activist frameworks that foreground Native/Indigenous sovereignty have the potential both to reformulate broad access, and to communicate to disabled, chronically ill and/or neurodivergent Native/Indigenous scholars and activists that their presence is anticipated and expected.

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Endnotes

1. Here my designation of land as “currently the United States” comes from Damien Lee (@damienlee, January 31, 2018) cited in Dr. Adrienne Keene's (Cherokee Nation) blog *Native Appropriations* where she discusses ways of imagining Indigenous futures.

2. My thinking about collective acts of care is shaped and informed through writers and organizers in the Disability Justice Movement (e.g., Berne 2015 and Piepzna-Samarasinha 2018). Mia Mingus (2017) and Mingus et al. (2019) discuss further how disability justice organizers and writers explain the importance of generating access for multiply marginalized people.

3. Eve Tuck and K. Wayne Yang (2012) provide a Native/Indigenous studies perspective on the violence of appropriating the term “decolonization.”

4. Following Margaret Price (2011, 2015) and feminist disability studies scholars, I write “bodymind” to refuse Western notions of the separation between bodies and minds and to indicate the ways in which different kinds of ableism occur through the deep imbrication of bodies and minds.

5. My dissertation, “Settler States of Ability: Assimilation, Incarceration, and Native Women's Crip Interventions” (2020), builds on work in Native/Indigenous studies, settler colonialism, histories of federal Indian education, and critical disability studies to examine the historical foundations of settler ableism through discourses of settler civic fitness, health, productivity, and heteronormative disciplining in narratives of late nineteenth and early twentieth assimilation training for Native youth who were incarcerated in the federal boarding school system.

6. Sami Schalk and Jina B. Kim (2020), Kim (2017), Julie Avril Minich (2017), Schalk (2017), and Tanja Aho (2017) provide approaches to critical disability methodologies that critique systems of oppression and settler values of rational productivity through race, ethnicity, and identity formation.

7. The editors (Block et. al 2016) directly cite Tuck and Yang (2012), yet proceed to acknowledge that “not all chapters engage with the work of decolonization” and their “intention for the use of this word is...to acknowledge and join the work to decolonize and occupy wall street, the ableist medical industry, and many other spaces” (9).

Individual chapters in the section “Decolonizing Disability” address global settler colonialism in settler nations such as Australia but do not appear to substantially engage with the particular ramifications of using the word “decolonization” as Native/Indigenous people understand it in a U.S. context (9-12).

8. Chapter 8, “Realms of Biocertification” provides the argument about language of disability used against Native people during the allotment era (Samuels 2014, 163-170) and the discussion of disability and rehabilitation of Native peoples (161-184).

9. My critique of the ways in which what I call “settler disability studies” erases Native/Indigenous sovereignty is indebted to Christopher Bell’s (2006) critique of “white disability studies.” Bell criticizes foundational disability studies scholarship for erasing the experiences of Black disabled people and neglecting the entanglements of white supremacy and ableism. I recognize that academic disability studies broadly began in the U.K., but here I focus specifically on the ways in which disability studies scholarship in the U.S. has a unique relationship to the colonization of Indigenous land and nations.

10. Lennard J. Davis (2015) provides this kind of popular narrative in the account of ADA legislation as a defining moment of the late twentieth century. Davis published it in 2015 to commemorate the twentieth-fifth anniversary of the ADA, and argues that disabled ADA activists and allies transformed disability from a pathological, medical classification to a powerful political category and identity formation.

11. Kevin Bruyneel (2007, 3) provides further description of *Cherokee Nation v. The State of Georgia* and its significance in federal Indian law.

12. Here and throughout this section, I refer to Piepzna-Samarasinha’s (2018, 16) designation of QTBIPOC in reference to those who have been left out of the mainstream disability rights movement (see also Berne 2015).

13. My discussion here about critiques of the disability rights movement and the mostly Black, Indigenous, queer, and trans people of color who established the disability justice movement comes from Piepzna-Samarasinha (2018). Maria Yellow Horse Brave Heart (2007) provides an examination of Indigenous historical and intergenerational trauma.

14. Winona LaDuke (1999) writes that the GM Superfund site contains “approximately 823,000 cubic yards of PCB-contaminated materials,” and through PCBs, “GM has tainted the land, water, and ultimately the bodies of the Mohawk people, their babies included” (12).

15. Critical disability formulations of “crip technoscience” briefly acknowledge Native/Indigenous sovereignty (Hamraie and Fritsch 2019). Laura Jaffee and Kelsey John (2018), Mel Y. Chen (2007) and Qwo-Li Driskill (2008) provide more substantial examinations of disability and settler colonialism.

16. Indian education reformers and proponents of the federal system of Indian boarding schools such as Richard Henry Pratt (2003) declared that Native youth could assimilate to settler society after one generation was removed from tribal communities. David Wallace Adams (1995) discusses examples of late nineteenth century rhetoric that advocated for rapid assimilation within one generation.

17. I use the term “American Indians” here to designate the ways in which the settler state categorizes Native people. I refer to “Native people” when discussing individuals, and Native *peoples* when recognizing multiple citizens of tribal nations.

18. April Herndon (2002) discusses gender and the medicalization of fatness and Kathleen LeBesco (2011) examines anti-obesity discourse as a neoliberal mandate within narratives of national security, public health, and epidemics.

19. Anna Mollow (2015) argues that “the modes by which fat people are oppressed are indistinguishable from ableism” (200).

20. Charlotte Biltikoff (2007) provides an analysis of “anti-obesity campaigns” as a cultural phenomenon and a culturally constructed epidemic.

21. Brenda J. Child (1998) discusses a history of Indian boarding schools in the U.S. and the displacement of Native children from tribal lands and traditional life practices.

22. While LMIC does acknowledge Native efforts to preserve traditional food practices through seed banks and gardening, these efforts remain less visible in public promotions of LMIC (such as White House events) for largely non-Native audiences.

23. LaDuke (1999, 116) states that approximately 95% of current U.S. land is occupied Indigenous territory, including spaces now designated as public parks.

24. Nick Estes (2019, 19-21, 30-31) examines Native youth and the origins of the Sacred Stone Camp. Saul Elbein further discusses the Native youth activists at Standing Rock.

25. Native/Indigenous peoples have long led environmental justice work that has not always been recognized within environmental justice scholarship. What scholars refer to as the environmental justice movement emerged following a 1987 environmental impact study on the high rates of environmental toxicity near communities of color (Commission for Racial Justice 1987; see also, Adamson, Evans and Stein 2002).

26. Cook’s network of Mohawk women who shared information about PCB contamination eventually led to a Congressionally-funded research project, the results of which led to greater awareness of health effects and a reduction in PCB concentration levels in new mothers connected to the amount of fish they eat (LaDuke 1999, 18-19).

27. My thinking of settler state violence as an environmental issue is deeply informed by KT Thompson’s (2017) examination of racism as “an environmental crisis that demands an engagement with, an attentiveness to, histories of white supremacy and appropriation” (93).

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