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Contextualizing Disability: Settler-Colonial Power and the Production of Impairment in Palestine

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Abstract

This paper focuses on how dominant Eurocentric models of disability—especially the medical and social model—fall short in addressing the lived experiences of disabled people in diverse global and geopolitical contexts. These models often conceptualize disability as either an individual issue or as the result of social barriers, but rarely consider how impairment can be actively produced through structural violence. Showcasing on settler-colonialism in Palestine, we draw on decolonial, intersectional feminist, and critical disability scholarship to examine how disability is used as a tool of control under occupation. Through textual analysis and engagement with Global South perspectives, this contribution aims to question the universality of existing disability frameworks and highlight the need for more contextually grounded approaches. By bringing attention to the political dimensions of disability and amplifying marginalized voices, we hope to promote broader conversations around global disability justice and the intersections of disability, power, and oppression.

Keywords

Feminist Disability Studies, Contextual Disability, Debility, Settler-Colonialism, Palestine

While critiques of Eurocentrism in disability studies have gained some visibility, they often remain at a broader theoretical level, lacking attention to how dominant models—such as the medical, and subordinate to that, the social constructivist model of disability—reproduce assumptions grounded in Western, neoliberal frameworks. This contribution aims to address how these models rarely account for the lived experiences of disabled people situated in settler-colonial, geopolitical, or gendered contexts.

In academic disability discourses, the medical and social model are the most frequently used frameworks to conceptualize opposing views on disability, respectively framing disability as an individual pathology to be fixed or as a disablement through environmental factors, such as inaccessible infrastructure (Hogan, 2019). As Johnstone (2012, p. 16) maintains, ‘the medical model of interpretation of disability projects a dualism which tends to categorize the able-bodied as somehow “better” or superior to people with disabilities (PWDs).’ This dichotomy reinforces the perception that disabled people are inherently inferior, underlining their limitations rather than acknowledging their capacities or the role of social and environmental factors in shaping their experiences. In that sense, the medical model not only individualizes disability, but also depoliticizes it, overlooking structural and societal contributions to exclusion and inequity. The social model, on the other hand, demands structural redesign, not individual adjustment. However, the social model might dismiss the materiality of impairment and has in some respects been ‘taken over’, with its core ideas diluted by the same institutions it once challenged. Additionally, similar to the medical model, the Euro-American roots of the model and its solution-oriented mindset limit its universality: it does not necessarily apply to culturally different contexts. In societies where access to healthcare, assistive technologies and equipment, or even basic infrastructure is limited, impairment and disability are deeply entangled. Thus, while the medical model is criticized for reflecting a broader conceptualization of disability as a ‘problem’ to be fixed and rendering it as a ‘personal tragedy’ rather than recognizing the full humanity and potential of disabled people, the social model can be criticized for putting too much emphasis on environmental causes of disablement.

These different understandings of disability, care, and social responsibility exist globally, but are not universal. While the social model aims to address contextual factors, it proves to be insufficient or even irrelevant outside of the Western framework (for instance, see Elkhateeb & Peter, 2019). This underscores the need to adopt a culturally sensitive disability framework that involves diverse geopolitical and cultural realities, rather than applying it as a one-size-fits-all framework.

Recent critical disability scholarship further accentuates the inconsistency between these theoretical conceptualizations and globalized contexts, claiming the former reinforce Eurocentric visions and fail to integrate geopolitical power imbalances (Jaffee, 2016; Meekosha, 2011). Western models tend to overemphasize social barriers while overlooking material conditions and the geopolitical production of disability, often ignoring how impairment is acquired through occupational violence, and fail to acknowledge forced disablement as a strategic tool of control. Meekosha points out how ‘key debates around disability and impairment, independent living, care and human rights are often irrelevant to those whose major goal is survival’ (Meekosha, 2011, p. 670). Recognizing these critiques not only challenges the dominance of Western disability frameworks, but also calls for more inclusive, context-sensitive approaches that account for the structural violences shaping disability globally. This supports the need to de-center Eurocentric narratives and pinpoint geopolitical power in disability discourse.

This paper explores how a decolonial and intersectional feminist discourse on disability can offer a more nuanced framework for understanding disability in contexts marked by genocidal violence and systemic impairment. By connecting these theoretical insights with concrete examples of marginalized experiences, we aim to both look into the epistemic injustices of dominant models and aim to contribute to a more inclusive and

context-sensitive rethinking of disability. Moreover, as young, white disability scholars, we want to reflect upon our positionality regarding the topics we discuss.

Our aim is therefore not to speak on behalf of, but to speak with and alongside marginalized perspectives, recognizing our complicity within systems of knowledge production as scholars in privileged positions. By centering marginalized voices and including lived experiences and insights, this paper attempts to listen, contextualize, and contribute to a broader conversation about the diverse meanings of disability in globalized contexts. As Erevelles (2011) describes, [discourses concerning] dis-abilities are [always] situational (cited in Sorg, 2014, p. 1503).

From theory to context: Disability and power in settler-colonial regimes

While emphasizing social causes of disablement, the social model still fails to recognize the structural and geopolitical production of disability through state violence and colonial power. The social model therefore overlooks the fact that the social dimension concerning disability is not merely a result of societal barriers, but can be deliberately produced. After all, access to healthcare or additional support—and the lack thereof—can be a part of a broader political strategy. This particularly applies to settler-colonial contexts, where disability is primarily used as an intentional mechanism of control. For instance, aiming to control the bodies of those living in occupied areas, Israel implements a genocidal strategy that disarms and slowly erases Palestinian identity, while portraying itself as liberal and humanitarian (Medien, 2021). In this context, disability oppression is deeply embedded in the racist ideology of the Israeli settler-colonial project; the occupying regime systematically employs disabling strategies not as collateral damage, but as an intentional method to manage those living in occupied areas.

In Palestine, disability is not accidental or incidental, but a deliberate outcome of state violence. The Israeli Occupation Forces (IOF) have reportedly adopted what has been described as a ‘shoot-to-cripple’ tactic—an intentional strategy designed not to kill, but to maim. This approach functions as a mechanism of control over the Palestinian population, frequently involving the use of expanding bullets (dum-dum bullets) that cause extensive internal damage upon impact, thereby maximizing the likelihood of permanent disability. The most recent update from the United Nations Office for the Coordination of Humanitarian Affairs (OCHA, 18 June 2025) documents systematic assaults on civilians—including disabled people—through shootings, beatings, forced displacement, and denial of humanitarian access. Such violence is embedded in the IOF’s aim to paralyze both the bodies and infrastructures of Palestinian life. Power plants, water networks, food distribution systems and humanitarian convoys have been repeatedly targeted, resulting in high civilian casualties, widespread starvation and the accelerated breakdown of healthcare systems (Abdeen, 2024; Medien, 2021).

At times, however, disabled bodies are not simply abandoned, but actively treated as threats to be neutralized. Samier Khaled, a Palestinian-Belgian activist who has long been engaged in the struggle for Palestinian Liberation and co-organized the Student Encampment for Palestine (Shaimaa College) at KU Leuven, reminded us of two documented cases that reveal how disability is not exempt from the violence of occupation but is, in fact, targeted by it. In 2020, Israeli police officers shot and killed Eyad al-Halaq, a 31-year-old Autistic man, in the Old City of Jerusalem on his daily walk to the local special needs school. Despite his teacher shouting that he was disabled and posed no danger, the police pursued Eyad into a garbage storage room and shot him repeatedly. No formal charges have been pressed against the police officer who killed him (Husseini, 2021).

In 2024, on the 271st day of the ongoing genocide, 24-year-old Muhammad Bahar, a man with Down Syndrome, was mauled by a police dog unleashed on him and left to die during an attack on his family’s home in Shuja’iyya, Gaza. When the dog attacked, biting into his chest and shoulder, Muhammad—who spoke only a few simple words—pleaded with the animal, calling it ‘dear’ and begging, ‘Dear, please stop.’ After the soldiers withdrew

nearly a week later, his family returned home only to find Muhammad's body left behind, already decomposing from his fatal wounds (The Palestinian Information Center, 2024). The cases of Eyad and Muhammad illustrate a system that frames Palestinian disability through a militarized lens as suspicious, unpredictable or threatening. Their deaths reflect a settler-colonial logic in which even visible vulnerability is interpreted as justification for elimination.

Reports by Human Rights Watch (2023), QADER for Community Development (2024) and *Breaking the Silence* (2025) further illustrate the unique vulnerabilities faced by disabled people living under occupation. In the Gaza Strip and the West Bank, Israeli military operations have disproportionately affected disabled people through the destruction of assistive devices, inaccessible evacuation routes, and deaths resulting from a lack of essential medical care. Overcrowded shelters lack toilets accessible to wheelchair users, and humanitarian efforts frequently overlook the specific needs of disabled people. Deaf and Blind individuals often receive no warnings of forthcoming strikes, leaving them particularly vulnerable during military attacks. Likewise, people with cognitive disabilities face significant challenges in accessing and understanding critical safety information, which is rarely adapted to meet their needs. As a result, disabled people navigating life under the occupation are often forced to rely on others to stay informed and aware of potential threats (Loh, 2024). These barriers make it much harder for them to stay safe, especially when moving through dangerous areas such as military checkpoints. These patterns reflect a structural system in which disabled Palestinians are rendered immobile, invisible and increasingly disposable in a settler-colonial logic of erasure.

This aligns with Jasbir Puar's theorization of 'slow death' (Puar, 2017; 2021), a concept that emphasizes the gradual deterioration of life rather than its abrupt end. It captures how systemic conditions, such as poverty, infrastructural decay, and political violence, erode health, mobility, and agency over time. The Israeli occupation imposes a slow, debilitating life marked by ongoing uncertainty, physical injury, and the disruption of everyday time and space. In this context, death does not occur solely as a singular event, but also through ongoing exposure to the harsh and unbearable conditions the IOF imposes. Within this framework, disability is not only a long-term consequence of the occupation, but also an intentional outcome of it. It is embedded in the political architecture of control and serves as both a method and a marker of the ongoing colonial violence inflicted upon the Palestinian population.

Disability in Palestine thus cannot be reduced to a matter of inaccessibility, but must be understood as a tool of governance that seeks to fragment and ultimately remove the collective Palestinian presence altogether. Such tactical disabling operates at multiple levels. It is both personal and collective; it not only aims to impair individuals, but also produces widespread emotional, psychological, and social debilitation. Meekosha (2011) highlights that disablement in the Global South—and especially in zones of protracted conflict—must be understood as a 'total dehumanizing process', encompassing physical harm, emotional trauma, economic disenfranchisement, and cultural erasure (p. 672). Erevelles (2011) describes this process of impairment production by economic and material conditions through the concept of 'disability as becoming' to explore how social categories like race, gender, class, and sexuality intersect with material conditions to produce disability over time. Within this framework, the Israeli state positions the figure of the disabled Palestinian in direct contrast to the able-bodied, productive Israeli citizen-subject. The settler-colonial ideology centers around this binary: it justifies violence through narratives of deficiency and frames Palestinian debility as both inevitable and deserved.

As such, disability in Palestine shatters conventional disability frameworks, which often assume disability is apolitical, accidental, or individual. Consequently, Global North disability justice frameworks, such as 'crip', 'access' and 'ableism' lack resonance in occupied Palestine (Puar, 2023). These terms are grounded in assumptions of legal recognition and social and material infrastructure, which do not hold in a context of active

colonization. The idea of ‘access’, for example, becomes a militarized negotiation rather than a rights-based demand. What does ‘access’ mean when there is no social or material infrastructure left? This inaccessibility manifests itself through bombed roads, blocked humanitarian aid, mass starvation and movement restrictions enforced by checkpoints and technological surveillance. According to Mbembé (2003), ‘this form of sabotage leads to a network of infrastructural warfare, which produces invisible killings through the destruction and curtailment of all the vital services needed to sustain life’ (cited in Medien, 2021, p. 702). As he puts it:

Critical to these techniques of disabling the enemy is *bulldozing*: demolishing houses and cities; uprooting olive trees; riddling water tanks with bullets; bombing and jamming electronic communications; digging up roads; destroying electricity transformers; tearing up airport runways; disabling television and radio transmitters; smashing computers; ransacking cultural and political-bureaucratic symbols of the proto-Palestinian state; looting medical equipment. In other words, infrastructural warfare (Mbembé, 2003, p. 29).

Palestinian critical disability Scholar Yasmin Snounu adds a vital dimension to this critique, arguing that a context like Palestine cannot be understood in isolation from global northern influence. Specifically, she emphasizes that ‘contextualizing disability in Palestine within the U.S. frame of reference is important, because disability is strongly intertwined with the political involvement of the U.S. in Palestine’ (cited in Puar, 2023). In collaboration with Phil Smith and Joe Bishop (2019), Snounu further argues that the United States materially contributes to the disablement of Palestinians by supporting Israel politically, economically and morally. Therefore, the production of disability in Palestine is not merely a local phenomenon, but rather a transnational one.

Finally, it is crucial to recognize, as Leah Lakshmi Piepzna-Samarasinha powerfully states in their essay called ‘Palestine is Disabled’, that ‘disability justice has always been about Palestinian liberation. Period’ (Piepzna-Samarasinha, 2024). Disability in Palestine can never be understood in isolation; it is inextricably intertwined with the ongoing legacies of racism, sexism, neocolonialism, and imperialism. The Israeli occupation inflicts systemic harm not only through explicit violence but through sustained, debilitating conditions that collectively disable an entire population. As Smith (2024) reminds us, our responsibility lies in amplifying the voices of those most impacted and building solidarity with movements led by people with lived experiences of disability and colonization. To truly support Palestine is to center disability justice within struggles for liberation, decolonization, and peace, recognizing that ‘a free Palestine is a disability justice issue’ (Piepzna-Samarasinha, 2024). This intersectional framework challenges both academic inquiry and activist praxis to confront and resist the erasure and marginalization of disabled Palestinian bodies under settler-colonial violence.

To conclude, dominant models of disability within disability studies lack cultural sensitivity in multiple ways. By ignoring structural dynamics of producing disability, dominant disability models universalize experiences of disability, rendering the structural violence and colonial legacies that shape how disability is lived and resisted in the Global South invisible.

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