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Beyond the Body Count: Gender, Disability, and the Settler Colonial Logic of Genocide in Gaza

COLLECTION:
VIOLENCE AND GENOCIDE

RESEARCH

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ABSTRACT

This paper examines the genocide in Gaza as a critical site for theorizing the intersection of settler colonialism, disability, and gender. It advances the premise that settler colonialism is a structure, not an event, manifesting through ongoing processes of erasure, dispossession, and bodily governance. Moving beyond frameworks that quantify violence solely through death tolls, the paper argues that the Zionist settler colonial regime enacts genocide through mechanisms of disablement that are deeply gendered.

Drawing on decolonial disability research and Native feminist theories, this paper highlights how Palestinian women with disabilities face compounded forms of violence while underscoring the urgency of dismantling settler colonial structures that produce disability as a strategy of elimination. The paper further affirms the necessity of decolonizing disability studies, positioning Palestinian liberation as integral to disability justice and offering insights that extend beyond the Palestinian context to global struggles against ableist, gendered, and settler colonial violence.

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INTRODUCTION

> it is the world's reluctance or incapacity to see our tragedies and our reactions as reactions, its insistence on categorizing our normalities as deviance.
>
> —Mohammed El-Kurd

This paper interrogates the genocide in Gaza as a critical site for rethinking the intersection of settler colonialism, gender, and disability. While dominant discourses often quantify violence through body counts, such approaches obscure the structural processes of debilitation and disablement that constitute core strategies of elimination (Puar 2017; Grand'Maison and Soldatić 2024).

In this paper, 'debilitation' refers to the 'slow wearing down of populations' (Puar 2017) and names a form of imposed bodily vulnerability and curtailed capacity that may not be legible as disability but nonetheless facilitates population management, enforced dependency, and disposability. Disablement denotes the longer-term structural production of disability resulting from injury, denial of care, and the destruction of medical and social infrastructures. These processes are embedded within dispossession, understood here as a foundational settler colonial logic through which Palestinians are stripped of land, resources, care, and conditions necessary for life, rendering debilitation and disablement not incidental outcomes but central mechanisms of elimination.

As a disabled Palestinian woman, I approach this research from the understanding that persons with disabilities are whole individuals with rich, meaningful lives who are entitled to dignity, autonomy, and collective support. At the same time, I recognize that disability is not only lived but can also be deliberately produced through violence, dispossession, and structural conditions as a strategy of settler colonialism. These positions are not contradictory; rather, they are held together through a disability justice perspective that affirms the significance of disabled lives while refusing both their erasure and the normalization of disablement as a tool of regimes of oppression and domination.

Drawing on settler colonial theory, decolonial disability research, and Native feminist theories (Ramirez 2007), the paper argues that the Zionist settler colonial state enacts genocide not only through killing but also through the systematic production of disability, destroying hospitals and health care centers, targeting disabled people, obstructing care, and rendering Palestinian people as disposable. Within this framework, the paper identifies what can be understood as a layered genocidal process, the targeted and disproportionate violence inflicted on Palestinians with disabilities. This captures how disabled people are subjected not only to the collective genocide of Palestinians but also to a distinct layer of annihilation: they are less likely to survive bombardment, face deliberate attacks on healthcare infrastructures essential to their survival, and are systematically denied evacuation or humanitarian relief. In this sense, disability itself becomes a site of intensified vulnerability and elimination, making visible how genocide operates through both the mass killing of populations and the focused destruction of those already marked as 'disposable'.

This paper explicitly engages with the experiences of Palestinians with disabilities, particularly women, both prior to and following the onset of the genocide in Gaza. It foregrounds the lives of those who were born with disabilities or acquired impairments before October 2023, whose everyday experiences were already shaped by long-standing settler colonial violence, blockade, and the systematic erosion of healthcare, mobility, and care infrastructures. At the same time, the paper examines the mass production of impairment through the genocide, which has rendered thousands newly disabled. These forms of violence are deeply gendered, affecting men, women, and gender-diverse people alike. For disabled Palestinian women, this violence is compounded: they are simultaneously erased by the destruction of care networks and hyper-exposed to the lethal effects of settler colonialism.

This paper adopts a qualitative socio-legal approach to examine the experiences of disabled Palestinians. It draws on secondary sources selected for their relevance to disability, gender, and settler colonial frameworks, including academic literature, legal documents, and credible NGO reports detailing violations. Testimonies and advocacy materials are analyzed thematically, with attention to intersectional factors and layered forms of violence, ensuring both lived experiences and scholarly analysis inform the discussion.

Against this backdrop, the paper proceeds in four parts. First, it situates settler colonialism as the framework for understanding genocide in Gaza. Second, it examines genocide through disablement, arguing that disabling is a constitutive technique of genocidal intent and that gendered disablement operates as a modality of settler colonial governance. Third, it analyzes the politics of care under genocidal conditions, highlighting evacuation orders, the destruction of healthcare, displacement, and permit denials, which disproportionately affect women with disabilities. Finally, it contends that Palestinian liberation and disability justice are mutually constitutive, requiring the dismantling of structures that seek to disable and erase.

I. THEORETICAL FRAMEWORK

In order to understand the dimensions of the genocide in Gaza in this article, settler colonialism must be employed not merely as a historical reference point (Sayegh 1965) but as an enduring framework that structures the conditions under which Palestinians live and die.

As Patrick Wolfe argued, settler colonialism is a structure, not an event (Wolfe 2006). This structure operates through a logic of elimination, whereby the ongoing presence of the Indigenous population—in this case, Palestinians—is seen as a threat to the settler project and must be contained, erased, or rendered invisible. Gaza, as a site of genocide, reflects this logic in its most intensified form. Settler colonialism is not only about land seizure; it is also a system that shapes and disciplines bodies, identities, and relations, making it a profoundly gendered and disabling process. Therefore, disability and gender must be understood as central to the ways violence is structured and legitimized (Tuck and Yang 2012; Arvin et al. 2013).

This framing foregrounds disability as not a natural or individual phenomenon but as a political outcome of militarized colonial policy. Similarly, gendered violence is central to this machinery. As Evelyn Nakano Glenn argues, settler colonialism reconfigures social hierarchies and identity formations, including those of race, gender, class, and sexuality, into ongoing modes of governance and control (Glenn 2015). These forms of violence reflect a colonial logic that separates gender from sovereignty and reduces women's suffering to individualized misfortunes rather than structural outcomes of settler colonialism and genocide.

The inclination to isolate gender from the collective right to liberation serves the settler state by fragmenting resistance and obscuring the totalizing nature of its violence (Smith 2005). Therefore, ableist violence has long functioned, and still functions, as an instrument of colonial domination. It advances colonial agendas by deliberately disrupting and destroying established ways of life and the structures that sustain them (Hutcheon and Lashewicz 2020).

Thus, settler colonialism must be understood as a disabling condition in which Indigenous peoples are actively rendered disabled through targeted violence and structural settler colonial practices, as well as a gendered process in which femininities and masculinities are differentially targeted, regulated, or extinguished in service of settler domination (Burton 2005; Moreton-Robinson 2011).

Employing settler colonialism as a framework allows for an analysis that does not treat gender and disability as peripheral concerns but as central to the genocidal structure itself. It enables a more complete understanding of how oppression is layered, systemic, and enduring and insists that justice must be attentive to the ways bodies are differently made vulnerable through settler colonial power.

II. GENOCIDE THROUGH DISABLEMENT

According to Article II of the Convention on the Prevention and Punishment of the Crime of Genocide (1948), genocide includes, inter alia, (b) 'causing serious bodily or mental harm to members of the group' and (c) 'deliberately inflicting on the group conditions of life calculated to bring about its physical destruction in whole or in part'. Genocide, therefore, is not confined to mass killing but encompasses a range of acts committed with the intent to destroy, in whole or in part, a national, ethnic, racial, or religious group. International criminal jurisprudence has clarified that "serious bodily harm" extends beyond lethal violence to include acts of extreme physical abuse such as torture, rape, sexual violence, severe beatings, and other non-fatal atrocities that result in disfigurement or permanent injury. In its landmark judgment in *The*

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Prosecutor v. Jean-Paul Akayesu, the ICTR Trial Chamber affirmed that such acts constitute serious bodily and mental harm within the meaning of Article II(b), even where death does not occur (Prosecutor v. Akayesu 1998). Despite this expansive legal interpretation, this dimension of genocide has remained marginal within much of the scholarly literature (Meiches 2021). Within this framework, disablement can be understood not as a collateral consequence of violence but as a deliberate modality of destruction, one that is systematically under-theorized in dominant genocide discourse, including in analyses of the ongoing genocide in Gaza.

DISABLING AS A TECHNIQUE OF GENOCIDAL INTENT

Genocidal intent can manifest not only in death but also in the sustained dismantling of the conditions necessary for life to flourish: food systems, medical care, shelter, water, infrastructure, psychological well-being, and bodily autonomy (see Albanese 2024). Crucially, this intent is also legible in the means of violence employed and the patterns of injury they produce. These modes of structural violence, which produce disability en masse, are often strategically used to weaken and fragment targeted populations. As Jasbir Puar argues in *The Right to Maim* (2017), disablement is not merely an unintended consequence of war and occupation but a calibrated technique of power. In the context of Palestine, Israel's settler colonial violence systematically produces conditions that mutilate, paralyze, traumatize, and mentally impair Palestinian bodies and minds. These practices align with the Genocide Convention's Article II (b) and (c).

In Gaza, for instance, deliberate targeting of hospitals, medical personnel, and life-saving infrastructure, along with the blockade that restricts the entry of medical supplies and assistive devices, contributes to widespread impairments and psychological trauma, the creation of conditions that bring about the physical and mental destruction of the population. This 'slow violence', as Rob Nixon (2011) describes it, disables Palestinian life not with a single blow but through prolonged deprivation. When compounded with constant exposure to bombardment, displacement, and settler violence, the disabling of life itself becomes a central genocidal tool, a way of destroying life without necessarily killing it outright: 'Palestinians must remain, in perpetual temporariness, in order to live through their annihilation' (Tawil-Souri 2018).

The infliction of severe mental harm, explicitly included in the legal definition of genocide under Article II(b) of the Genocide Convention, remains significantly under-theorized in both legal and scholarly discourses (Milaninia 2021). While many leading genocide scholars maintain that genocide requires a high threshold of seriousness, often interpreted in ways that privilege mass killing and thereby marginalize non-lethal forms of destruction such as disablement (Schabas 2009; Straus 2016), this threshold must be reassessed in settler colonial contexts.

Dirk Moses' critique of genocide's legalistic and moral hierarchies of violence is instructive here. Moses argues that genocide should not be assessed solely through the scale of immediate lethality but through the logic, purpose, and normalization of violence within projects of 'permanent security', where extreme harm is justified as necessary for the survival of the dominant polity (Moses 2021).

In the case of Palestine, disablement reaches, and indeed exceeds, the requisite threshold of seriousness precisely because it is neither incidental nor episodic. Rather, it is systematic, cumulative, and structurally produced through a military, infrastructural, and biopolitical settler colonial regime that renders Palestinian life increasingly unlivable (Wolfe 2006; Puar 2017). The intent animating these practices is not merely to injure but to destroy Palestinian existence through forced displacement, permanent injury, or death. Therefore, disablement in Palestine constitutes a form of serious genocidal harm not despite its non-lethality but because it operates as a durable modality of elimination within an ongoing settler colonial project.

While a comprehensive discussion of this issue exceeds the scope of this article, it warrants urgent scholarly attention. Future research must critically explore how the deliberate infliction of impairment, particularly in the context of settler colonialism, constitutes a strategic tool of genocide against Indigenous peoples to disable and eliminate. Such an inquiry would not only expand our understanding of genocidal practices but also challenge the normative legal and academic frameworks that continue to overlook the embodied, cumulative, and disabling dimensions of genocidal violence.

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DISABLEMENT AS CONSTITUTIVE OF SETTLER COLONIAL GOVERNANCE

Patrick Wolfe's (2006) foundational argument that settler colonialism is a structure, not an event, means that the destruction of Indigenous life is continuous and systematic. Additionally, in discussing the poetics of genocide, LeVine and Cheyfitz remind us that any analysis of genocide in Palestine must position settler colonialism as the foundation and framework for this analysis (LeVine and Cheyfitz 2025, 8). Within this structure, the production of disability is both a method and a goal: a method to incapacitate resistance and a goal to replace Indigenous presence with settler futurity. As Kemp crucially points out, the production of disabled bodies is integral to the colonial enterprise. It operates through a self-reinforcing logic where colonial control actively generates disability, thereby legitimizing its own violent practices (Kemp 2024).

Moreover, it is important to recognize that colonized people, simply by virtue of being colonized, are already rendered 'disabled' (Imada 2017). This aligns with Puar's (2017) concept where settler colonial systems intentionally inflict harm on Indigenous populations. Such regimes rationalize injury and debilitation as tools of domination, allowing them to maintain power without facing the full legal repercussions associated with mass killings.

In Gaza, where entire generations have been subjected to repeated military offensives, the rising number of amputees, paraplegics, children with permanent psychological trauma, and forced starvation reflects a pattern of governance through disablement (Majadli and Ziv 2022). Puar (2017) conceptualizes this process as one in which 'maiming functions as a deliberate biopolitical tactic', producing populations that can be governed or discarded at will. Deerinwater (2022) extends this analysis by demonstrating how settler colonialism produces disability through environmental harm and the erosion of community life. Colonization accelerates environmental decline in Indigenous communities, increasing disability and illness while reinforcing oppression within social movements and everyday community life. Such dynamics call for an interrogation of the power relations between settler colonialism and disability, foregrounding the disabling of both land and bodies as a foundational and ongoing element of settler colonialism, manifesting in various ways and forms (Jaffee and John 2018).

In the context of Israel's settler colonial project in Palestine, Palestinians have systematically been subjected to processes of disablement, rendered as 'inferior, deficient and subhuman', an image deeply embedded in the Zionist project (Jaffee 2016, 122). Within this framework, Zionist settler logic disavows responsibility for genocidal violence by denying intent, insisting that Palestinians are being killed in a unpremeditated or unsystematic manner. Kauanui (2018) conceptualizes this as an expression of 'settler innocence'; this denial enables a perverse justification of overt violence, framing large-scale killings as necessary acts of self-defense against so-called 'terrorists', a label routinely applied to Palestinians resisting their own erasure.

Therefore, within the context of the ongoing genocide in Gaza, it is essential to situate current forms of disablement within the longer historical trajectory of Palestinian experiences with disability, experiences that began before the present moment of intensified violence and are deeply rooted in the structural conditions of settler colonialism. Israel has constructed a society where structural genocide has systematically disabled Palestinians physically, psychologically, and socially.

The targeting of hospitals and healthcare infrastructure, the killing of medical professionals, the denial of assistive technologies, and the deliberate obstruction of care systems have rendered disabled Palestinians among the least likely to survive what may be the final phase of a long, calculated project of erasure: 'Palestinians have long understood where the number was heading. In a foundational, ontological sense [...] they experienced the genocidal future in the colonial violence of the past present—the first phase of a genocide already in-the-making whose fullest force has now hit shore' (LeVine and Cheyvitz 2025, 7).

The liberal disability rights framework, when selectively applied, can obscure this reality by focusing on inclusion and accommodation without interrogating the colonial conditions that produce mass disablement in the first place (Soldatic 2013). In Gaza, the deliberate production of impairment serves as a genocidal tactic that not only maims the present but disables the possibility of a Palestinian future (Abu-Sittah 2023).

SETTLER COLONIALISM AND GENDERED DISABLEMENT

As previously discussed, settler colonialism operates as a fundamentally gendered process, one that structures domination and elimination not only along racialized and territorial lines but also through deeply entrenched gendered and ableist logics. Yet, in many scholarly and policy frameworks, particularly those examining settler colonial geographies and genocide, gender and disability are too often treated as discrete or siloed categories. This separation obscures the ways in which gendered and disabling violence intersect, compound, and mutually reinforce one another. In the context of the ongoing genocide in Gaza, dominant narratives have largely emphasized the disproportionate number of women and children killed by Israel's genocidal war machinery. These subjects are frequently framed as the most 'vulnerable', invoking humanitarian tropes that elicit sympathy while simultaneously depoliticizing the structural forces that render them targets of settler state violence.

Western news outlets often highlight these figures as apoliticized subjects (Jaffee 2016), figures deemed worthy of sympathy and humanitarian concern, while the deaths of Palestinian men and boys are rendered largely invisible. This selective framing is rooted in deeply racialized narratives that construct Palestinian men as inherently threatening and therefore less deserving of grief (see El-Kurd 2025).

Yet, it is necessary to move beyond the reductive calculus of body counts, not because these lives are insignificant, but because such a narrow focus risks obscuring the broader architecture of Israel's genocidal warfare. Immediate death, or "extermination," is only one aspect of genocide. Those who remain are subjected to the more insidious process of "elimination," where physical and social conditions are deliberately engineered to destroy entire communities, groups, and nations (Kaiser and Hagan 2015).

In this sense, settler colonialism not only kills but also keeps segments of the population alive under conditions designed to debilitate and control. The question, then, is not only how many are killed but also how those who remain are made to survive, under what conditions, and for how long.

In reflection on the mass atrocities taking place in Darfur, Kaiser and Hagan argue that '[i]n a gendered society, all crimes are gendered. Since all modern societies are gendered, so are all crimes. Genocide is no exception' (Kaiser and Hagan 2015, 101).

Given that settler colonialism is inherently a gendered project, the forms of disablement it enacts upon Indigenous populations are likewise deeply gendered. Understanding the logic behind the gendered disablement inflicted on Palestinian women, both with and without disabilities, requires a critical examination of the discursive tropes that shape how these women are perceived and devalued within Zionist Israeli political and social imaginaries.

One stark example is found in a recent 2025 episode of the *Full Send Podcast*, during which Israeli Prime Minister Benjamin Netanyahu stated, 'You know what the women in Gaza are? They're property. They're nothing. They have no rights' (Full Send Podcast 2025). This rhetoric aligns with Israel's broader efforts to position itself as a modern, feminist democracy in contrast to the Palestinian society, a narrative frequently deployed to justify both occupation and militarized violence under the guise of liberation or modernization (Shalhoub-Kevorkian 2015; Shalhoub-Kevorkian 2019). Netanyahu's remarks are not isolated; they echo a broader sentiment entrenched within the Israeli political establishment and settler society. These gendered discourses are infused with ableist and genocidal logics that strip Palestinian women of agency and render their lives expendable.

This dehumanizing logic is also evident in the everyday practices of Israeli soldiers, who have looted Palestinian homes and posted photos with women's lingerie (Berman 2024; Matthews 2025). Such sexualized humiliation is not incidental but part of a normalized repertoire of violence, treating Palestinian women's bodies as spoil and echoing colonial histories of systemic sexualization and objectification of Indigenous, Brown, and Black women (Smith 2014; King 2013). These acts reflect how sexual violence in settler colonial contexts is structurally embedded in maintaining racialized and gendered hierarchies (De Finney 2017).

Gendered violence has long operated as a central instrument in the genocidal and assimilationist agendas of settler colonialism (Stephen and Speed 2021), and in the Palestinian context, the gendered disablement of women, who are central to sustaining Indigenous continuity,

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functions as a foundational mechanism of Israel's settler colonial logic, which seeks not only dispossession but elimination. Within this framework, Palestinian women's reproductive capacities are constructed as demographic threats, their wombs imagined as weapons to be controlled, regulated, and ultimately erased (Kanaaneh 2002). As Shalhoub-Kevorkian (2015) demonstrates, the regulation and inscription of pain on women's bodies in settler regimes consolidates colonial power, operating through biopolitical governance, ethno-nationalist ideology, and eliminationist strategies.

In this sense, the disablement of Palestinian minds and bodies is not incidental to the project but constitutive of it, unfolding through distinctly gendered logics that differentially target men, women, and gender-diverse people.

III. THE POLITICS OF CARE: HEALTH, AND THE SETTLER COLONIAL MANAGEMENT OF DISABILITY

Within the architecture of settler colonial domination, care itself becomes a terrain of power, weaponized, rationed, and strategically denied. The ongoing genocide in Gaza starkly illustrates how Israel's management of health and disability is not peripheral but central to its settler colonial project (Asi et al. 2022). Rather than being oriented toward the preservation of life, health infrastructures and care systems are manipulated as tools to discipline Palestinian bodies, regulate survival, and reinforce Israel's control over life and death. Importantly, these dynamics are deeply gendered: Palestinian women, whether disabled or non-disabled, bear the compounded weight of violence, particularly through the devastating dismantling of care systems, which collapses gender, disability, and settler colonial control into a singular logic of destruction (Veronese et al. 2025).

In their work on the settler colonial determinants of health, Wispelwey et al. argue that the scale and form of settler encroachment directly shape Indigenous health outcomes. While parallels exist across contexts, these impacts are never uniform; they reflect the enduring temporality of colonial rule and the specific dynamics of ongoing settler violence and Indigenous resistance (Wispelwey et al. 2023).

Accordingly, these dynamics call for closer attention to how ongoing settler colonial violence is actively masked by discourses of medical progress and social inclusion. Internationally, Israel is often celebrated as a leader in healthcare and disability rights: its medical sector ranks among the most advanced globally (Ghert-Zand 2023), and it is frequently praised for accessibility initiatives and disability inclusion frameworks (Issa 2025). Yet this image becomes untenable when viewed from the Palestinian lived experience. As Wispelwey, Muhareb, and Gilbert argue in *Permission to Narrate a Pandemic in Palestine*, Israel's self-presentation as a progressive humanitarian state obscures and censors its role in producing Palestinian debilitation and shaping their health determinants. This practice constitutes 'healthwashing', whereby world-class healthcare is used to conceal the weaponization of health against Palestinians (Wispelwey, Muhareb and Gilbert 2020), alongside 'access-washing' (Milbern 2019), through which disability rights discourses mask the systematic denial of accessibility, rehabilitation, and assistive devices to Palestinians under occupation and settler colonial domination.

Therefore, the politics of care under settler colonial regimes constitute one of their eliminatory tools (Qato 2020). In genocidal contexts, care is weaponized to structure life, regulate death, and produce hierarchies of survivability. In Palestine, this politics of care functions as a central mechanism through which Israel governs disability, health, and gendered violence. As argued above, the Zionist settler colonial regime has never relied solely on direct mass killing; since its inception, it has also sustained conditions of life that debilitate, disable, and dispossess Palestinians. Understanding the current genocide in Gaza and its disability politics thus requires situating these practices within Israel's long-standing regime of health management, operating across both past and present.

While Israel's genocidal practices are numerous and examining each would be beyond the scope of this paper, the next section will explore a few dimensions of the context of genocide that prolong conditions of disablement, how care operates as a genocidal tool in Gaza, and how these practices are disproportionately borne by women and girls with/without disabilities.

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EVACUATION ORDERS AND THE LOGIC OF ABANDONMENT

Evacuation orders issued by the Israeli Occupation Forces (IOF), widely framed in Western discourse as 'humanitarian corridors' or 'safety zones', have devastated disabled Palestinians (UN 2024). What is often overlooked is how these orders are not designed to protect civilians but rather to produce death by other means: through exhaustion, exposure, abandonment, and the deliberate targeting of those least able to move. The October 2023 order to evacuate over one million people from northern Gaza, widely portrayed as humanitarian (Al Jazeera 2023), in practice amounted to forced displacement under genocidal conditions.

Disabled Palestinians, many of whom rely on mobility aids, ventilators, or specialized care, were among the first to be abandoned. The cutting of electricity and water to Gaza (Kayum Ahmed 2023) compounded the lethality of these orders, rendering life-sustaining equipment such as dialysis machines, oxygen concentrators, and power-dependent wheelchairs unusable (HRW 2023). Interviewees described impossible choices: fleeing while carrying disabled relatives through rubble without medical support, staying and facing near-certain bombardment, or disabled family members urging others to leave without them (Ryan 2024). For women caregivers, who bear primary responsibility for children, elders, and disabled relatives, these orders weaponized gendered care obligations, forcing mothers and sisters to choose between abandonment and mortal risk.

This abandonment is compounded by the systematic withholding of humanitarian aid, which transforms survival into a political negotiation. Trucks entering Gaza are delayed, blocked, or subjected to inspection procedures that strip them of essential supplies. Israeli settlers have physically blocked convoys, using their bodies as human shields to prevent aid distribution (Cursino 2024). Even when aid enters, reports confirm that much of it is expired, unusable, or insufficient to meet the population's needs (OCHA 2024). The net effect is that medical supplies, food, and hygiene products are rationed in ways that create mass hunger, dehydration, and preventable death, reflecting what Achille Mbembe (2019) calls 'necropolitics': the sovereign power to dictate who must die and who is allowed to live.

THE DESTRUCTION OF HEALTHCARE AS A SETTLER COLONIAL STRATEGY

The targeting of hospitals and health centers in Gaza is not an incidental byproduct of war but a long-standing strategy of the Israeli settler colonial governance. Israel has consistently justified its bombardment of hospitals, rehabilitation centers, and disability institutions under the pretext that Hamas uses them as 'human shields' (Perugini and Gordon 2024). This persistent accusation obscures the reality that these sites are civilian lifelines, not military targets. As Perugini and Gordon note, the endless multiplication of the human-shielding claim functions to erase Palestinian civilianness altogether (2024). In practice, this erasure translates into the systematic targeting of spaces where disabled people access rehabilitation, assistive devices, and long-term care and where women depend on reproductive and maternal health services. The result is not only the collapse of healthcare infrastructure but the entrenchment of disability: treatable injuries become permanent in the absence of surgery and rehabilitation, children face lifelong disablement without prosthetics or therapy (HRW 2024), and chronic conditions turn fatal when electricity-dependent medical equipment fails to work.

Few sites demonstrate the gendered politics of care more starkly than the conditions under which Palestinian women are giving birth during the genocide. Under bombardment, women are forced to deliver in tents, schools, or improvised clinics without anesthesia, sterile equipment, or skilled attendants. As documented by Elnakib et al. (2024), cesarean sections have been performed without anesthesia, causing extreme pain and lasting trauma, while preventable postpartum complications, including hemorrhage, infection, and fistulae, have become widespread in the absence of basic care. In some cases, untreated hemorrhaging has required hysterectomies, permanently ending fertility, while others have died in childbirth due to the lack of even minimal medical intervention (Chamas 2023).

These practices reflect a settler colonial logic of elimination. By denying safe reproductive care, Israel not only inflicts immediate harm but undermines the capacity for future life, turning childbirth into a site of death and control. As argued earlier, the womb is cast as a demographic threat, and its destruction through inadequate care becomes a tool of population control (Shalhoub-Kevorkian 2015). This constitutes a regime of layered disposability, where women's

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reproductive capacities, health, and their infants' survival are rendered expendable in service of settler colonial aims.

Simultaneously, women who survive traumatic births often endure postpartum depression, post-traumatic stress disorder (PTSD), and chronic health conditions without access to treatment (Nagle et al. 2022), producing long-term debilitation that extends across families, communities, and generations. Many of these women experience birth in isolation, grieving lost family members while facing unimaginable physical and emotional pain. Maternal stress and ill health also jeopardize infants' development and survival, disrupting stress-response systems and early growth (Frankham, Thorsteinsson and Bartik 2023). Infants born in such conditions are especially vulnerable during early development, when physiological and psychological foundations are formed, rendering the intergenerational effects of maternal trauma both immediate and enduring (Frankham et al. 2023). In this context, Israel's policies not only disable those already living but extend harm to the unborn, newborns, and infants, systematically compromising the health and futures of the next generations.

LIFE IN TENTS AND SHELTERS: THE GENDERED POLITICS OF DISPLACEMENT

Constant displacement has turned Gaza into a patchwork of makeshift shelters, tents, and overcrowded UNRWA schools. For disabled Palestinians, particularly women and girls, these spaces are sites of acute indignity and violence. Reports document how women with disabilities endure both physical barriers, such as inaccessible latrines, narrow pathways, and lack of mobility aids, and psychosocial burdens, including humiliation, isolation, and heightened risk of gender-based violence (Al Shanti 2025; Al Jerjawi 2025).

Additionally, privacy and dignity are systematically denied. Women are forced to bathe or menstruate without adequate facilities, leading to infections and exacerbating already precarious mental health. Disabled women describe being 'stripped of dignity' (Al Shanti 2025), and women and girls, particularly those with disabilities, frequently lack access to sanitary products, clean water, and private spaces to manage menstruation safely, leading to a range of physical health risks, including urinary tract infections, reproductive tract infections, and skin irritations, exacerbating pre-existing disabilities or chronic conditions (Parkinson, Courtney and Edwards 2024). Psychosocial impacts are equally severe: stigma, shame, and humiliation compound feelings of exclusion and vulnerability, increasing anxiety and depression. Period poverty in these contexts transforms a natural biological process into a source of illness, impairment, and social marginalization, further entrenching the systemic violence faced by women in Gaza.

The mental health toll is also devastating. For women already living with trauma or disability, displacement compounds conditions such as depression, PTSD, and anxiety. Yet access to psychosocial support is nearly nonexistent, as Gaza's mental health infrastructure has been systematically destroyed (Hamamra, Mahamid and Bdier 2025).

PERMITS, DENIAL, AND THE POLITICS OF PERMANENT DISABLEMENT

Preceding the current genocide, Palestinians in Gaza were already living under a system in which access to healthcare outside the Strip was mediated by Israeli permits (OCHA 2023). Specialized treatments, from chemotherapy to prosthetic fitting, were dependent on Israeli approval, which was often delayed, denied, or restricted to certain demographics (Dyer 2008). This bureaucratic chokehold effectively positioned Israel as the ultimate arbiter of life and death, determining who lives and who suffers from worsening illness or death. Since October 2023, the system has collapsed almost entirely, making even the most basic pathways to treatment inaccessible, with 'the pace of medical evacuations out of Gaza [...] so slow that it would take five to 10 years to clear the backlog' (Tantesh and Christou 2025).

Survivable injuries are routinely transformed into permanent disabilities because urgent care is withheld. Amputations that might have been avoided with timely surgical intervention have become a grim norm, especially among children and young adults injured in bombardments, with Gaza being a 'small tract of earth [...] now home to more child amputees per inhabitant than anywhere else in the world' (Moor 2025). Conditions that require advanced treatment, such as cancer, complex fractures, or neurological damage, go untreated, accelerating suffering and death (Majadli and Ziv 2022).

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For women and girls, the impact is particularly severe. Gendered barriers in the permit system often allow only one companion, or none, forcing separations between children and parents or patients and caregivers (Shrourou 2020). Mothers must choose between accompanying a sick child abroad or staying to care for others (DCI 2025). This fracturing of families reflects a broader settler colonial strategy, where tearing apart kinship networks enforces control and dispossession (Rocha Beardall 2025; Jordan 2022). Palestinian women thus bear the dual burden of caring for disabled relatives within a deliberately dismantled healthcare system while being systematically denied care themselves.

The cruelty of this system is evident in the numerous stories of those denied exit for urgent treatment (Euro-Med Monitor 2024). By denying mobility, restricting treatment, and obstructing rehabilitation, Israel ensures that Palestinian bodies become living archives of violence: reminders of survival, but survival under conditions designed to erode dignity, autonomy, and future possibility, reconfiguring the entire fabric of Palestinian family life around chronic debilitation and unhealed wounds.

It is clear then that care in Gaza is not the antithesis of violence but its infrastructure, weaponized to produce debility, enforce dependency, and reinforce settler sovereignty. The genocidal logic at work is not only about extermination through direct killing but also about elimination through disablement, starvation, and reproductive control, with women and girls, particularly those with disabilities, bearing the sharpest impact as their bodies become sites where settler colonial power inscribes both death and survival. Therefore, the case of Gaza thus makes clear that the politics of care constitutes a central terrain of genocidal warfare, demanding that analyses of genocide in settler colonial contexts foreground disablement, gender, and care as core analytic concerns.

IV. TIME TO REIMAGINE AND DECOLONIZE DISABILITY STUDIES

The horrors of the ongoing genocide in Gaza demand not only moral outrage but also a radical interrogation of the epistemic frameworks through which disability is theorized and understood. As Meekosha (2011, 669) observes, disability studies has largely overlooked the impacts of civil wars and genocides in postcolonial contexts, despite the fact that twentieth- and twenty-first-century conflicts have generated profound impairment and mass disablement.

This omission is not merely an intellectual gap; in the Palestinian context, it reflects a deeper disciplinary failure to situate disablement within the material and historical conditions of settler colonial violence. Disability studies, as a field, has too often and for too long failed disabled Palestinians by dehistoricizing their experiences, depoliticizing their oppression, and erasing the settler colonial structures that produce and sustain mass disablement.

Indeed, this pattern is symptomatic of a broader tendency within disability studies to abstract disability from its colonial entanglements. As Grech and Soldatic (2015) argue, even when the field seeks to situate disability within wider social and political contexts, it frequently remains dehistoricized and disconnected from colonial relations and their ongoing legacies. The result is an analytical framework that individualizes or universalizes impairment while obscuring the structural, racialized, and colonial violence through which disablement is systematically produced. This oversight reproduces what Jaffee and John (2018, 1408) describe as 'the taken-for-granted dualism between the environment/space and (disabled) humans/bodies' within traditional disability studies, a binary that obscures how colonial practices shape both environments and bodies (Tanous 2023). By neglecting the centrality of settler colonialism, disability studies have missed how land dispossession, cultural suppression, and systemic marginalization actively produce disablement as a colonial strategy.

The dominance of Northern epistemologies further entrenches this erasure, universalizing its frameworks, operating on the premise that what holds true in the Global North should be applied to the Global South (Meekosha and Soldatic 2011). This creates epistemic injustice, sidelining knowledge produced from colonized contexts (Nguyen and Stienstra 2021).

Disability studies must be re-conceptualized to account for the power relations produced by colonialism and its ongoing legacy. For the field to become genuinely inclusive, it must grapple directly with the ways in which colonialism remains central to the production of disability and the shaping of lived experiences outside the Global North (Meekosha 2011).

Therefore, Alice Wong's (2023) emphasis that 'disability justice is Palestinian liberation' attains renewed urgency. It reminds us that the struggle for disabled lives cannot be disentangled from the struggle against settler colonialism, militarism, and racial capitalism. It is also to affirm that Palestinian liberation cannot be achieved without centering disabled lives, particularly those of women whose bodies have long borne the compounded violence of patriarchy, ableism, and settler colonial domination.

Disability justice, as articulated by the Sins Invalid collective (2016), emphasizes that it must begin from the lived realities of disabled people 'whose ancestral lands and histories were stolen,' foregrounding colonialism as inseparable from the production of disablement. It also insists on interdependence, cross-movement solidarity, and recognition of how systems of oppression mutually constitute one another. This perspective paves the way for understanding that, within settler colonial contexts, disability cannot be treated as a natural, neutral, or purely individual condition; rather, disablement is produced as part of ongoing colonial processes of dispossession, displacement, structural violence, and genocide.

As Shalhoub-Kevorkian (2015) has argued, Palestinian women's bodies are targeted both as reproducers of the nation and as sites of settler colonial control; when those bodies are also disabled, they expose how settler colonialism weaponizes both gender and disability to enact erasure. Yet these same bodies also resist through testimony, organizing, caregiving, and survival. Attending to this duality underscores that decolonizing disability and decolonizing disability studies are inseparable projects that must be grounded in movement-based knowledges and action-driven theory (Puar 2023).

CONCLUSION

What emerges from this analysis is that genocide cannot be understood solely as the act of killing. In Gaza, it is equally a project of disablement, material, psychological, and social, that fractures Palestinian futures while attempting to erase their past and present. Yet the persistence of disabled Palestinians, particularly women who continue to resist erasure through survival, caregiving, and organizing, unsettles the settler colonial fantasy of elimination.

At the same time, this genocide demands that we interrogate our own intellectual tools. Disability studies must move beyond depoliticized and dehistoricized frameworks that have long obscured the colonial roots of disablement. Reimagining and decolonizing the field through disability justice foregrounds interdependence, epistemic accountability, and solidarity across struggles. To heed this call is not only to recognize that Palestinian liberation and disability justice are inseparable, but also to confront the global structures of ableism, patriarchy, and colonialism that bind all our futures together.

Therefore, in envisioning disability justice beyond the settler colonial state, liberation becomes a space of collective healing, where disability is no longer synonymous with death or grief and is not primarily produced through modes of elimination, deprivation, or violence. Instead, disability is understood through relations of care, interdependence, and solidarity that have long sustained Palestinian social life. This horizon creates space for self-determination beyond the pervasive shadow of the settler colonial state, moving beyond conditions that reduce disabled Palestinian lives to mere survival.

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