

On Settler Colonialism, Environment, and Health

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The Pima Indians of Arizona offer one of the clearest examples of the connections between settler-colonial environmental engineering and health. The community suffers from one of the highest rates of diabetes in the world, with over half of the adult population diagnosed with the disease.¹

In 1877, the U.S. Congress passed the Desert Land Act, allowing settlers to claim arid or semiarid “public” lands in exchange for irrigating and cultivating them, thereby expressing in legislation a settler-colonial logic that views the frontier land as arid, in need of irrigation to produce crops and profit for settler communities. Subsequent “developmental” projects based on such reasoning, like the Roosevelt Dam (1903) and the Florence Diversion Dam (1922), have decreased the Pimas’ water access by more than 60 percent,² caused irreversible damage to their food sovereignty and lifestyle, and introduced highly-processed market food with high sugar and fat content – a diet that has led to an epidemic of obesity and diabetes. Similar patterns can be seen among indigenous peoples across Canada, Australia, and New Zealand, where settler-colonial projects shattered the fabric of societies and destroyed indigenous farming, fishing, and food gathering practices, contributing to epidemics of obesity, hypertension, and heart diseases.³

Despite following a clearly similar pattern, Palestinian health is often excluded from discussions

of “indigenous health” and is reduced to other labels: “minority health” for Palestinians inside the Green Line, “conflict health” for Palestinians in the West Bank and the Gaza Strip, and “refugee health” for Palestinian refugees.⁴ Moreover, Palestinians’ behavior is often blamed for their bad health outcomes, seen as resulting from their food culture and unhealthy lifestyle.

Zionist settler colonialism in Palestine occurred several centuries after earlier settler movements, after the emergence of national identities and advance of technologies. Unlike previous settler-colonial societies that developed their own national or racial identity of American, White or Australian in the colonies while eliminating the indigenous in their expansion from shore to shore, Zionism developed in Europe, prior to colonizing any land, as the direct product of exclusionary European nationalism and the failure of European ideals of modernity, equality, and citizenship to accept European Jews in the nation state as equal citizens.⁵ The settler colonization of Palestine did not occur in an overseas continent in the “new world,” but rather in a relatively small and bordered piece of land in the “old world.” The frontiers of the colony were largely predetermined by the French and British division of the Ottoman Empire. These two factors, the pre-colonization settler-collective identity and the already defined border of the future colony created a different situation. The settler grip on the land and management of resources was largely a collective and centralized, rather than a scattered, private project.

Within a few years after the 1948–49 Nakba, Israel doubled its population and claimed 93 percent of the lands inside the Green Line as state lands.⁶ Israel’s 1959 Water Law declared public ownership of all water resources. Such a high percentage of nationally owned land and resources enabled a centralized, tightly controlled strategic national planning of the population and environment.⁷ The building of scattered Jewish-only agricultural settlements was a tool to create facts on the ground and prevent the return of Palestinian refugees and internally displaced people, while squeezing the Palestinians that remained in their homeland into little ghettos that were neither urban nor rural. The Israeli National Water Carrier was similar to water management projects undertaken by other settler-colonial projects and transferred water from Lake Tiberius to the Naqab desert in order to support agricultural settlement and tighten settler control over land and water. Such plans to “make the desert bloom” and establish water-intensive agriculture in water-scarce regions were legitimized in the name of national security and “securing the frontiers,” while being ecologically destructive.

The celebrated trope of “blooming the desert” employs several modes of structural and direct violence toward the environment and the native population. It omits the history and experiences of native communities that live, farm, practice animal husbandry and thrive in their environment, and promotes the idea of an empty desert that requires radical transformation in order to “bloom”

to be able to host the settler population that cannot simply adapt to the desert as it is.⁸ These technologies and processes are often celebrated as the embodiment of development and modernity while ignoring the genocide–ecocide nexus associated with settler colonization.⁹

Palestinians in general, and Bedouins in particular, were stripped of their land and water and went through a process of depeasantization and forced urbanization. Bedouins who were subjected to forced urbanization and concentrated in townships suffer from significantly higher diabetes rates than those that remained in unrecognized villages, despite the latter suffering from official neglect and lack of connection to water, electricity, and health infrastructures.¹⁰ Life in these new ghettos is associated with a forced transition from traditional food to market food, and thus a higher intake of processed high caloric food, along with a decrease in physical activity.¹¹ Once an extremely rare disease among the Bedouins, diabetes has become a prevalent condition and a public health crisis, affecting up to 70 percent of adult women.¹² Palestinians develop diabetes at a significantly younger age (fifty-seven years old on average compared to sixty-eight among Jewish Israelis).¹³ Palestinian women older than fifty have an alarming rate of diabetes, up to 50 percent.¹⁴

Settler colonialism in Palestine transforms the demography of the colonized area in an effort to minoritize, displace, and eliminate the Palestinians. It also transforms the environment under the trope of development and produces toxic living conditions and adverse health outcomes for the indigenous Palestinians. The settler-colonial invasion and theft of land, and the subsequent environmental degradation, land alienation, and change in nutrition should be framed and studied as an upstream driver of indigenous morbidity in Palestine as elsewhere, often termed neutrally as an “epidemiologic transition” The ill health of Palestinians is a result and an integral part of the settler-colonial “logic of elimination.” The Palestinian struggle for land and water is a struggle for food sovereignty, and an integral part of the larger struggle for liberation and decolonization. It should be framed and understood also as part of the global struggle for health equity and environmental justice.

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Endnotes

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