# Doubles

#### Aff is key to affirm indigenous scholarship here, in an academic space in which it is regularly excluded or assimilated

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To be sure, there are many Latina/o scholars and allies who take the¶ challenges outhned above seriously and already have a strong record of research¶ and institufion-building in much needed areas." At the same time, it¶ is not strange for many of these scholars and others to confront exclusion,¶ misunderstanding, and marginahzation, not only in society at large, but also¶ in the academy itself. They find that normative university culture tends to¶ demand as much assimilation from scholars who belong to non-normadve¶ groups or who specialize in the study of problems or issues that are particularly¶ relevant to non-normative groups, as normative society demands assimilation¶ from its multiple minoritized populations.^"\* Just like in society, in the¶ university there is a system of penalties and rewards supported by skewed¶ forms of democracy, appeals to equality, and shared governance." It is not strange for these scholars to have to jusdfy their objects of¶ study and research quesdons repeatedly and be pressured to comply with¶ what is considered the established norm.^^ This is a major problem for Latina/¶ o scholars as the serious consideradon of the history, memories, cultural¶ acdvism, knowledge, polidcal dynamics, and social and economic condidons¶ of minoridzed populadons often results in the introducdon of quesdons¶ and methods that challenge the boundaries of established disciplines, fields,¶ and the division of knowledge in the academy." While Latina/os are under¶ siege in society, the situadon in the academy is not dissimilar—at least not¶ for those who are most interested in addressing issues that particularly affect¶ Ladna/os and other minoridzed populadons or groups, or who raise quesdons¶ from muldple minoritized perspecdves. The connecdon among the status of Ladna/os in society, the consideradon¶ of their history, memory, and knowledge in the academy, and the condidons¶ within which progressive scholars who focus on quesdons relevant to¶ Latina/os have most recendy been made obvious by the attack on Raza Studies¶ by the passing of Proposidon H.B. 2281 in Arizona,^\* H.B, 2281 was¶ passed shortly after S,B, 1070,^9 While the latter targets "illegal immigrants"¶ in the state of Arizona, H.B. 2281 focuses on Raza and Mexican¶ American Studies in public schools.^" Combined, the two proposidons¶ demonstrate the perspecdve that neither certain migrants (and by extension¶ people who look like them), nor the memories, historical perspecdves, and¶ knowledge of that populadon, are fit to be included in the public or the¶ public realm. In the face of actual demographic shifts in the inhabitants of¶ the state, the response is to further delimit the sphere of the public by excluding¶ people and their histories, memories, cultures, and understandings of¶ it. The only routes left in this context would seem to be voluntary departure,¶ forced removal, condnued persecudon, exclusion and minoritizadon, unidirecdonal¶ assimiladon, and resistance in response to the nadvist menaces.¶ The social and pohdcal climate in Arizona is particularly significant¶ because it dramadzes a reality that has already existed and that is growing in¶ other states in the nation.^' It is a response to rapid demographic change,where traditionally undesirable communities are growing in number and¶ where a variety of groups respond, not only by Hmiting the possibilities for¶ citizenship but also by limifing the scope of what is considered public."¶ This situation leads to a more numerous population being considered out of¶ the boundaries of the "people" and closer to that of the "damned."" The¶ banning from belonging to the pubhc focuses on bodies as much as it also¶ targets minds, or consciousness and knowledge, thereby reducing the possibilities¶ for diversity even among those who can claim to be an authentic¶ part of the public. While privatization and the expectation of unilateral assimilation erode¶ the strength of the public, Latina/os are increasingly relegated to the space of¶ the "under-public" or "damned;" and if Latina/os make it to the sphere of¶ the public, or rise to the position of managerial private compensation (or any¶ other position in society), the idea is that only their bodies make it there, but¶ not their minds.^"\* It is in this context that it is particularly important to assert¶ the presence of Lafina/os in bodies and in mind in society and public institutions,¶ including the academy. It is important to challenge problematic tendencies¶ in society and in each of those institutions, while also formulating¶ goals and ideals that can help to create a larger and healthier sense of the full¶ extent of the pubhc in all its richness and diversity. Although Latina/os and¶ their allies have been working on this for a long time," and their productive¶ efforts should be valued and supported, there is a need to continue conceiving¶ and creating projects and institutions that can complement the work that¶ is already being done and contribute to make more powerful and visible the¶ collective strength of those who wish to evade new forms of social and epistemological apartheid and their consequences. The idea for creating a Latina/¶ o Academy of Arts and Sciences was bom out of this wish and need.

### 2AC – K

#### Native American populations are disproportionality affected by ableism—intersection of identity is key

Morrison, 2009

[David, college student living with cerebral palsy. As Chair of the Cape Fear Disability Commission, Disabilities: Native Americans are People too: An Editorial, 8-14-2009, http://disabilities.blogs.starnewsonline.com/10339/disabilities-native-americans-are-people-too-an-editorial/] /Wyo-MB

This article was inspired by one of my current professors and as I sit here typing it, I am shocked at the lack of data that is available. Furthermore, as you will see the data that is available clearly suggests that Native Americans with Disabilities are vastly under served nationwide. Take just a moment and continue to read, what you find may shock you as well¶ Just as white males are considered people in America today the same can be said for women, children, and Native Americans. This may seam obvious to most of us, but in reality it took many years for Native Americans to be recognized as a part of society. Just like any other person can become injured or disabled in an instant so can they. Yet as recently as 2003 articles were still being published in regards to the lack of services for Native Americans with Disabilities. Why? They are people too. They deserve the same services and rights as any other person with a disability. To my knowledge, no follow-up articles or studies have been done on this topic now six years later! Again, why? According to one such article dated August 1, 2003 by the National Council on Disability:¶ “NCD has targeted the significant, unmet needs of unserved and underserved people with disabilities, including people from diverse cultures, as a policy priority. While people from diverse cultures constitute a disproportionate share of the disability community, they also have unique needs in addition to those experienced by other people with disabilities. With an estimated 22 percent disability prevalence rate, according to national research data, American Indians and Alaska Natives have the most disproportionate rate of disabilities and limited opportunity for access to culturally sensitive programs and services of all races. This is compounded by factors such as high poverty and school dropout rates, geographic isolation from state or local district rehabilitation services and health care, and limited employment options.” 22 percent of the population. Let that sink in. 22 percent of Americans with disabilities that are currently under served. This is simply too high! Keep in mind that this number may be even higher today.¶ WHAT NEEDS TO BE DONE?¶ First, an updated survey needs to be conducted and published. Second, more resources need to be devoted to this sector of the population, and these individuals need to be protected under the Americans with Disabilities Act just as any other American would be.

#### Disability studies is rooted in western colonialism—need to infuse indigenous knowledge to expand out understanding

Schacht, 2001

[Robert, Engaging Anthropology in Disability Studies: American Indian Issues, Disability Studies Quarterly, Summer 2001, Volume 21, No. 3 pages 17-36

Anthropological engagement in disability issues is at its best when it shows some awareness not only of the concept of disability, but also something about current disability issues with respect to employment and independent living (however culturally constructed.) It is also at its best when it draws on more than one branch of anthropology in describing and analyzing the data. For example, Reichard's book contained a chapter on "Theory of Disease" (pp. 80-103) that included much information about disability terminology, including how disabilities and diseases are grouped by the Navajo into categories. And when the Leightons wrote about the connection made by the Navajo between physical deformity and "disharmony," and linking this to the idea of contagious magic, they linked together physical anthropology, linguistics, and culture.¶ Angel (1996) linked skeletal evidence of elbow pathology with use of the atl atl in hunting. Pickering (1984) used a combination of skeletal and archaeological evidence to show that there was earlier onset of arthritis in agricultural females than in the pre-agricultural females in the same region. Dufort (1991, 1992) examined discourse practices and knowledge systems involved in disability management in cross-cultural settings. The greatest divide, it seems, is between the physical anthropologists and archaeologists, on the one hand, and the cultural anthropologists and linguistic anthropologists, on the other.¶ There are some domains of research that deserve greater attention. For example, the cultural construction of disability and work among American Indians and Alaska Natives would be quite interesting. Both terms (disability, work) are culturally laden and may intersect in quite different ways not only in a comparison of Anglo vs. Indian, but also in a comparison among different Indian tribes and peoples. The cultural construction of "work" and "disability" are rich fields of inquiry in which anthropologists can truly make a contribution (e.g., Trotter, Ustun, Chatterji, Rehm, Room & Bickenbach, 2001). For example, I have heard it suggested (although I cannot find the reference) that among some AI/AN peoples, hallucinations and similar forms of mental experience that in the Anglo world would be considered signs of mental illness that would be vocationally handicapping, may be considered as signs of vocational (shamanic) qualification. But not all AI/AN cultures share this view.¶ This goes to the heart of the idea that different environments can be handicapping, i.e., can be a hindrance to participation in society (Trotter et al., 2001). Just as cement curbs without curb cuts can be an environmental barrier to employment for people who use wheelchairs, so some other forms of cultural expression can be environmentally handicapping. The same individual who may be regarded as disabled and unproductive in one culture may be regarded as gifted and employable in another culture. This ought to be a rich field for anthropology.¶ Even more, Kleinman's (1990) distinctions between disease, illness and sickness have only begun to be explored. For example, alcohol abuse among American Indians and Alaska Natives can be viewed on all three levels: as a disease with possible genetic variations in alcohol metabolism, as an illness defined by the DSM-IV, and as a sickness imposed on entire peoples by a post-colonial dominant society. These mere suggestions cannot be fully developed here, but serve as an indication of the potential for anthropological engagement with the disability issues of American Indians and Alaska Natives.

Unique disabilities affect indigenous communities—our analysis is key

Hodge, 1989

[Felicia, Disabled American Indians: A Special Population Requiring Special Considerations, AMERICAN lNDlAN CULTURE AND RESEARCH /OURNAL 13:3 b 4 (1989) 83-104] /Wyo-MB

It is well known that the health status of American Indians is be- ¶ low national averages and has been for many years. Identified ¶ health difficulties include a pattern of social problems, poverty, ¶ and disease that is unparalleled among other ethnic and racial ¶ minorities in the United States. The disabled American Indian, ¶ however, faces additional disadvantages in the form of major bar- ¶ riers to care and rehabilitation services. Further, the incidence of ¶ several serious disabling conditions among some tribes is thought ¶ to be well above that reported for the United States population ¶ as a whole. Fetal alcohol syndrome (FAS), bacterial meningitis, ¶ otitis media, diabetes, accidentsltrauma, alcoholldrug abuse, and ¶ mental and emotional disorders cause disabilities among Indians ¶ at significantly higher rates than among non-Indians. Major dis- ¶ abilities include seizure disorder, developmental delay, language ¶ and speech delay, mental retardation, pulmonary disorders, vi- ¶ sion problems, hearing loss, trauma from accidents, diabetes- ¶ related disabilities, and alcoholism. The severity of each problem, ¶ however, varies from one Indian group to another. ¶ Fetal alcohol syndrome (FAS) and fetal alcohol effect (FAE), dis- ¶ abling conditions which have been identified and categorized ¶ only since 1973, consist of a group of physical and developmental ¶ abnormalities present in infants, which are caused by maternal ¶ Felicia Hodge is Director of the American Indian Graduate Program at the ¶ University of California at Berkeley, and is a lecturer in the Schools of Public ¶ Health and Social Welfare. ¶ 83 4 AMERICAN INDIAN CULTURE AND RESEARCH JOURNAL ¶ alcohol consumption during pregnancy. Characteristics of the ¶ disorder include impaired intrauterine and postnatal growth, ab- ¶ normalities of facial development, and mental retardation. Cleft ¶ palate and health defects are often present as well. In the state ¶ of Alaska, to give just one example, the incidence of FAS among ¶ the native population was found to be 4.2 per 1,000,l twice that ¶ reported on the Navajo reservation and in the urban Seattle, ¶ Washington area.2 ¶ Among the Apache and Ute tribes, the incidence and preva- ¶ lence of FAS and FAE also are extremely high. The prevalence of ¶ FAS and FAE among children aged 0-14 years was 10.7 per 1,OOO ¶ and 19.5 per 1,000, respectively.3 Heavy drinking behavior has ¶ been cited by many researchers as the primary cause of death and ¶ injury among American Indians. Seventy-five percent of all acci- ¶ dents, the leading cause of Indian deaths, are alcohol-related.4 ¶ May5 estimates that alcohol is a factor in 50 to 65 percent of mo- ¶ tor vehicle accidents among Indians, which is 4.4 times that of ¶ the general population. In Montana alone the motor vehicle ¶ death rate for Indians was almost seven times the United States ¶ rate.6 Accidents and adverse effects accounted for 158.7 per ¶ 100,OOO population on the Navajo reservation in 1981-83, and the ¶ Alaska rate was 5.3 times that of the United States all races rate ¶ in 1980-82.7 ¶ Bacterial meningitis is another major problem contributing to ¶ developmental disability and death among Indian and Alaska ¶ Native populations. Persistent neurologic abnormalities, such ¶ as intractable seizures, mental retardation, quadriplegia, and ¶ language delays are not uncommon among those unfortunate ¶ enough to contract the infection. Hospitalization rates for this ¶ medical condition reflect the seriousness of the disease. The ¶ hospitalization rate for Alaska Natives with bacterial meningitis ¶ was 4.2 in 1986, 68 percent higher than the overall Indian Health ¶ Service rate, but quite similar to the rates among Indians in Mon- ¶ tana (4.7) and on the Navajo reservation (4.3). In 1968-73, bac- ¶ terial meningitis was found to occur in Navajo children at a rate ¶ of 27.7 per 100,000 population, compared to 5.9 in Bernalillo ¶ County, New Mexico in 1964-7L8 ¶ Other medical conditions contributing to disabilities are dia- ¶ betes, otitis media, and mental and emotional disorders. Non- ¶ insulin-dependent diabetes mellitus (NIDDM) has become a isabled American lndians 85 ¶ significant and widespread problem among Indians. Since the ¶ 1960s, the Indian death rate related to diabetes has been reported ¶ to be more than twice that of the United States general populalation.~ Diabetes is currently documented to be the second lead- ¶ ing cause of adult outpatient visits in the Indian Health Service.lo ¶ The Pima tribe of Arizona is reported to have the highest preva- ¶ lence of diabetes worldwide: approximately 50 percent of the ¶ Pima adult population over the age of 35 years. Others estimate ¶ that 50 to 70 percent of all adult Tohono O'odham (formerly ¶ known as Papago) tribal members will eventually develop dia- ¶ betes." Disabilities directly related to diabetes include blindness ¶ (retinopathy), kidney diseaselfailure (nephropathy), amputations ¶ and other vascular-related conditions such as strokes and heart ¶ attacks. In a cross-sectional study of Navajo diabetics, retinopathy ¶ was found in 5 percent of all patients with a duration of known ¶ diabetes of five or more years. In Navajo and Hopi patients who ¶ had had diabetes ten or more years, 57 percent were diagnosed ¶ with retinopathy, 40 percent had nephropathy, 21 percent had ¶ peripheral neuropathy, and 28 percent had either amputations ¶ or peripheral vascular disease. l2 ¶ Otitis media, an infection of the middle ear, appears in greater ¶ magnitude among American Indians. The Navajo appear to be ¶ more seriously affected than most other Southwest tribes. Ap- ¶ proximately 4 percent of Navajo children were found to have oti- ¶ tis media. Further, 4 percent of Navajo children sampled in a ¶ mass screening had eardrum perforations, 2.3 percent middle ear ¶ infusions, 1.9 percent eardrum atelectasis, and 0.4 percent sen- ¶ sorineural hearing 10ss.I~ In Alaska, as many as 60 percent of ¶ adult males and 8 percent of adult females suffer from high- ¶ frequency hearing loss. l4 These findings have serious impl cations for the psychological and social development of these ¶ children and adults, as well as for language acquisition and school ¶ performance. ¶ Problems associated with mental and emotional conditions can- ¶ not be overlooked. For example, the Indian Health Service16 ¶ reports that in 1980-82 the age-adjusted death rates among ¶ American Indians for accidents, homicide, and suicide were three ¶ to ten times the rates found in the United States population as ¶ a whole. The recent epidemic of suicides among young people ¶ on the Wind River Reservation in Wyoming brought nationwide 6 AMERICAN INDIAN CULTURE AND RESEARCH JOURNAL ¶ attention to the critical state of mental health problems on Indian ¶ reservations. Clearly, the high suicide and homicide death rates ¶ are indications of serious psychological disorders. ¶ The above review of disabling conditions among the American ¶ Indian population indicates clearly that the need exists not only ¶ for intervention and prevention efforts to ameliorate these con- ¶ ditions, but for habilitation and rehabilitation services for those ¶ in need. Recent attention directed at such intervention programs ¶ has brought to light the overwhelming dearth of information on ¶ this special population group-information that is necessary for ¶ program planning and intervention. What data is available is ¶ piecemeal and centers around specific conditions of interest to ¶ researchers or health care providers. Little is known about the ¶ service needs, barriers to care, and perceptions and attitudes of ¶ the disabled and their communities. This information is of ut- ¶ most importance now because of tribes’ increasing awareness ¶ regarding the needs of the disabled Indian, coupled with recent ¶ legislation enabling tribes to plan and develop habilitation and ¶ rehabilitation services in their communities. ¶ With the passage of Public Law 94-142, the All Handicapped ¶ Children Act of 1975, the involvement of federal and state agen- ¶ cies in the provision of special services to disabled Indians be- ¶ came a reality. This involvement, however, was fragmented and ¶ unfocused.’ In its Report on Reauthorization of the Rehabilitation Act,” ¶ the 99th Congress pointed to the unmet needs of handicapped ¶ Indians, stating “that too few tribes and too few reservations ¶ benefit from (rehabilitation services).” The Rehabilitation Act ¶ Amendments of 1986 (P.L. 99-506) marked the first substantial ¶ emphasis on the American Indian handicapped provisions on ¶ which the government set its course. This act provides for the ¶ funding of American Indian vocational rehabilitation services; for ¶ state consultation with tribes and tribal organizations and native ¶ Hawaiian organizations in the development of the state plan; and ¶ for a study on ”the special problems and needs of Indians with ¶ handicaps both on and off the reservation’’ (section 212[a]). ¶ It was precisely this recognized need for empirical data, cou- ¶ pled with tribal requests for Indian-specific research designed ¶ and conducted within the cultural realm of the Indian residing ¶ on the reservation, that this research was initiated. The findings ¶ of this study will, it is hoped, provide a base from which tribes isabled American lndians 87 ¶ and tribal organizations can plan for services; the findings also ¶ will serve as a source from which to better understand the prob- ¶ lems, barriers, and limitations facing the disabled Indian.