

‘My granddaughter doesn’t know she has disabilities and we are not going to tell her’: Navigating Intersections of Indigenouness, Disability and Gender in Labrador

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Drawing from qualitative research and over five years of relationship-building with women in Labrador, Canada, this article explores the intersections of Indigenouness, disability and gender. Labrador offers a unique perspective with its three Indigenous nations, including one Indigenous self-government and settler populations; its remote and Northern location; and its long history as a site for resource exploitation, global military presence and colonial displacements. We explore how these features shape the experiences of women with disabilities, including in rejecting the label of ‘disability’ and finding spaces in their communities of both inclusion and exclusion. Understanding the experiences of women with disabilities in Labrador requires recognizing the disabling consequences of colonization and the fast-track urbanization that has accompanied resource development in the region. We highlight some Indigenous models of inclusion that are already working and can provide an opportunity for service providers, governments and those living in communities to learn from them.

Keywords: Gender; Indigenous; Labrador; North; Resource development

Introduction

What makes Indigenous women and girls with disabilities largely invisible in Northern Canada and how do we, as researchers, work with them to amplify their voices and share their stories and experiences? These were some of the questions we asked ourselves in our work with women with disabilities in Labrador. As part of a Canadian network called Feminist Northern Network or FemNorthNet, we have been working since 2010 to identify and change the impacts of a major resource development project on women in Happy Valley-Goose Bay, Labrador.

FemNorthNet used a community-based approach to work with diverse women in several Northern communities to understand and respond to the changes in their communities as a

result of resource development. We identified four groups of women as the focus – Indigenous women, women with disabilities, recent immigrant women and young women. Yet, despite our intent attention, partnerships with the national organization of women with disabilities and disability studies scholars, as well as budgets designed to bring women with disabilities into our network, they remained largely invisible in our research. We found that our experiences in FemNorthNet reflected more historical patterns of inequality and marginalization built through colonization, global military relations, and resource exploitation (Stienstra, 2015b).

In addition, we have come to understand that by trying to direct our gaze to ‘disability’ we inadvertently ‘blinded’¹ ourselves to the complexities of inclusion and disabilities at work among these women and in these communities. In undertaking our research, we were reminded that disability is not a useful category for some people, in part because of the intersections of gender, Indigeness and disability. As one community member responded when we were recruiting participants for this study:

My granddaughter doesn’t know she has disabilities and we are not going to tell her (community member).

In this article, we suggest that to understand the intersections of gender, disability and Indigeness in Labrador, we first need to recognize that from an Indigenous ontological perspective, many Indigenous people and nations focus on interconnection, relationships and inclusiveness (Anderson, 2016; United Nations, 2013). Relationality underpins the diversity of Indigenous worldviews. Indigenous peoples understand themselves to be intricately connected to each other, the environment, and the spiritual realm. This implies the need to strive for balance and harmony (Martin and Mirraboopa, 2003; Romm, 2015). As Martin and Mirraboopa (2003: 207) explain, ‘all things are recognized and respected for their place in the overall system. Whilst they are differentiated, these relations are not oppositional, nor binaric, but are inclusive and accepting of diversity.’ These relations serve to define and unite, not oppose or alienate.

When our analysis begins with a focus on ‘disability’, we are at odds with this Indigenous and relational ontology since disability is a marker of difference and thus sets people with disabilities apart from those without disabilities. This ontological difference may mean that disability may not be visible in the context of Indigeness.

Greater complexity exists in the intersections of gender, disability and Indigeness, in part, because colonization introduced a medical model of disability to Indigenous peoples and cultures. Few have explored this relationship and its implications for Indigenous people with disabilities (Dudley, 2012; Grech, 2015; Ingstad, 1995; United Nations, 2013). In Labrador we found the medical model of disability had been widely adopted, including by Indigenous

peoples themselves, and used to claim treatments or services, often in the south. When we asked about disability, participants often identified medical needs and services. This was different from much of what is found in the southern parts of Canada where the social model of disability has propelled the development of a disability rights movement by people with disabilities (Stienstra and Wight-Felske, 2003).

In this article, we describe the context of Indigenoussness in Labrador, in addition to the community-based collaborative research of FemNorthNet in Labrador. We discuss the methods of this particular study, which build upon the relationship-building in FemNorthNet, and provide the results of our qualitative research with women with disabilities in Labrador illustrating experiences of inclusion and exclusion described by the participants. We note that much has changed for women with disabilities in terms of their experiences of inclusion and exclusion as a result of resource development projects in their area. The impacts of these changes illustrate the need for greater complexity we argue for in terms of understanding the intersections of disability, gender and Indigenoussness.

Labrador and FemNorthNet

Labrador offers a unique perspective on the intersections of gender, disability and Indigenoussness with its three Indigenous nations, including one Indigenous self-government, and settler populations; its remote and Northern location; and its long history as a site for resource exploitation, global military presence and colonial displacements as well as resistances by Indigenous people (Byrne and Fouillard, 2000; Stienstra, 2015b). In many ways, because of its colonized history and current role in the global economy, Labrador also illustrates what Stienstra (2015a) calls ‘the global South in the global North’ or ‘global South/North’. We introduce the work of FemNorthNet with women with disabilities and in Happy Valley-Goose Bay in the broader context of Labrador.

Labrador is on the mainland eastern coast of Canada and part of the province of Newfoundland, though Labrador is culturally distinct from the island of Newfoundland. Three Indigenous peoples live in Labrador– the Inuit in northern Labrador with their self-government called Nunatsiavut, the Innu, primarily inland on their land Nitassinan, and in the towns of Sheshatshiu and Natuashish, and the NunatuKavummiut or southern Inuit-Metis (see Figure 1). In addition, more permanent settlers have been in Labrador since the mid-1900s, although trappers and traders were there in the 1700s and 1800s and Christian missionaries since the 1700s.

Figure 1: Map of Labrador. Source: FemNorthNet



Prior to the 1950s, the population of Labrador was predominately Indigenous, and trapping, hunting and fishing were the main economic activities. Happy Valley–Goose Bay (HV-GB), the largest town in Labrador, with a current population of roughly 7,500 people with almost 53 percent identifying themselves as Indigenous (Statistics Canada, 2016), had its beginnings in the late 1940s as a military base. It is now the hub of economic, political and social activities in eastern Labrador. Many people from the smaller coastal communities, most of whom are Indigenous, travel or move to HV-GB to access education, health, employment and government services.

FemNorthNet was interested in the effects of economic restructuring on women in the north and worked in partnership with the Mokami Status of Women Council in HV-GB. As part of these relationships, FemNorthNet examined the impact of the development of a hydroelectric dam on the nearby Muskrat Falls on the Lower Churchill River through a project called *Claiming our Place: Women's Relationship with Rivers* (Baikie and Dean, n.d.). Women

were engaged using an Indigenous storytelling method that also facilitated their participation in the process. The process incorporated such principles as relationality, holism, reciprocity and interconnection (Sium and Ritskes, 2013).

Women were asked to share their gifts with others and, in turn, learned new organizational, participation, presentation and research skills. During the first year, an initial group of participants were trained as 'Creative Action Researchers'. In the second year, these researchers were responsible for engaging the participation of additional women. All the women told stories about their relationship with the river and the land, identified themes and issues and then represented these in creative ways. Their voices were portrayed in public displays and showcases of their creative representations. Gail Baikie, along with community leaders, worked to develop a sense of 'community' amongst the participants. The participants valued the ceremony and knowledge gained from these experiences. The women expressed several concerns including impacts on the environment, the community and their families (Baikie and Dean, n.d.). While many women with disabilities did participate in the process, they did not self-identify even though there was an invitation to engage in this discourse and opportunities to do so. In fact, this 'labeling' was often resisted. Women did not want to be singled out, to be perceived to be 'in need', or to receive special treatment. As a result, none of our findings in *Claiming our Place* were specifically linked to the interests or perspectives of women with disabilities.

The experiences in FemNorthNet, *Claiming our Place*, and this most recent qualitative research also need to be situated in the broader context of identity politics and Indigenous perspectives in the region. While our community partner, the Mokami Status of Women's Council, was a feminist organization, global Northern feminism itself was not a strong ideological force within the community or amongst the women who participated in the project. In fact, there was some internal as well as external criticism of our project for its exclusion of men, in part, because Indigenous communities did not separate people by gender. The Indigenous rights movement has had the strongest impact of any social movement in the region and led to the development of strong affiliations and assertions of identity based on cultural and political affiliations. In addition, different land claim agreements and benefits from resource developments have solidified these differences. This, in turn, has led to significant divisions amongst the three Indigenous groups. One Indigenous elder in our study commented that 'We used to get along'. A measure of the success of our work was our ability to collaboratively engage women from all three Indigenous groups.

Methods

The research that informs this article comes from over five years of relationship-building with women in Labrador through FemNorthNet and *Claiming our Place*, as well as a

qualitative research study with women with disabilities in the Happy Valley-Goose Bay and Upper Lake Melville area. Participants in the qualitative study were recruited through snowball sampling using our personal and professional networks. The only criterion for inclusion was that women self-identify as a person with disabilities. A total of seven women with disabilities participated in research interviews, either in person or by telephone with one or more of the researchers. Two women were supported by substitute decision makers during the interview. Five participants identified as Indigenous in their interviews. Representatives of two Indigenous governments, the Nunatsiavut Government (NT) and NunatuKavut Community Council (NK), also agreed to participate in interviews in person or by telephone. We attempted to arrange interviews with representatives from the Innu Nation, Newfoundland and Labrador provincial government, and Nalcor Energy (the proponent of the Muskrat Falls hydro-electric project), but were unsuccessful in getting a response to our invitation. Interviews were audio-recorded and then transcribed. All participants were provided with a copy of the transcript of their interview to approve. Transcripts were coded for common themes using MAXQDA, a qualitative data analysis software.

Experiences of women with disabilities in Labrador

Our research revealed that women with disabilities in Labrador have important insights to share in relation to wider community experiences of historical patterns of inequality and marginalization built through colonization, global military relations, and resource exploitation. While Northern communities were small and often closely knit, some women with disabilities experienced greater visibility, inclusion and support, although that inclusion was often context-specific. Some experienced harassment, discrimination, isolation, and exclusion often linked to both their impairments and Indigenous status. Both inclusion and exclusion were particularly evident in access to services including health and education. With the insertion of resource development projects and the accompanying fast-track urbanization, the landscape for women with disabilities has changed with a decreased sense of inclusion, safety and access to services.

Common experiences of disability in Labrador

The stories that women with disabilities in Labrador, highlighted a number of common themes among their experiences, including both positives such as inclusion in the community or school, as well as barriers to living in the North that included harassment, lack of accessibility and limited access to services. Some of these themes arise from the Northern context in which they live, while others are experiences similar to those described by women with disabilities in southern Canada.

Some of the women we talked with illustrated how they experience inclusion in their communities. The Canadian Association for Community Living (www.cacl.ca) suggests that inclusion is the conviction by yourself and others that you belong and the demonstration that it is true. For some participants, inclusion was evident in the spaces that made the women feel included, including the Women's Centre or the Friendship Centre. For others, it was through relationships with friends and families, or their church community. One woman and her substitute decision maker spoke of how she was included through her sports activities, including through Special Olympics:

Jake² has had a very um...a very meaningful and inclusive life like, since she's been young she has been involved with figure skating, swimming, gymnastics. She was involved with choir at her school, Special Olympics, dance classes – she does ballet, modern, and tap (Participant Jake)

For some, school was a place of inclusion. One woman was the prom queen of her high school class:

That's what real inclusion does when it's done right because that night, when they voted her and _____ [prom queen and king] and he's just a little bit taller than her. He has a- a rare syndrome disorder as well but very, very bright- just very mature for his age, right? Anyway, when they put on the song for them, the whole class – one hundred young people got up and circled around them and that – that's what real inclusion does. There wasn't a dry eye in the school 'cause then you had all the parents watching this too (Participant Jake).

The Nunatsiavut government works to provide inclusive education in ways that are useful for all students:

So, for instance, in schools where we have a number of children with FASD [Fetal Alcohol Spectrum Disorder], we don't single them out necessarily but we have adapted the school environment to be more friendly for children with FASD so... because of all the sensory issues we have more spaces like a tent at the back of the room where children can get away and have a space. We've looked at the colors in the school, the amount of things that are on the walls – those kinds of things so, we don't necessarily identify individuals but we try to make those accommodations that are probably more helpful for all individuals (Nunatsiavut representative).

For one participant, living in a small Northern town promoted inclusion:

Now, there is positive differences from being in the North because – because you're isolated. You know, isolation brings sometimes good things. It can bring negative

things as well but, in some ways you are protected from the outside world when you live in small areas. But, the other thing is – like if Jake had grown up in an urban centre, the whole town would never know her. The whole town would never have seen, you know, her do gymnastics or swim or skate, you know? Like she's changing the way people view persons with intellectual disabilities and as I said, everybody knows her, right? (Participant Jake).

Yet not all the women felt included, and for some, their feeling of inclusion depended on the context, with some more welcoming than others. Some of the women also experienced instances of harassment or bullying that made them feel excluded in their communities. One woman talked about the mocking of people with disabilities that she witnessed in public places:

Yeah, I just – I just want you to know that I don't like the way people been treatin' other people because of their handicap. It's not their fault they have a disability, it was the way they were born and there's people that thinks that makin' fun of them is a lot easier then makin' fun of someone that's not disabled. I don't like it when they does that though (Participant Harriet).

Others talked about being made fun of and being stared at when they were in the shops or restaurants. For others, the experiences of exclusion as a result of their disabilities came in their workplace:

I have particular problems with being accepted with a disability at my...my place of employment um in the sense of...I just plain wasn't wanted; I was in the way, I was a bother, I was an extra work load. They figured or they made the assumption that you couldn't do as much as somebody who was mobile... it was like feelin' I had been written off before my time- like I still felt capable of working and I still felt capable of doing my job it was just the people I work with weren't capable of accepting me (Participant Lily).

One woman described how her claim to be disabled was challenged by others:

And not believing. You know, 'You're making out you're disabled so you get a cheque'. And I know there was a woman in Nain, she used to say that about me (Participant Nellie).

She also described how the disability-related supports that she received were damaged by others who thought she should not receive them:

And they're doing things like break up...steal your canes, break up your canes, anything that you got from the health service. And they keep complaining, 'Oh, yeah, you get paid for everything in your health department. And I have to pay for everything myself. And you keep complaining'. I mean what else can I do? I mean I don't have any money to give him. And do everything to make you not qualified for health benefits (Participant Nellie).

The sense of exclusion of women with disabilities in Labrador was intensified by gaps in or non-existent physical accessibility in the public spaces. Happy Valley-Goose Bay does not have sidewalks on all streets, and potholes on the roads can make it challenging to navigate the community as a wheelchair user (Participants Annie B., Harriet). In coastal communities, the roads are often not paved, presenting even more challenges for wheelchair users (Participant Harriet). Participants also identified accessibility challenges with buildings in HV-GB. Some buildings have only stairs between floors with no elevators for those who might be unable to use stairs. In the winter, one woman said that some businesses do not keep their ramps clear of snow:

You go look at their wheelchair ramp and it was, you know, all winter long they are not shoveled out (Participant Annie B.).

Others appear to have tried to be accessible but not fulfilled that goal:

The Scotiabank, granted they've got a wheelchair ramp, but it's not wide enough for a wheelchair (Participant Margaret).

Another woman said she often has a friend check on the accessibility of a space before she tries to go somewhere new:

I was going to try shopping yesterday and I couldn't- couldn't chance it that I would get up there all that way and not be able to get in and out the door because I hadn't had anybody pre-check it for me (Participant Lily).

She saw this as having consequences for her independence:

I'm totally a lot more dependent because of the fact that things are not predictable (Participant Lily).

Some businesses in HV-GB have not adequately addressed accessibility for people with disabilities. One woman noted:

All those restaurants got no idea about handicap...The tables are close together. The eating area is close together. The doors are narrow (Participant Margaret).

Even essential government services are not necessarily accessible for those with mobility impairments. One participant told us:

The hospital is not wheelchair accessible' (Participant Lily).

The lack of accessibility suggests that those with mobility impairments were not imagined as active members of the community who might need to get into the stores or other places when these towns and villages were being developed or updated. This lack of access perpetuates the invisibility of those with disabilities in Northern communities.

Living in the North presents unique challenges for women with disabilities in accessing the services they need in their local communities. As the interview participants and their substitute decision makers pointed out, there are fewer services in general in the North. Stienstra (2015b: 633) attributes this lack of services to 'long-standing colonial practices that fail to provide adequate funding for services in northern communities' in addition to resource efficiency problems that centralize services in large and/or southern communities. At least one woman who participated in our research had moved to HV-GB from a more remote coastal community to have better access to the services she needs (Participant Margaret). HV-GB serves as a hub community in Labrador, with many people from coastal communities visiting HV-GB to access medical and other public services, sometimes staying for long periods of time in institutional settings to get the supports they need. Other participants said they sometimes need to travel outside of Labrador to St. John's or Halifax to access services (Participant Jake). For women living in HV-GB and its surrounding communities, the availability of practitioners who do home visits for some health services is very helpful (Participant Harriet) as are the pharmacies that will deliver medication to people's homes (Participant Margaret).

The access to services also includes built-in differences between Indigenous and non-Indigenous women with disabilities as well as among Indigenous women with disabilities who have varying levels of services available to them depending on their governance agreements. These differences result in many layers of services and also reflect a tension between Indigenous and global Northern approaches to disabilities.

I think in general Aboriginal communities are more supportive and more inclusive. Um, I think it becomes – I think the barriers come when you're dealing with outside agencies and criteria and that's why I asked about you know- what does disability mean because in this province in particular you really are pigeon holed based on the definition of your disability. So you know, if you have a disability that is from birth and

life-long, then you are- you are eligible for family and rehab services [FRS] and the supports that go with that. If you are autistic you don't fit necessarily within the FRS program but there are a lot of services available for individuals with autism both in the community and in the school system. If you have FASD- have been diagnosed with FASD, you are not eligible for family and rehab services even though it's from birth and it's lifelong it's not in that criteria. You're within the school system it's not recognized as a diagnosis. You are provided services based on your particular needs which makes sense because it is a spectrum disorder but so is autism so you know, I think- I think the challenge for aboriginal people is where they fit in receiving services, benefits, supports, those kinds of things when it comes to accessing government programs (Nunatsiavut representative).

While schools have provided some participants with inclusive education, some participants were worried about the transition from school once their child had 'aged' out of the system at 21. Participants (Susie, Nellie, Margaret) talked about how hard it was for people with disabilities to get a job. One substitute decision maker suggested that once a woman with intellectual disabilities had graduated from high school it was unlikely that she would find a job:

The only way Jake will get a job is if I retire, which I can do in a year's time – and I open up a private practice and she works with me or I work towards setting up some kind of craft or some kind of social economic program whereby persons with intellectual disabilities can actually work (Participant Jake).

Most of the women also talked about being isolated or separated from their families, in part because of their need for services provided in Happy Valley-Goose Bay. One participant talked about how in their group, most members were away from their families:

Yes, many of them have been abandoned and isolated- yeah. Like we tend to get a lot of people as well from the North Coast who end up, for whatever reason- and they're in boarding homes here or ALAs [alternative living arrangements] or whatever, and many of them – I'd say ninety percent of our group is Aboriginal (Participant Jake).

Another participant talked about how being labeled, limited her access to her children and grandchildren:

I couldn't get a job because I was deemed to be a violent schizophrenic person. And that also affected my family life. Like I was rejected by my family. And I didn't get to see my grandchildren, I have 2 grandsons, very much. I didn't get to see my daughter very much (Participant Nellie).

For some women, accessing the disability-related supports they required was challenging. One woman suggested that the supports she required are expensive (Participant Annie B.). Others noted that the province of Newfoundland and Labrador provided wheelchairs and other supports to residents, the Nunatsiavut government provided supports to their members and NunatuKavut can subsidize employment and education supports (Nunatsiavut and NunatuKavut representatives). Yet gaps remain, and participants talked about fundraising for some to address these gaps (NunatuKavut representative).

Living in Northern communities as an Indigenous or non-Indigenous woman with disabilities is a mixed experience – with some positive inclusion through schools, in the community and through Indigenous governance, and as a result of being a small and isolated community. Yet, for many participants, this inclusion was tempered by their frequent experiences of exclusion – through discrimination and harassment, their isolation from family and community, their lack of physical access, access to services and disability-related supports.

Changes as a result of resource extraction

The women and Indigenous government representatives interviewed, saw substantial changes taking place in their community since 2011 due to the development of the Lower Churchill Hydroelectric Project (often called the Muskrat Falls project), which in turn accelerated the region's growth and urbanization. These changes, including inadequate health and transportation infrastructure, increased costs of food and housing, increased concerns about safety, and have particular consequences for women with disabilities and their families, many of whom feel they are being pushed further to the edges of their communities as a result of these processes.

Finding transportation around the community was identified as a challenge for women with disabilities, and this task has gotten harder since the Muskrat Falls project began. Happy Valley-Goose Bay does not have a public transportation system, so many people who do not own their own vehicles, including some women with disabilities, depend on taxis to get around town and do everyday tasks like visiting the post office or grocery store, or getting to medical appointments. Since the beginning of the Muskrat Falls project, women have noticed finding a taxi to be more difficult. The representative from NunatuKavut described the taxi problem this way:

They're low on staff. And it takes forever to get one, and sometimes you can't get one at all (NunatuKavut representative).

The shortage of staff is attributed to the Muskrat Falls project, where former taxi drivers are 'across the river working in janitorial' (NunatuKavut representative), which is generally a

higher paid job than driving a taxi in town. Taxi companies are having trouble finding taxi drivers and thus there are long waiting times for a ride. There are some community van transportation options but the restrictions may mean that some women with disabilities might not be able to find transportation. For example, the Nunatsiavut government operates a van, funded by the federal government's First Nations and Inuit Non-Insured Health Benefits (FNIHB) program (Nunatsiavut representative), to transport their beneficiaries without their own means of transportation to the hospital, medical appointments, etc. However, this service is only available to Nunatsiavut beneficiaries. Members of other Indigenous groups, notably NunatuKavut, which does not have access to the FNIHB program, do not have the same transportation option. One participant said that the seniors' van operated by the Labrador Friendship Centre for all people over 50 years of age was helpful. She did note that a limitation of that service was that the van only operated until 3pm, which was not useful when she wanted to go somewhere in the late afternoon or evening (Participant Nellie). Transportation is only one challenge that has intensified since the development began.

The increased cost and reduced availability of both food and housing was identified by almost all participants and both Indigenous government representatives as some of the most significant consequences for the community and women with disabilities as a result of resource extraction. One of the participants put it bluntly:

The regular person around here can't afford to pay rent (Participant Annie B.).

Similar statements were made by other research participants. The cost of housing is rising primarily due to the increase in demand for rental housing from the influx of workers for the Muskrat Falls project. Women with disabilities who are living on low incomes and do not own their own homes, face considerable difficulties in finding low cost housing that meets their needs and is accessible. The cost of food is also rising in Happy Valley-Goose Bay. One woman noted that she had begun budgeting 'another twenty-five dollars, fifty dollars to groceries' for the month since the development began (Participant Annie B.). Other participants noticed that basic food supplies can sell out quickly. One woman quipped:

You can go in [the grocery store] some days and not be able to get a loaf of bread (Participant Jake).

Another participant said:

It's just like you've got to be there [the store] more or less on the spot to get milk or yoghurt or...It's so fast. It goes so fast (Participant Margaret).

Together these present significant challenges for women with disabilities who are living on low incomes, have specific dietary requirements, or who might have trouble finding

transportation to the grocery store quickly on delivery days. Many of the Indigenous participants said that they could get access to country food free of cost through their government's community freezer in HV-GB. Both NunatuKavut and Nunatsiavut operate communal freezer programs (NunatuKavut and Nunatsiavut representatives). With the construction of the dam at Muskrat Falls, some Indigenous women with disabilities are concerned about the continuing availability of this country food, especially fish. One participant said:

The only thing I'm finding hard now is we can't eat the fish no more. The fish is contaminated...and the people used to love eatin' the fish one time but they're scared to touch it now because they're scared they are goin' to get sick or something (Participant Harriet).

Research done with the Nunatsiavut government has shown rising levels of mercury in Lake Melville, downriver from the Muskrat Falls project (Nunatsiavut, 2016). Many Indigenous women, like the participant above, are concerned about the environmental effects of the project on the animals and fish in the area, and what that means for their supply of country food.

For many Labradorians, the beginning of the Muskrat Falls project brought hope for good jobs close to home. Women with disabilities indicated that they had experienced few prospects for finding new employment at the Muskrat Falls work site. There is a widespread perception that Nalcor is ignoring its promises of hiring Labradorians (CBC News, 2012) as several participants mentioned in their interviews. The NunatuKavut representative asserted:

They're bringing in people from outside Labrador to do jobs like janitorial, shoveling snow, things like that. That should not be happening (NunatuKavut representative).

Some women with disabilities said they lack the skills and training to be hired to work on the project (Participant Harriet). Our interview with the representative from the Nunatsiavut Government suggested that Nalcor had a very specific view of an employee with disabilities. She told us this story:

We are having difficulty getting so called able-bodied people to work at Muskrat Falls let alone individuals with disabilities. We did go to one session, [a colleague] and I, before Muskrat Falls really started and they were going to unveil – or they were developing a plan for inclusion of individuals with disabilities. We talked a lot about what I'm saying to you and you know, individuals with FASD – with kind of spectrum disorders- those kinds of things. I don't think they got it at all. I think they were looking at visible disability so things that you know, hearing impairment, visual disabilities, physical disabilities – those kinds of things. I don't think they had any comprehension

of the bigger picture and they have never shared a plan with me after that meeting of how they were going to be inclusive (Nunatsiavut representative).

This is particularly significant given the wider invisibility of experiences of disability discussed above. The limited and medicalized view of ‘disability’ recognized by Nalcor in its employment equity plans has presumably influenced the view of women who participated in our research that they had few possibilities for a job at the Muskrat Falls site.

The healthcare system in Labrador has been strained by the Muskrat Falls development. Longer wait times for medical appointments and in emergency rooms are a common concern among the women interviewed, that have been identified as worsening since the project began. One woman said that she went through a period shortly after the Muskrat Falls project began where she ended up visiting the emergency room at least once a week and would spend ‘up to 5, 10, 12 hours at emergency’ sitting in pain to see a doctor (Participant Margaret). Another participant related a similarly frustrating healthcare experience. She said to see her family doctor:

You have to call up every morning at eight o’clock and you’re kept on the phone for like maybe eleven, twelve, thirteen, fifteen minutes and I think it’s only once that I’ve called in that I’ve been able to get an appointment with the doctor because by the time you get through in the first fifteen to eighteen minutes the doctors are all booked up (Participant Annie B.).

This shortage of doctor appointments likely contributes to long waiting times at the emergency room and has consequences for women with disabilities who might need to see a doctor frequently. Besides the increased demand for healthcare due to the influx of new people, the Muskrat Falls development has contributed to this strain on the healthcare system in two other ways. The high cost of living makes it very hard to recruit new permanent healthcare workers to HV-GB. A substitute decision maker who accompanied one participant to her interview said:

I work in health care and we can’t get people come in here and stay because the rent is too expensive (Participant Jake).

Access to services is also complicated because of the differing rights and land claim agreements of the three Indigenous peoples. For example, despite the number of Nunatsiavut members living in Happy Valley-Goose Bay, there is no requirement for the proponent of Muskrat Falls, Nalcor, to provide funds to address the impacts on Nunatsiavut members because HV-GB is outside the Nunatsiavut land claim area (Nunatsiavut representative).

Many people who were formerly working in the healthcare and homecare sector have moved

onto better paying jobs at Muskrat Falls (CBC News, 2013). This has consequences for quality of care for women with disabilities who rely on homecare workers. Two participants emphasized that it is hard to find a good homecare worker in the HV-GB area these days and that their funded hours for homecare have been reduced. One, who lost her excellent homecare worker to one of those Muskrat Falls jobs, said:

Where I have short-term memory loss, the homecare nurse often kept me up with my appointments and stuff. I missed a very important one there two weeks ago where I was supposed to be in St. John's totally forgot it whereas if the homecare nurse would have been here, she would have made sure I would have got on the plane and remembered it (Participant Lily).

In a similar vein, another woman said:

Good people are hard to come by, and they get grabbed up quick...To have somebody that comes at 8:00, you know, or even 8:30 or 9:00 on the dot every day...Like say somebody that's supposed to come at 9:00, and comes at 10:30, 11:00...I had that situation. And that is really, really stressful (Participant Margaret).

She thought that the difficulty of recruiting workers for that job had affected her quality of supports.

The influx of new people has also contributed to loss of feeling of inclusion and security for some women with disabilities in Happy Valley-Goose Bay. There are a lot more strangers in town than there have been for many years since the military base closed in 2005. One family member said:

We don't feel that same level of safety anymore (Participant Jake).

They have even installed a new security system in their home. There have been other changes too that contribute to the loss of feelings of inclusion. One family member described it as:

Even little things like you know. Jake lost her hair when she was three, it's alopecia and like everyone in town knows that and they know Jake for what she looks like but when we take her out now –like lots of times strangers...you know you get those stares and people tryin' to figure out and you know, which we'd only get before when we'd take her to strange places (Participant Jake).

Sometimes the 'small' things make a big difference for women with disabilities and their families.

Solicitation of women for sex work has also increased in HV-GB since the project began. The NunatuKavut representative said this is something she has noticed and believes:

It puts women's safety at a risk, particularly women with mental health issues and who are experiencing homelessness issues...it certainly multiplies it [sex work] when you have a lot of influx of men into a community like this that aren't from the area...they don't know these women. They don't mean anything to them. Their families don't mean anything to them, you know (NunatuKavut representative).

Other participants in the FemNorthNet research have commented on the similarity of this rise in sex work to what happened when the base was active.

For many people in town, including at least one of the participants, a pressing question is:

What if the dam breaks? (Participant Nellie).

This question is particularly pressing for women with disabilities who might not easily be able to find transportation to escape or get to higher ground in the event of a catastrophic break in the dam. While the likelihood of the dam breaking might be small, this is source of anxiety for some women with disabilities. Since this research was completed, a catastrophic flood devastated and displaced the community of Mud Lake near HV-GB, downriver from the dam. Many residents believe the dam was the cause of the flood and worry about future similar incidents (Breen, 2017).

The experiences women with disabilities shared with us show that the community changes that have taken place since the beginning of the Muskrat Falls development have decreased the quality and accessibility of public services, contributed to new feelings of exclusion and insecurity, as well as created new challenges in maintaining a good standard of living in Happy Valley-Goose Bay. Their stories also remind us that women with disabilities are one of the groups in the community that is least likely to benefit from the development in terms of obtaining a job or additional income.

Rethinking disability: intersections with gender and Indigenouness

There are very real tensions for Indigenous women with disabilities as a result of Indigenous relational ontologies that focus on inclusion and the effects and implications of colonial practices together with a medical model of disability and fast-track urbanization resulting from resource development that have eroded their place and value as integral members of society. They are at risk for increased isolation because they remain invisible in their communities and those communities have been unresponsive to their inclusion. Yet, our

research in Happy Valley-Goose Bay also illustrated these women's resistances to segregation and invisibility implied by either claiming or naming their disabilities.

The women we spoke with live with the tensions between Indigenous approaches to inclusion and a global Northern approach to disability, and are unwilling to simply fall into one approach or another. This living with the tension presents both an opportunity and a risk at the community level. The opportunity is the possibility that focusing on the lives of women with disabilities may open doors to the mindful and intentional reinstatement of Indigenous principles and practices of community interconnection and the integration of persons with disabilities. Given the position of many Indigenous governments to negotiate impact and benefit agreements with industries, or self-government arrangements with the federal and provincial governments, these principles and practices could be built into these agreements. Hollinsworth (2013) argues that colonization and racism are disabling for Indigenous peoples in general and regardless of impairment, and explicit efforts must be made to decolonize which involves challenging dominant models of disability, acknowledging the legacy of racism and recognizing Indigenous perspectives on disability.

Given the current state of affairs, the risk is that, without the naming and explicit identification of persons with disabilities, they will be forgotten. Indigenous communities found themselves in a similar position regarding the 'othering' associated with gender and sexual identities, and in response coined the term 'Two-Spirited' at the first international gathering of the Native American Gay and Lesbian Movement in 1988 (Baskin, 2016). Perhaps a similar process of organizing and naming is necessary within Indigenous communities to address both the Indigenous relational ontologies as well as the experiences of exclusion and disproportionate negative effects as a result of living with disabilities. When we asked Indigenous women about what words were used to describe disability in their language, most told us there were no words (Stienstra, 2015a). As Gail Baikie (2012) learned from a Labrador Inuit elder, the phrases used refer to disabled people as unconditionally accepted as who they are (*pigialaviKangituk*), and as a gift from the Great Spirit (*Aninnik Ajunginimmut Kaijausimajuk*). Any new words to describe living in the tension between Indigenousness and disability, need both the spiritual element and the sense of belonging in the community.

When we bring gender into the intersections of disability and Indigenous, we see the particular impacts of violence, isolation and caregiving affecting women. But we also recognize the unique and important responsibilities that Indigenous women have to take care of their communities' well-being and cohesiveness. These responsibilities offer Indigenous women with disabilities an opportunity to provide leadership in how to move forward in the context of the tensions this article has discussed.

Some Indigenous models of inclusion are already working, and provide an opportunity for

service providers, governments and those living in communities to learn from them. For example, Jordan's Principle is an Indigenous child-first policy in which governments agree to provide care to an Indigenous child as needed and worry about which level of government pays for what later (Stienstra, 2015a). The Nunatsiavut government representative said that Jordan's principle was working well with their members.

One model that is not Indigenous, but focuses on inclusion, is the Special Olympics. In Happy Valley-Goose Bay, ninety percent of the members are Indigenous. As one participant noted:

Now we do include some people who are socially isolated recreationally in our program as well because we do a lot more besides the athletics. We do a number of community activities and it, for many of them, is the only time they get out in the community, period- is when they come to one of our functions. But we have had people like with mental health or FASD who might not meet the criteria but, we sort of let anyone come who wants to come, right? It's more about reducing social exclusion for people (Participant Jake).

In Canada, there has been little success in building links between the disability rights movement (which is primarily based in southern Canada) and Indigenous groups. Several individuals have worked across the movements, notably Doreen Demas (Demas, 2010; Demas and Shackel, 2012), but there is only one regional group of Indigenous people with disabilities, the British Columbia Aboriginal Network on Disability Society (BCANDS). No national group exists, although DisAbled Women's Network of Canada (DAWN) has worked to bring forward an intersectional perspective that includes Indigenous women with disabilities. This lack of connection suggests that the tensions also exist between Indigenous relational ontologies and the rights model of disability pursued by the Canadian disability movement. Disability Rights Promotion International - Canada (DRPI) has tried to bridge some of that gap with a recent Canadian study (DRPI 2016). In Australia, Indigenous people with disabilities organized as the Aboriginal Disability Network of New South Wales in 2002, and the Australian federal government created the First People's Disability Network in 2012 (Hollinsworth, 2013). The two merged in 2016. The First Peoples' Disability Network works in collaboration with the other peak national groups through DPO Australia. While the United Nations (2013) reported on challenges of Indigenous people with disabilities, there is little organizing in the international arena in relation to Indigenous people with disabilities.

Moving forward and recognizing the tensions that arise in the intersections of gender, disability and Indigenousness, suggest that a change of thinking about and acting in response to disabilities in both Indigenous and non-Indigenous communities in Canada are required, one that views ongoing colonization, racism, including the implications of resource extraction, as creating disabling conditions for Indigenous women with impairments. Scholarship in disability studies can better account for the implications of Indigenousness and

intersectionality. Indigenous communities, and Indigenous women with disabilities in particular, have an opportunity to provide leadership in navigating these tensions and intersections in ways that honour and respect Indigenous relational ontologies, recognize the ways in which women with disabilities experience exclusion within their own communities, and respect their rights to be included in society as women, people living with disabilities and Indigenous peoples.

Notes

¹ We intentionally use the verb to blind here as a way of illustrating what disables us as well as what gives us vision or sight. We want to recognize both our unquestioning acceptance of ‘disability’ as it has been understood in the global North, as well as the unique vantage point that ‘blindness’ can give sight (Michalko, 2010).

² All participants were offered the chance to choose a pseudonym or use their own name. Their choices are reflected in this text.

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