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**Submission to the CRPD Committee General Discussion on Article 11  
People with disabilities in situations of risk and humanitarian emergencies:**

Focus on people with disabilities belonging to indigenous peoples

and ethnic, religious and linguistic minorities

1. **Introduction**

Minority Rights Group International (MRGI), Endorois Indigenous Women Empowerment Network (EIWEN), National Indigenous Disabled Women Association Nepal (NIDWAN), Southern Association of Disabilities Yala, Center for Conflict and Cultural Diversity (CSCD) at Prince of Songkhla University, Vidas Negras com Deficiência Importam (VNDI) and International Charitable Organization Roma Women Fund ‘Chiricli’ (CHIRIKLI) appreciate the opportunity to provide the Committee on the Rights of Persons with Disabilities (CRPD) with information on the rights of people with disabilities belonging to minority and indigenous communities. Respecting the heterogeneity of this group, yet recognizing their specific disadvantages, the authors of this report urge the Committee members to consider that people with disabilities from marginalized communities, especially people belonging to indigenous peoples and ethnic, religious and linguistic minorities, as people with disabilities disproportionately affected and experiencing particular disadvantages in situations of risk and humanitarian emergencies.

The struggle for the rights of people with disabilities has made progress in the latter decades of the 20th century and the first decades of the 21st century, particularly through the efforts of the burgeoning disability rights movement, international cooperation and the adoption of the CRPD. This progress has often excluded those belonging to communities facing additional forms of marginalization, including people with disabilities from indigenous peoples and from ethnic, linguistic or religious minorities. As such, the benefits of progress in attaining rights have not been equally experienced. In situations of risk and humanitarian emergencies, disparities can be exacerbated, especially for populations located at the intersection of disability and other types of discrimination, based on race, ethnicity, language, religion, gender identity and sexual orientation.

This submission presents an overview of the main barriers faced by people with disabilities belonging to indigenous peoples and ethnic, linguistic or religious minorities in fulfilling their human rights in situations of risk and humanitarian emergencies. It also highlights the disproportionate impacts of situations of risk and humanitarian emergencies on people from these communities, who are more likely to experience discrimination at the intersection of several identities. Additionally, it discusses how existing human rights standards guide States towards addressing these barriers. The submission concludes with recommendations that we hope will help inform the forthcoming General Comment by the CRPD Committee.

1. **Disproportionate impacts and particular disadvantages**

People with disabilities belonging to minority and indigenous communities are some of the most disproportionately affected and particularly disadvantaged in situations of risk on account of their increased likelihood to experience intersectional discrimination. Therefore, owing to this already vulnerable position within society, minority and indigenous communities are more at risk of the impacts of climate change and natural disasters,[[1]](#endnote-2) more likely to be in situations of risk and violence within everyday life and are overrepresented in situations of violent conflict.[[2]](#endnote-3) These communities also face higher likelihood of suffering from violent persecution at the hands of the state or majority communities and are therefore overrepresented in refugee and internally displaced populations worldwide.[[3]](#endnote-4) People with disabilities within these communities are therefore multiply disadvantaged and discriminated against, with very little attention paid to their specific needs from majority-led organizations of people with disabilities, indigenous and minority rights organizations, service providers or policymakers.

There are an estimated one billion people with disabilities living across the globe, out of which approximately 54 million are indigenous.[[4]](#endnote-5) The issues faced by indigenous people with disabilities remain unaddressed in policies relating to disability and those related to indigenous peoples. A major issue is discrimination in access to quality services compared with other people with disabilities, as well as lack of prioritization of their requirements, unique capabilities and potential contributions to the development of their communities.[[5]](#endnote-6) Subsequently, indigenous people with disabilities are overrepresented among those living in absolute poverty and continue to exist as one of the world’s most vulnerable populations, often suffering disproportionately during humanitarian emergencies and during conflict.

For people with disabilities belonging to ethnic and religious minority communities around the world, similar issues resulting from structural, systemic and intersectional discrimination remain unaddressed and exacerbated by lack of disaggregated data, high levels of poverty, the impacts of climate change, persecution and conflict, and the Covid-19 pandemic. The higher demands placed on health systems during the Covid-19 pandemic had a disproportionate impact on people with disabilities belonging to ethnic, religious and linguistic minority communities, making access to essential medical care and equipment precarious.[[6]](#endnote-7)

**A. Disproportionate risk of police violence**

Owing to the intersection between racism and disability discrimination, people with disabilities from indigenous and minority communities are more exposed to violence at the hands of state actors. In countries such as the United States Black people with disabilities are disproportionately at risk of police violence. In the US, half of Black people with disabilities will be arrested by police before they turn 28.[[7]](#endnote-8) In Brazil, news reports point to a high incidence of police violence against Black people with disabilities. There have been several high-profile cases of unarmed Black youth with an intellectual or psychosocial disability being murdered, as demonstrated in the following examples:

*On the 8th April 2021, a young Black man with an intellectual disability was murdered as he entered a convenience store to buy milk near his home in São Paulo state. Tiago Duarte de Souza, 20, was accosted by an off-duty military police officer, Denis Augusto Amista Soares, who accused him of entering the store to steal. Duarte de Souza lifted his shirt to show that he was not armed but Soares shot him in the mouth. Duarte de Souza died 12 days after the shooting in hospital.[[8]](#endnote-9)[[9]](#endnote-10)[[10]](#endnote-11)*

*On the 6th May 2022, a young Black man with an intellectual disability was murdered whilst on his way to the barbershop near his home in São Cristóvão, Rio de Janeiro. Ruan Limão do Nascimento, 27, was shot in the back and killed by military police officers from the 4th military police brigade of São Cristóvão who opened fire in the street.[[11]](#endnote-12)[[12]](#endnote-13)*

*On the 25th May 2022, a Black man with psychosocial disabilities suffocated in the trunk of a police car in Umbaúba, Sergipe. Genivaldo de Jesus Santos, 38, died from asphyxiation after three Federal Highway Police agents put him in the trunk of a car and set off tear and pepper gas whilst holding the door closed. The attack was videoed by bystanders.[[13]](#endnote-14) [[14]](#endnote-15)[[15]](#endnote-16)*

**B. Disproportionate risk in situations of conflict**

It is important to note that indigenous and minority communities are more likely to experience violent conflict and therefore people with disabilities from these communities are disproportionately exposed to risk. According to the UN Special Rapporteur on minority issues, ‘violent conflicts have increased around the world in recent years and most of the drivers of these conflicts involve minority grievances of exclusion, discrimination and inequalities linked to violations of the human rights of minorities.’[[16]](#endnote-17) Similarly, indigenous peoples are more often affected by situations of conflict owing to resource exploitation within their lands and territories that infringes on their civil, political, cultural, social and economic rights and leads to displacement and persecution.[[17]](#endnote-18) Despite these disproportionate risks and impacts, specific mechanisms to address conflict experienced by indigenous and minority communities often overlook the impacts on people with disabilities within these affected communities. Likewise, mechanisms aiming to address the situations of people with disabilities in situations of risk and conflict often do not engage with minority and indigenous rights frameworks.

Multiple studies in Ukraine recognize Roma as a minority and as the most marginalized group in Ukraine. There are about 400,000 of Roma living in Ukraine[[18]](#endnote-19) but there are no official statistics on the number of Roma with disabilities.[[19]](#endnote-20) In Ukraine, Roma face limited access to healthcare services, stigmatization, and are economically marginalized.[[20]](#endnote-21) The war in Ukraine has disproportionately impacted Roma people and people with disabilities, especially in accessing humanitarian support.[[21]](#endnote-22) Bomb shelters and evacuation trains are often inaccessible, exposing people with disabilities to a disproportionate risk of death or injury.[[22]](#endnote-23) Since April 2022, Roma mediators found that since the war began, 75 per cent of Roma with disabilities report that they need medical help as a result of the conflict.[[23]](#endnote-24) In the Odessa region, 50 per cent of Roma with disabilities reported that they cannot afford to buy necessary food,[[24]](#endnote-25) due to insufficient pensions, which had led to some Roma with disabilities dying due to starvation. The lack of electricity, clean tap water, bomb shelters and doctors in hospitals[[25]](#endnote-26) has made the living situation of Roma with disabilities far more vulnerable.

Indigenous people with disabilities are disproportionately at risk in situations of conflict in Nepal. The 12-year armed conflict in Nepal affected a disproportionate number of victims of killing and forced disappearances belong to the indigenous population of more than 12,000 people, and the fighting in indigenous territories caused widespread poverty, displacement and trauma to the indigenous women, children and other civilians.[[26]](#endnote-27) Moreover, the higher degree of illiteracy among many indigenous peoples in Nepal made them vulnerable to abusive practices, including fraud related to land titles. Forced displacement was also a cause of land loss during the armed conflict. Recently, conflicts in the name of development have increased, and indigenous lands, forests, water sources and homes are being seized. Their livelihoods are being destroyed and their homes demolished,21 which has violated their human rights and led to an increase in violence and discrimination. The right to family life, along with freedoms from violence and discrimination, have become very uncertain for the many indigenous communities which are forced into displacement. This precariousness is even worse in Nepal for indigenous persons with disabilities.

Similarly, in Thailand’s Southern Border Provinces (SBPs) of Pattani, Yala and Narrathiwat and four sub-districts of Songkhla, Malay Muslims with disabilities are disproportionately affected by both the decades-long conflict and the under-development of the region.[[27]](#endnote-28) In Iraq, during the wake of ISIS’s targeted campaign of violence against Yezidis and other communities, minorities are disproportionately represented among people with disabilities, many of whom remain displaced.[[28]](#endnote-29)

**C. Disproportionate risk during health emergencies: the Covid-19 pandemic**

The ongoing Covid-19 pandemic presents a serious threat to people with disabilities within marginalised communities around the world, including religious, ethnic and linguistic minorities, indigenous peoples, refugees and internally displaced people. Multiple and intersecting identities of these individuals overlap, intensifying existing issues, excluding them from COVID-19 response strategies and placing them in the most vulnerable positions in their respective countries. Furthermore, the lack of reliable, detailed and disaggregated data on marginalised groups means that their needs are unaccounted for in disaster and emergency response strategies; worse, this situation is often undermined by decision-makers in positions of authority who serve the interests of majorities.

1. **Barriers faced by people with disabilities from minority and indigenous communities in situations of risk and humanitarian emergencies**

People with disabilities from minority and indigenous communities face heightened risks during situations of risk and humanitarian emergencies. A key issue is that people with disabilities face barriers in accessing information about situations of risk beforehand, as disaster preparedness programs are often solely provided in inaccessible formats.[[29]](#endnote-30) Evacuation paths, temporary shelters, and evacuation centers are often inaccessible to people with physical or visual impairments. [[30]](#endnote-31)

1. **Access to information**

Access to accessible and culturally appropriate information remains a key barrier to the protection of people with disabilities from indigenous communities and from ethnic, linguistic or religious minorities during humanitarian emergencies. Data collected during the Covid-19 pandemic indicated that people with disabilities from indigenous and minority communities face additional barriers in accessing health and safety information.[[31]](#endnote-32) Throughout the pandemic, there has existed limited to no access to quality and culturally respectful information for people with disabilities from minority and indigenous communities, leaving them without knowledge or awareness about Covid-19 and how to protect themselves, including information about vaccines.[[32]](#endnote-33) Indigenous communities in Nepal, India, Australia and Papua New Guinea reported a lack of timely Covid-19 information in accessible formats and in local, indigenous and minority languages.[[33]](#endnote-34) Most of the government statements and information are only available in one majority language and shared via the mainstream media which does not always reach minority, indigenous or other marginalized groups.[[34]](#endnote-35)

**B. Access to public services**

People with disabilities from indigenous communities and from ethnic, linguistic or religious minorities often have a harder time obtaining documentation, due to economic and accessibility barriers, resulting in accessing benefits put in place during situations of risk and humanitarian emergencies.

In Iraq, internally displaced people with disabilities report difficulties in accessing benefits through laws such as the 2013 Law for the Care of Persons with Disabilities and Special Needs and the 2014 Social Protection Act that legislate cash transfer benefits and specialized services to people with disabilities as the process of filing claims requires several documents which many internally displaced people do not possess.[[35]](#endnote-36)

A lack of official documentation, discrimination and stigma prevents Roma with disabilities in Ukraine from accessing social assistance, healthcare and education. 55.6 per cent of Roma people with disabilities report they are not registered with a disability identity card in Ukraine, preventing them from accessing essential services.[[36]](#endnote-37) During the war, Roma with disabilities are often refused services by state administration and told to rely on Roma NGOs instead of Ukrainian governmental assistance.[[37]](#endnote-38)

The situation for Malay Muslims with disabilities in Thailand’s Southern Border Provinces (SBPs) has been exacerbated by the ongoing decades-long conflict.[[38]](#endnote-39) In ‘red zones’, non-locals including Thai government staff are unable to enter, owing to the high risk of threat and mistrust by community members. This means that essential public social and health services are unavailable to people with disabilities in these areas, resulting in extremely limited ability for Malay Muslim people with disabilities and their families to fulfil their basic needs. According to the Thai National Health Security Act (2002), people with disabilities are eligible for a Universal Health Coverage Gold Card for use at public hospitals and free community-based rehabilitation (CBR). However, people with disabilities in the SBPs report discrimination in accessing their right to public health and rehabilitation services from healthcare workers, who are also not trained on the needs and rights of people with disabilities.[[39]](#endnote-40) Trauma-related psycho-social disabilities remain severely under addressed in Thailand’s SBPs. There is insufficient support, treatment and therapies provided to people, especially children, who have been affected by the conflict and are subsequently experiencing ongoing psychosocial disabilities.[[40]](#endnote-41) Organizations of people with disabilities in the SBPs and victims of the conflict who have become permanently disabled report that they are not aware of, nor have they been included in, any conflict resolution or peacebuilding initiatives by the local authorities of the SBPs.[[41]](#endnote-42)

During the Covid-19 pandemic, many indigenous and minority community regions were left out of distribution of personal protective equipment and other necessities, which had a disproportionate impact on people with disabilities within these communities who were more vulnerable to becoming infected, getting seriously ill or dying. Reports from Indonesia, the USA, Australia, New Zealand and Nepal indicate that indigenous people with disabilities suffered from lack of personal protective equipment and other essential medical supplies as a result of under resourced health systems. In Nepal, only 55.44 per cent of indigenous, Dalit and Madhesi people with disabilities received Covid-related support and relief, and 91.13 per cent experienced social and economic impacts.[[42]](#endnote-43) They also face barriers in access to health care due to quarantine measures and the resulting unsafe, physically inaccessible, gender inappropriate and culturally inappropriate environments.[[43]](#endnote-44)

1. **Access to justice**

The CRPD provides a framework for the right to access to justice in the context of disability. Article 13 directs State parties to ‘ensure effective access to justice for people with disabilities on an equal basis with others, including through the provision of procedural and age-appropriate accommodations, in order to facilitate their effective role as direct and indirect participants, including as witnesses, in all legal proceedings, including at investigative and other preliminary stages.’[[44]](#endnote-45)

For those disabled in the conflict in Thailand’s SBPs, compensation is the primary remedial avenue. According to the Remedial Policy for Victims of the Conflict in the SBPs, regular citizens who become permanently disabled as a result of being injured in the conflict are entitled to compensation of 500,000 THB, rehabilitation funds of 200,000 THB and a monthly allowance of between 1,000 and 3,000 THB.[[45]](#endnote-46) However, some victims reported that they did not receive the full amounts they are entitled to because they have to rely on others to navigate the complex application process for compensation, and these people then steal some of the money.[[46]](#endnote-47) Although the Remedial Policy for Victims of the Conflict in the SBPs guarantees victims compensation from the state, this policy is only applicable to incidents that took place from 2002 onwards. There are approximately 100 soldiers who were injured and became disabled prior to 2002, who are now aged between 60 and 70 and have not yet received compensation. Victims who were injured whilst serving or volunteering with the security forces after 2002 receive improved access to benefits, such as a continued salary or pension. The Thai Veterans Association plays a role in helping ex-staff or volunteers access assistance, such as scholarships and occupational funds. However, regular citizens or members of the armed forces who are injured whilst off duty are not guaranteed the same benefits and receive lower rates of state compensation, in line with the Remedial Policy for Victims of the Conflict in the SBPs.

**Recommendations**

In the forthcoming General Comment, we respectfully suggest to the CRPD that State parties to the Convention on the Rights of Persons with Disabilities should:

1. Fully implement international human rights standards designed to protect the rights of people with disabilities from indigenous and minority communities to combat pervasive and persistent intersectional discrimination that places them in situations of risk and reduces their capacity to deal with additional stresses during humanitarian emergencies. This includes but is not limited to the CRPD,[[47]](#endnote-48) ICERD,[[48]](#endnote-49) CEDAW,[[49]](#endnote-50) UNDM,[[50]](#endnote-51) UNDRIP,[[51]](#endnote-52) CRC,[[52]](#endnote-53) and ICESCR.[[53]](#endnote-54)
2. Mainstream indigenous and minority rights frameworks within disability rights work and vice-versa, ensuring cohesion between the aforementioned frameworks and promoting an intersectional approach.
3. Ensure that policies are developed to guarantee the rights of people in situations of risk and humanitarian emergencies include an intersectional perspective with direct mention of the diversity of people with disabilities’ impairment groups and different social identities, paying attention to the specific situations of minority and indigenous communities, guaranteeing accessibility, reasonable accommodations, an intercultural approach and addressing the issues at the intersection of indigenous or minority identity and disability.
4. Ensure that specific and targeted measures are developed in dialogue with people with disabilities from minority and indigenous communities to tackle the barriers they face within situations of risk and humanitarian emergencies in their individual community contexts.
5. Collect data on the risks and impacts of humanitarian emergencies and disaggregate by sex, gender, age, indigenous identity, language, religion, ethnicity, gender identity, sexual orientation and type of disability, in order to reliably inform risk mitigation measures, targeted policies and interventions at all levels.
6. Ensure meaningful participation and representation of indigenous and minority people with disabilities, including through their representative organizations in the issues affecting them in the planning for, response to, and recovery from humanitarian emergencies and situations of risk, as well as in all stages of policy and programming around climate change at national, regional and global levels. The right to free, prior and informed consent of indigenous persons with disabilities must be upheld.
7. Take positive measures to promote and protect the equal rights of indigenous and minority women and girls with disabilities to an adequate standard of living and social protection, to work and employment, and to education in the context of humanitarian emergencies.
8. Ensure women and girls with disabilities, especially those belonging to indigenous peoples and minorities, can access and benefit from livelihoods that are sustainable and empowering.

Thank you for your consideration of this submission. If you have any questions or seek clarifications, please contact:

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