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**Joint Submission from SENED Association and Disability Rights Monitoring Group to the Draft General Comment on Persons with Disabilities in Situations of Risk and Humanitarian Emergencies (Article 11 of the Convention on the Rights of Persons with Disabilities)**

**Special Comments on the 6 February 2023 Earthquakes in Türkiye**

**February 2023**

**Joint Submission from Sened Association and Disability Rights Monitoring Group**

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1. **Introduction and Background**

Turkey ratified the CRPD in 2009 and the Optional Protocol in March 2015. In addition, amendments were made to the Turkish Disability Act in 2014, making the laws more compliant with the CRPD and eliminating derogatory terminology regarding persons with disabilities in 87 Laws and nine Decree Laws. Also, the Constitutional Amendment of 2010 introduced positive measures for persons with disabilities.

However, as stated in the Concluding Observations[[1]](#footnote-1) prepared by the UN Committee on the Rights of Persons with Disabilities in 2019 based on Turkey's first report, there are many shortcomings in the implementation of many articles of the Convention, including Article 11, and their ramifications to the experience of persons with disabilities. For example, the Concluding Observation Reported elaborated its concerns and recommendations regarding Articles 1-4, which regulate general rights and articles; articles which regulate specific rights, such as Equality and Non-Discrimination (Art. 5), Women with Disabilities (Art. 6), Children with Disabilities (Art. 7), Awareness Raising (Art. 8), Accessibility (Art. 9), Right to Life (Art. 10), Risk Situations and Humanitarian Emergencies (Art. 11), Equality before the Law (Art. 12), Access to Justice (Art. 13), Freedom and Security of the Person (Art. 14), Freedom from torture, inhuman or degrading treatment or punishment (Art. 15), Freedom from exploitation, violence and abuse (Art. 16), Protecting the integrity of the person (Art. 17), Liberty of movement and nationality (Art. 18), Living independently and being included in the community (Art. 19), Freedom of expression and opinion, and access to information (Art. 21), Respect for home and the family (Art. 23), Education (Art. 24), Health (Art. 25), Work and employment (Art. 27), Adequate standard of living and social protection (Art. 28), Participation in political and public life (Art. 29); as well as articles regulating Special Obligations on Statistics and data collection (Art. 31), International cooperation (Art. 32), National implementation and monitoring (Art. 33).

In summary, attention was drawn to arranging necessary public policies in all these areas that are not reflected in practice and do not translate to the everyday experiences of persons with disabilities, effectively involving relevant civil society organizations in the processes, following up on and transparently reporting the results of these public policies. It was also stated that there is concern about the prevalence of medical, philanthropic and patriarchal approaches in practice, which generally reduce persons with disabilities to their health conditions and disabilities[[2]](#footnote-2). Representatives and researchers working in the field of disability studies and disability rights in Turkey also published studies confirming these concerns through field observations and research[[3]](#footnote-3). The fact that the rights of persons with disabilities have not been secured by the state party to the Convention in a lawful and comprehensive manner in times other than disasters and humanitarian emergencies makes the violations of rights even more consolidated and alarming in times of disasters.

1. **Persons with Disabilities in Earthquakes in Turkey and Syria on 6 February 2023**

Starting from the search and rescue efforts during and after the earthquakes in Turkey and Syria on and after 6 February 2023, which resulted in catastrophic destruction and loss of life, to the ongoing humanitarian aid and reconstruction efforts, it has been observed that neither the state party to the Convention nor civil society has any public policy or plan that centralizes persons with disabilities or considers their specific needs as a non-homogeneous group[[4]](#footnote-4). While the state party has not been observed to have consistent short-, medium- and long-term activities for people who were already disabled during the earthquake and people who became disabled during or soon after the earthquake (those who were injured in the earthquake or had disabilities as a result of amputations during search and rescue, etc.), a rights-based and organized solidarity with persons with disabilities could not be organized, apart from individual persons, a limited number of organizations, and volunteer solidarity in the field[[5]](#footnote-5).

1. **On the content of Article 11**

**Disaster Risk Reduction**

As Article 11 of the Convention, entitled "Situations of risk and humanitarian emergencies" clearly states, States Parties have an obligation to ensure the safety and protection of persons and groups with disabilities in the event of armed conflicts, humanitarian emergencies and natural disasters pursuant to international human rights and humanitarian law.[[6]](#footnote-6)

The importance of disability-centered disaster risk studies is also stated in other United Nations conventions. The "2015-2030 Sendai Framework for Disaster Risk Reduction,"[[7]](#footnote-7) to which Turkey is a party, identifies four priorities: reducing disaster risk, strengthening disaster risk management, developing resilience through investments to reduce disaster risk, developing disaster risk preparedness with effective solutions and "build better" approach in rescue, recovery and reconstruction. Each of these priorities states that works on disaster risk should take into account disability.

The Sendai Framework states that all phases of disaster risk reduction works should be non-discriminatory, people-centered and centered on the principles of inclusion and accessibility. For example, Article 7 of the Sendai Framework's "Hyogo Action Plan: Lessons Learned, Gaps and Future Challenges" states that groups with disabilities should be a component of society with whom the government should collaborate in the design and implementation of disaster risk reduction efforts.

On the other hand, Article 4 of the Framework, which adopts a "build back better" approach, emphasizes that the strong inclusion of women and persons with disabilities is crucial for taking action on the principles of gender equality and accessibility in recovery and reconstruction processes.

Turkey is a country with high disaster risk due to its topographical and meteorological structure. The 2022 World Risk Report Index describes Turkey’s level of vulnerability as "very high" due to deficiencies concerning political stability, health and infrastructure and research and education activities for earthquake risk reduction as "low".[[8]](#footnote-8)

Turkey submitted an initial report to the United Nations in 2017 on the implementation of Article 11.[[9]](#footnote-9) This report stated that AFAD, which was established in 2009 for the management of humanitarian aid and natural disasters, would provide immediate assistance to the persons with disabilities in disaster areas and that it prepared booklets on disaster preparedness of groups. The United Nations Committee on the Rights of Persons with Disabilities expressed its concerns about the implementation of Article 11 in its observation report on the initial report submitted by Turkey in the CRDP Concluding Observation Report in 2019[[10]](#footnote-10) and made three main recommendations to the government:

1. To prepare a national action plan and protocol to include persons with disabilities in disaster risk reduction and humanitarian assistance in line with the criteria of "2015-2030 Sendai Framework for Disaster Risk Reduction".
2. Ensure that AFAD includes organizations with disabilities in its risk analysis, disaster risk reduction and data collection plans and activities,
3. Ensure the continuity of human, financial and technical resources to ensure that post-emergency rehabilitation, housing and reconstruction processes are accessible and effective for persons with disabilities.

In addition, the following recommendations given by Fiji in the UPR process carried out in 2020 has been accepted for examination by Turkey:

Continue to ensure that its climate change and disaster risk reduction policies are gender-responsive and disability-inclusive, consistent with the United Nations Framework Convention on Climate Change and the Sendai Framework for Disaster Risk Reduction.

1. **Disabled People disproportionately affected and experiencing particular disadvantages in situations of risk**

1. **Disabled Women and Other Marginalized Genders and Gender Non-Conforming People & Women with Disabled Children**

Disabled women as well as people with other marginalized gender identities at the intersections of patriarchy, cisgenderism, gender discrimination, and ableism experience compounded discrimination and have different needs than non-disabled cisgender women during situations of risk and humanitarian crises. The absence of public policy initiatives that centralize women and other marginalized people with disabilities during disasters and humanitarian crises is unfortunately paralleled with a similar neglect in civil society at large.

For instance, in the aftermath of the earthquakes in Turkey and Syria, many feminist organizations and civil society groups noted that the need lists and aid efforts were predominantly organized by men and consequently did not take women’s needs into consideration such as genital hygienic products, sanitary pads, menstruation products, birth control products, etc. There have been concerted efforts by feminist organizations to gather such materials and provide them to women survivors of the earthquake. However, none of these efforts took disabled women and gender minorities into consideration.

Disabled women and gender minorities might, in addition to these materials, also have other needs depending on their disability, such as adult diapers, catheters, medication for chronic conditions, special dietary needs, orthopedic and prosthetic devices, hearing aids, airbeds, communication aids, sign language interpreters, etc. Given the entire breakdown of infrastructure such as the sewage system and lack of available toilets in the affected area and the ensuing public health crisis, it was also noted that women faced greater difficulty in terms of attaining adequate hygiene as well as privacy and security.

For disabled women and gender minorities, these problems are compounded and also come with the added lack of accessibility of the available facilities. Another issue of concern was violence against women being increased during this time when millions became homeless, living in unsecured dwellings or outside with little to no law enforcement. There are reports about women getting killed by violent ex-spouses whom they had to return to live with after losing their home during the earthquake. Given ableist attitudes against disabled people during non-disaster times, disabled women and gender minorities are in an even more precarious situation in disaster contexts where gender discrimination intersects with disability discrimination.

Another group to note in this context is women with disabled children. In Turkey disability is conceptualized as a family matter and women are identified as the primary caregivers of disabled family members instead of professional care, social support or welfare programs. Women with disabled children (or other disabled family members) in disasters and humanitarian crises, who are themselves survivors of the earthquake and sustain physical and emotional trauma, have the added burden of securing the care for their disabled children (or relatives).

In the recent earthquakes, many reports surfaced about women with disabled children having difficulty accessing aid because they could not leave their disabled children alone to get into the long lines for getting necessaries such as food and clothing from stationary aid dispensaries without a plan for mobilized individual delivery. In conclusion, the State party to the Convention must immediately issue and implement a sustainable public policy programme in cooperation with the relevant civil society organizations in order to secure the rights and address the needs of disabled women and other marginalized genders with disabilities in situations of risk and humanitarian crises.

1. **Disabled People in Institutions**

Disabled people in care, rehabilitation, and correctional institutions face particular challenges during risk and disaster situations. Being wards of the state, inmates of these institutions have little to no access to the support of family or loved ones outside the institution during crises and depend entirely on institutional support. However, during humanitarian crises and disasters, such as the earthquakes in Turkey and Syria, where the institutional buildings might be damaged or destroyed and the institutional staff themselves might be injured or dead, without a sufficient disaster management plan that includes disabled inmates, disabled people in institutions are particularly vulnerable to harm.

Currently, many state institutions do not include disabled people in evacuation scenarios and plans. The state party to the Convention must ensure that there are adequate evacuation schemes, search & rescue methods, and access to relief aid which takes appropriate measures to accommodate diverse disabilities. In institutional settings with no damage, disabled inmates can face difficulty communicating with the outside because of communication infrastructures malfunctioning in the area as well as inaccessible communication mentioned previously for non-institutionalized disabled people. Disabled inmates may be mistreated by staff (who are in a way inmates themselves) from the affected area who may have lost homes or loved ones and are not in a position to supervise or care for others.

The state party to the Convention must take measures to replace staff with reserve staff from other areas to ensure adequate and humane care for disabled people in institutions during such times. Because of general communication failures and infrastructure problems, people from the general public and civil society can also lose access to these institutions for the purposes of oversight which might exacerbate rights violations and make their documentation more difficult. If the institutional setting is damaged during disasters, the inmates might have to be transferred to other institutions.

Disabled inmates in both care and correctional facilities need adequate transportation which also dispenses transparent and timely information about the move to the families or custodians of the inmates or make the information publicly available so that each inmate is safely transferred and accounted for. This is particularly important for disabled inmates in correctional facilities who are housed with non-disabled inmates and thus have fewer accommodations and care than those in care facilities.

1. **Disabled and/or Unaccompanied Children**

The absence of an inclusive approach in disaster management plans leaves disabled children with many overlooked risks in each phase of the disaster. From evacuation, search, and rescue to the resettlement process, a child-centered, rights-based approach is fundamental in planning disaster management. One of the factors that determine the well-being of disabled children is the preparedness in evacuation procedures including universal building design and accessible evacuation information. The unpreparedness of accessible evacuation procedures leaves children at greater risk of hazardous situations and losing access to their assistive devices. In cases where access to assistive devices is limited, governments should ensure to provide need-based data and facilitate access to replacement devices.

During the Turkey and Syria earthquake, the state party to the convention failed to gather data, assess the needs and create sustainable solutions for providing a replacement. The lack of preparedness also creates further challenges for non-governmental disability organizations in mobilizing their networks to ensure the well-being of disabled children whose needs vary depending on the disability type, age, and gender. It is also important to note that government cooperation is vital in accessing disabled children who lost their caregivers and/or who live in rural parts of the earthquake zone. Without sustainable government support, non-governmental organizations’ efforts are rendered less effective amidst limited financial resources and time.

In the process of search and rescue operations, the lack of inclusive disaster management caused rescue teams to create improvised solutions which, in turn, decreased the chances of survival of disabled children, especially for those who cannot verbally respond to shouts. To create an inclusive communication method, a disability organization led by autistic activists developed a communication board to better understand the needs of disabled children and adults who are non-speaking, non-native speakers, or have difficulty in verbal communication.[[11]](#footnote-11) The mainstreaming of non-ableist and anti-discriminatory methods, however, depends on the cooperation of central institutions at disaster risk reduction as Article 11 in CRPD clearly states. In this sense, the state party and national risk management operation should follow CRPD requirements in providing services and disseminating emerging solutions for disabled children in case of emergencies.

Another pressing disaster risk for disabled children is the loss of parents and/or the inability to reunite with family members. In the Turkey and Syria earthquake, for instance, more than 1300 children were lost or did not reunite with their families.[[12]](#footnote-12) The inadequacy in providing social protection for these children means a violation of disabled children’s human rights. Any negation might cause sexual, physical, and psychological exploitation of disabled children and make them targets of human trafficking, forced begging.[[13]](#footnote-13) To ensure a social protection mechanism that prioritizes disabled children’s well-being, the state party to the convention should cooperate with monitoring transnational organizations, and with non-state organizations in a transparent way. It is also noted that disabled children’s resettlement to (especially non-public) institutions that are contradictory to children’s well-being or consent is against the rights of the children.

Another note is on the representation of disabled people and more specifically disabled children. Mass media often covers disabled children as objects of pity, violating their rights as equal rights-bearing subjects of the society. It is important to note that the state party to the convention should pay attention to avoid disseminating such misrepresentations of the visibility of disabled children.

And a final note in right to education of disabled children. Schools are closed in the disaster zone in Türkiye. Ministry of National Education is part of its response provided access to families using school buildings, dormitories, teacher training centers as temporary accommodation units. Also many schools have been either destroyed or severely damaged and that requires some alternative means to be put in place for the right to education of children. It is extremely important not to underestimate the lifetime impacts of not being in school, particularly coming back up two years of disruption from COVID. Schools play a really important role in providing space for children to socialize. The State party makes sure that psychosocial support is also delivered in the school environment for children and families as well.

1. **Migration and Displacement in the context of Armed Conflict and War**

Turkey has become the world’s largest refugee hosting country, with over 3,6 million registered Syrians under temporary protection (TP) and around half a million international protection (IP) beneficiaries with various nationalities as of September 2022. In response to the substantial refugee inflows, a series of legislative, institutional and policy developments have taken place in the last decade for the reception, protection and social integration of the refugee population. The dynamics of the refugee situation also brings forth a new layer to the disability issues in Turkey. With an estimated population of half a million, there is a mounting need for addressing the needs of refugees with disabilities and developing inclusive strategies. More to the point, little is known about the experiences of refugees living with disabilities despite the presence of numerous influential civil society organizations carrying out extensive advocacy for Turkish citizens with disabilities.

There is no reliable data in relation to the number of refugees with disabilities residing in Turkey, primarily due to a lack of proper documentation. According to research conducted by the United Nations Organization for Migration (IOM) in 2017, 1 in every 10 refugee households has a member with a disability (12.4%). The United Nations Population Fund (UNFPA) estimates that 450,000 refugees live with disabilities in Turkey. Another study conducted in 2019 by Mülteciler Derneği and the London School of Hygiene & Tropical Medicine (LSHTM) found that the overall prevalence of disability amongst the Syrian refugee population in Turkey was even higher, at 24.3%. Despite these numbers, research in relation to the diverse needs of refugees with disabilities residing in these provinces is very limited.

As noted, in 2005, Turkey introduced the Disability Act No. 5378, which can be defined as the framework of law on disability within Turkey. It was formed to ensure that anti-discrimination forms the basis of disability focused policies. The law was slightly amended in 2014 to be in line with the obligations stipulated by the CRPD, however, these legal regulations do not contain specific references to refugees with disabilities.

Half of Turkey’s 3.5 million Syrian refugees are living in a region with destroyed buildings, hospitals, roads, airports, and factories, not to mention the trauma brought on by tens of thousands of lost lives, leaving them more vulnerable than ever. The effects of conflict in Syria and refugees living in Turkiye, especially in the area, worsened the earthquake’s impact.

For refugee groups, information dissemination is the key for sustaining the earthquake-affected provinces’ awareness of the life-saving messages that have to do with increasing their access to critical info about health, nutrition, sanitation, and hygiene, especially for those who lost or about to lose their homes due to the powerful earthquake. Unfortunately, persons with disabilities are one of the most vulnerable groups in this crisis while the harsh winter makes it even worse for their families to provide them with basic needs that maintain their safety.

The earthquakes revealed the traditional refugee-response system - finding durable solutions to forced displacement through local integration, resettlement, and repatriation- is broken and also is not disability inclusive.

1. **Disabled People in the context of internal displacement -**

Disabled people and the chronically ill are at greater risk because of the massive destruction in the health, sanitation, and sewage infrastructures in times of crisis. During the earthquake in Turkey and Syria, many hospitals were destroyed and out of use, if not collapsed. It was noted that delayed first aid and direct intervention are important factors in the death toll, and the increasing debilities for disabled people and chronically ill. As stated in the case of disabled children, the healthcare needs and rehabilitative support of disabled people remain to be unsolved. To respond to the urgent healthcare needs, it was noted that internal displacement, from quake zones to other cities, occurs. Yet, this mobility should be accompanied by efficient coordination to prevent further delays in healthcare and mismanagement of need-based services..

Recently, the newly emerging health-based migration routes are legally, yet discriminatorily recognized by governing state institutions. On February 24, the Ministry of Education announced that civil servants have a right to resettle in new cities in case of health emergencies but not disability-related ones. Opposing the core rationale of Article 11, the exclusionary nature of the legal resettlement note hinders disabled people’s right of living independently as active participants in both the labor force and society without taking the necessary measures for post-emergency rehabilitation and resettlement processes.[[14]](#footnote-14)

In the context of disabled or chronically ill refugees, health-oriented migration flows raised additional inequalities due to unclear and unstable registration policies for people who are under temporary protection.

Under these already difficult conditions, disabled refugees faced many risks in the cities they migrated to in the aftermath of the quakes. It is known that Syrian refugees were exposed to hate crimes and discriminatory practices that restricted their right to shelter and protection. Disabled or chronically ill refugees who migrated to new cities should be equally provided with necessary healthcare as well as language support and provision of accessible facilities regardless of their citizenship status. As a state party to the convention, Turkey is responsible for providing protection mechanisms for mitigating the risks of stigmatization, discrimination, and isolation.

1. **Rare or Invisible Disabilities**

It is important to remember that not all disabilities are visible or commonly known. Thus, non-homogenous inclusivity is key in providing disaster management for addressing the unique and complex needs of people with rare or invisible disabilities. Without such inclusivity, the abled/disabled binary is reproduced, preventing production of nuanced knowledge on how to assist and create support mechanisms for invisible disabilities. To replace the lack of knowledge with first-hand experience, cooperation between the state party and rare disability advocacy groups is key in accommodating diverse needs and access to medication in the context of rare disabilities. The governmental support is also fundamental in connecting the medication needs with pharmaceutical suppliers.

The emphasis on family and female kin as the main caregiving actors for disabled people also informs people’s experiences with rare disabilities. In line with the dominant understanding, the complex care and assistance needs for people with rare disabilities are sustained by female kin in the family. In case of disaster, it is important to pay attention that women, the main caregivers, are also affected by the disaster and in need of further assistance and support. In this sense, the unequal care labor performed by women should be replaced with professional assistance in the context of rare disabilities.

Unlike the underlying assumption that invisible disabilities are less valid, people with invisible disabilities are heavily affected by disasters. Less visible disabilities like psychosocial disabilities are often less recognized and leave disabled people in more isolation. Additionally, the lack of recognition might force disabled people to an ableist set of interactions to prove their disabilities to governing institutions.[[15]](#footnote-15)

1. **Disabled Minorities**

Discrimination, inequity, and stigma become exacerbated and often turn violent during risk and disaster situations as people direct their frustrations towards scapegoating the most vulnerable and oppressed groups in society instead of holding accountable those truly responsible for their troubles. Ethnic, racial, religious, sexual and gender minorities suffer attacks and fear for their lives in the authority vacuum that usually accompanies disasters but it is those minorities at the intersections of various oppressive systems who suffer the most. Disabled people who belong to minority groups are even more at risk than disabled people who otherwise belong to dominant or majoritarian groups.

Within the context of the recent earthquakes in Turkey and Syria, there has been very little reporting about the experiences of disabled people in general, so it is not surprising that there has been almost no reports about the experiences of disabled minorities. The fact that there is no reporting about disabled minorities is already a red flag itself. However, given the inadequate government and civil society response to the needs of disabled people and given what minorities suffered in this crisis, we can deduce some of the risks disabled minorities face. While the official state language of Turkey is Turkish, there are many indigenous and minority languages spoken in Turkey, especially in the region affected by the earthquake: such as Kurdish, Arabic, Romani, etc.

Almost none of the government announcements, mainstream reporting and national fundraising activities with regards to the earthquakes were made in the languages spoken in the region and none of these materials were presented in an accessible manner (captioning, sign language interpretation, alt-text, image descriptions, etc.). The same goes for the communication material produced during relief efforts organized by civil society organizations in terms of accessibility but the record is better for translation into different languages. Given this state of affairs, disabled minorities had no access to timely news or relief efforts throughout this devastating time, blocking their access to much needed aid.

LGBT+ people of unknown disability status reported being kicked out of temporary accommodations such as tents and relief dispensaries or fearing to enter them at all for fear of persecution for their gender and sexual identity. Thus, we can deduce that disabled LGBT+ people would suffer further discrimination due to ableism intersecting with homophobia and transphobia.

Minorities have more difficulty than people who belong to dominant groups in accessing further help in terms of being relocated to a different city and/or finding paid work after a disaster.Disabled people face disproportional unemployment as well as inaccessible public transport and housing during non-disaster times. Thus, disabled minorities find themselves at an even more precarious situation than disabled people who belong to dominant groups.

1. **The Newly Disabled: People Who Become Disabled, Sick, Or Chronically-ill During Situations of Risk and Humanitarian Crises**

There are two important dimensions to the issue of disability during situations of risk and humanitarian crises: people who are already disabled during the crises and people who become disabled during or soon after the crises. Situations of risk and humanitarian crises may produce an immense loss of life as well as disablement and illness on a mass scale. Newly acquired disabilities, chronic illnesses and mental conditions may present different management, provision and accommodation needs during the transition and adaptation into disability.

During the earthquakes in Turkey and Syria, possibly many thousands became physically disabled by being crushed during the earthquakes themselves or during search & rescue efforts where many people are reported to have been saved from under the rubble by the amputation of limbs. Medical professionals also warned that people who have waited for many hours and sometimes days under the rubble would be likely to develop chronic illnesses, especially kidney problems severe enough to require dialysis.

The collapse of both superstructure and infrastructure in ten cities during the earthquakes and the aftershocks, including public buildings, hospitals, healthcare facilities, pharmacies, sewage systems and garbage disposal systems, compounded with the lack of heating, water, gas, and electricity service for weeks, resulted in numerous other public health crises in the making such as viral and bacterial infections, diarrhea, dehydration, malnutrition, etc. The disposal of the millions of metric tonnes of rubble (reportedly as big as the landmass of Holland) from collapsed structures containing asbestos and other hazardous substances and carcinogens, on the other hand, present serious short and long term risks for increasing chronic and terminal illnesses such as asthma and cancer.

In addition to physical disabilities and chronic illnesses, the emotionally devastating situations of risk and humanitarian crises also cause, (and exacerbate the already existing) mental illnesses and psychiatric conditions (especially, PTSD, CPTSD, depression, suicidal ideation). The State party to the Convention must immediately develop and implement sustainable public policies and measures to address each of these issues beginning with assessing how many people became newly disabled during the earthquakes in order to provide the newly disabled the medical support, habilitation opportunities, and psychological support necessary. Families with disabled members are also very important. In addition to individual rehabilitation and habilitation services for disabled people, family-oriented approach should be given importance and the whole family of the person should be supported.

The State party to the Convention must also immediately take measures to prevent new public health crises from occurring via mass inoculations, proper nutrition, disinfecting the water supply, providing the necessary medical infrastructure and personnel, etc., as well as finding solutions to rubble disposal without further contaminating the water and air quality with toxic chemicals since disability prevention is as important as managing already existing disabilities in an inclusive manner that secures rights and dignity.

**5. Final Comments**

1. Although Türkiye ratified the CRPD in 2009 and the optional protocol in 2015, the government still owes more actions on disability inclusive disaster risk management as well as other policy areas.
2. Article 11 shows the need to implement disability inclusive disaster risk management, but without concerted policy development on the part of the state party to the convention prior to times of disaster risks and humanitarian crises, cooperation with relevant civil society actors, transparent reporting of ongoing efforts leads to increased right violation and debilitation of disabled.
3. The state party to the convention must ensure to take necessary measures to implement policies that centralize disabled people disproportionately affected and experiencing particular disadvantages in situations of risk.
4. Armed conflicts, humanitarian emergencies and natural disasters, the events stated in Article 11, are not mutually exclusive and often overlap. CRPD must take note of this intersectionality and create a multi-dimensional set of responses.
5. UNCRPD committee must sustain close monitoring of state parties about their short, middle and long-term policies to implement Article 11 on a regular basis.
6. Governments must ensure meaningful participation of people with disabilities to achieve CRPD article 11 and Sendai Framework, including Organizations of People with Disabilities and other disaster experts and civil society representatives in accordance with Article 33 of the convention.

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