COSP Statement

Waqar Shahid Puri, TCI-Global

Roundtable 2 – Humanitarian Emergencies and Situations of Risks

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Excellencies, Distinguished delegates, ladies and gentlemen, My Name is Waqar Puri, I belong to Pakistan and I am working with Transforming Communities for Inclusion.

TCI is an independent and global organization of persons with psychosocial disabilities with its presence in more than 50 countries.

I want to thank the hosts, co-hosts and all organizers for providing me with this opportunity to speak today at the 2nd roundtable on "Persons with disabilities in situations of risk and humanitarian emergencies" during this very important 17th session of the conference of the state parties,

I would like to start by expressing my deepest gratitude to all of us in this room for the promotion and contribution towards implementation of the UN CRPD in their countries, and working for the advancement of the rights of approximately 1 billion people with disabilities, at the national, regional & global levels.

On behalf of the movement, I want to emphasize, that we are still far behind in providing legal identities, fundamental human rights, and community supports to persons with disabilities to live equally and independently in the community, and specifically to persons disabilities from underrepresented groups from global south countries.

Persons with disabilities, particularly persons with psychosocial disabilities, are highly discriminated in the mainstream societies. We are excluded from different walks of life as we are still tagged with the labels of being a mad person, being a mentally ill, or an unsound mind person, to name a few.

We are deprived of our legal capacity under the legal incapacity laws, mental health laws and a wide variety of discrminitaory civil laws .In many TCI member countries, especially in Pakistan, we are still fighting for our identity. We are not even recognized as persons with disabilities and therefore whenever we talk about mental health, inclusion and inclusion in DRR, we are seen from the medical lens of having an illness and a full discourse on providing good care institutions, treatments, hospitalization, having more psychiatrist doctors, and availability of more rehabilitation services starts to take place.

As persons with psychosocial disabilities we are continued to be admitted to a variety of public and private institutions in the name of treatment and care, and are sent to those institutions against our will, There are several instances of accidents and deaths in such places during the humanitarian emergencies reported by various TCI members.

In situations of emergencies, families and communities seek safer ground, while those institutionalized perish inside custody. Even if such custodial places were not already prevalent before disasters, a variety of institutions and aggregated living arrangements are built post-disaster, as a way of 'building back better'.

Instead of transforing communities and providing community supports and services to people with disabilities, persons, especially children with mental, intellectual disabilities, autistic persons, women, girls and elderly with physical and mental disabilities are often found lumped together in such custodial spaces, abandoned by families.

Governments and development agencies continue to make investments in either building new institutions or renovating the existing ones. In my country Pakistan, there are a variety of new institutions mushrooming in numbers since last decade in the name of care centers, and independent living centers which are mostly run by doctors and rehabilitation professionals.

During the COVID pandemic, I got a chance to visit a private institution in Pakistan, and upon talking to a young person with a disability, he said, "I was left in this institution by my family members and they have not visited me since last two years', and when I asked him about covid pandemic, he shared, 'yes, I have heard from the staff that there is a covid spread outside and since that time we are not having access to good and enough food, and we have been chained, I am tired of this place as no body comes to even ask if we need anything', "I want to go back home and live a life with my family how I used to live few years ago, I want to meet my friends and family members and be part of the cultural events again,

During the pandemic, several custodial institutions shut their doors completely to the outside world and there is no data on how many survived the pandemic, there is no evidence of what supports were made available for people living inside institutions.

People with disabilities staying in camps and evacuation centers are left to their own devices and resources, rather than seen as needing specific disability assistance or general services. During drought and famine situations, persons with psychosocial disabilities also die due to starvation, because they are the last ones to get food and water in camps and are often left behind during evacuation plans. Women with psychosocial disabilities are exploited during rescue operations as 'mules' to carry food, medicine and supplies between disaster zones, camps and households. Practices of violence, abuse and sexual exploitation of women and girls with psychosocial disabilities occur very commonly in evacuation centers and camps. As the persons are 'non persons', and they have no recourse to justice,

During preparedness there are a number of activities carried out by the states and humanitarian agencies, but unfortunately we are left out as we are seen as mental patients, who may need only psychiatric assistance during the emergency situations. The capacity building programs focus on 'mental health' rather than 'disability inclusion', this restricts the humanitarian programming to be medical model and coercive.

On behalf of the movement today,

We emphasize that all stakeholders and communities must be transformed from the medical model to more inclusive and human rights model, from institutionalization to the right to live in communities, from rehabilitation to inclusion and from treatment to community support systems. The entry point for disaster preparedness must be wider, having the framing of inclusion for all persons with disabilities within the community.

We urge that communities must be supported by States parties to be inclusive, during regular times and also during the situations of emergencies and disasters. A culture of community inclusion must prevail in society by providing CRPD compliant community support services and community support systems along

with comprehensive awareness programs on disability inclusion and disaster preparedness. States must ensure that the Right to live independently (Art19) in the communities is not suspended during the situations of humanitarian emergencies and disaster situations.

States must ensure that the process of deinstitutionalization of persons with disabilities starts immediately and in the light of the DI guidelines, adopted by the CRPD committee in October 2022, which have given visibility to the situation of underrepresented groups, especially during times of humanitarian emergencies and disasters. The guidelines must be used by the humanitarian agencies as a reference document during the humanitarian programming. The De-institutionalization process must figure in the national disaster management protocols and OPDs must be involved at every step of planning, implementation and monitoring.

States must ensure that all legal incapacity laws are dismantled and persons with psychosocial disabilities are recognized as persons with disabilities, to exercise legal capacity and be included in all disability inclusive development programs at national level,

States must ensure that people with disabilities are included in disaggregated data collection for inclusive budgeting. States must ensure that the budgets utilized for mental health services and are utilized for providing social support systems and CRPD compliant services, to access mainstream services during the humanitarian emergencies. Investments must be made for settlement packages to live in communities and providing social protection and universal health coverage for people with disabilities

States must ensure that there is no gender and disability related discrimination during preparedness, response and recovery processes. All forms of violence against women and girls with psychosocial disabilities, LGBTQI community members found in disaster areas, in shelters and camps, must end.

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