

**Humanitarian Emergencies and Situations of Risk for Women, Girls, and Gender Diverse
Persons with Disabilities:
Submission for the CRPD Committee’s Day of General Discussion on Article 11**

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WEI, NIDWAN, WWDIN, SMRC, DIWA, and the U.S. Alliance appreciate the opportunity to provide the Committee on the Rights of Persons with Disabilities (CRPD Committee) with information on the rights of women, girls, and gender-diverse persons with disabilities in the context of humanitarian emergencies and other situations of risk, to inform the drafting of a general comment on Article 11 of the Convention on the Rights of Persons with Disabilities (CRPD).

I. Introduction

Women, girls, and gender-diverse persons with disabilities have specific protection needs and are at greater risk of some violations of their rights during situations of risk and humanitarian emergencies. These risks chiefly arise due to discrimination, stigma, stereotypes, and prejudices at the intersection of gender and disability, among other statuses.¹ There is insufficient research and data on the situation of women, girls, and gender-diverse persons with disabilities in situations of risk and humanitarian emergencies. However, the research that does exist indicates that, during situations of risk and humanitarian emergencies, women, girls, and gender-diverse persons with disabilities experience higher risks of violence than do other women and other persons with disabilities, face increased barriers to health services, including sexual and reproductive healthcare (SRH), and experience greater difficulty meeting their basic needs. Despite these risks, as the UN Secretary-General's 2020 report on women, peace, and security notes, women with disabilities are less likely to be prioritized by or have access to humanitarian response efforts and are less likely to be included in peacebuilding efforts.²

This submission will focus on the documented lived experiences of women, girls, and gender-diverse persons with disabilities during the COVID-19 pandemic (hereinafter COVID-19 gender and disability research)³ and in the context of climate change,⁴ drawing lessons to inform the CRPD Committee's interpretation of Article 11 aligned with those lived experiences. In addition to this documentation, this submission includes a brief summary of normative frameworks focused on gender and/or disability that are applicable to and informative for the CRPD Committee's consideration of the scope of Article 11. This submission concludes with a series of recommendations for the CRPD Committee and for States Parties on the scope and implementation of Article 11 at the intersection of gender and disability.

II. Normative Content of Article 11 at the Intersection of Gender and Disability

As the CRPD Committee's jurisprudence to date indicates, "situations of risk" includes not only armed conflict, humanitarian emergencies, and the occurrence of natural disasters, but also other ongoing emergency situations that pose a disproportionate risk to the rights and well-being of persons with disabilities, such as public health emergencies,⁵ as well as those that will pose a disproportionate future risk to the rights and well-being of persons with disabilities, including the progression of climate change.⁶

In its elaboration of States Party obligations under Article 11, the CRPD Committee may wish to reference the work of other international human rights and humanitarian law bodies, including as that work invokes the intersections of gender, disability, and ethnicity. In particular, the Committee on the Elimination of Discrimination against Women (CEDAW Committee) has adopted three general comments that address humanitarian emergencies and situations of risk, including its General Recommendation No. 30 on women in conflict prevention, conflict, and post-conflict situations; General Recommendation No. 37 on climate change and disaster risk reduction; and General Recommendation No 39 on Indigenous women and girls. Within the context of these General Recommendations, the CEDAW Committee has found the following:

- **Intersectional discrimination:** The CEDAW Committee noted that situations of crisis compound intersecting forms of discrimination against women and girls with disabilities, who "are often disproportionately affected compared with men or other women"⁷ and face "higher risks of experiencing the adverse effects of climate change,"⁸ particularly on their

health, food security, and livelihoods. In this regard, States must “[a]ddress the specific risks and particular needs of different groups” in humanitarian settings.⁹

- **Gender-based violence:** The CEDAW Committee has also found that women with disabilities are “at particular risk of gender-based violence and sexual exploitation during and following disasters”¹⁰ and in conflict settings.¹¹ Within this context, the Committee has called on States to ensure legislation, policy, and programming on disaster risk reduction and climate change are evidence-based,¹² gender-responsive and disability-inclusive, including by addressing both “existing and new risk factors for gender-based violence”¹³ against women with and without disabilities in such contexts. States must also train authorities, service providers, and other stakeholders on the rights and needs of women and girls with disabilities and the patterns of GBV against them in the context of climate-change-related events and natural disasters.¹⁴
- **Sexual and Reproductive Health and Rights:** The CEDAW Committee has stressed that healthcare policies and standards relating to situations of disaster must include “specific measures to ensure the promotion and protection of the rights of women and girls with disabilities,”¹⁵ with an emphasis on their right to “autonomy, privacy, confidentiality, informed consent, ...non-discrimination, and choice.”¹⁶
- **Meeting Basic Needs:** According to the Committee, women with disabilities may also be particularly “affected by the lack of adequate health and social services and inequitable access to land and natural resources.”¹⁷ As such, States must also invest in and ensure women with disabilities can access “gender-responsive social protection systems and social services that reduce economic inequalities between women and men and enable women to mitigate disaster risk and adapt to the adverse effects of climate change.”¹⁸
- **Impacts of Climate Change:** As the CEDAW Committee has noted, “[e]xtractive activities carried out by business enterprises, and other industrial, financial, public and private actors often have a devastating impact on the environment, air, land, waterways, oceans, territories and natural resources and may infringe the rights of Indigenous women and girls. Many Indigenous women who are environmental human rights defenders face killings, harassment, criminalization, and the ongoing discrediting of their work.”¹⁹
- **Respect for Culture and Self-Determination:** The CEDAW Committee acknowledges that the vital link between Indigenous women and their lands often forms the basis of their culture, identity, spirituality, ancestral knowledge, and survival. Governments and third-party actors frequently carry out activities related to investment, infrastructure, development, conservation, climate change adaptation and mitigation initiatives, tourism, mining, logging and extraction without securing the effective participation and obtaining the consent of the Indigenous People affected. The Committee has a broad understanding of the right of Indigenous women, girls, and women with disabilities to self-determination, including their ability to make autonomous, free, and informed decisions concerning their life plans and health.²⁰

Furthermore, over the past 20 years, the U.N. Security Council has adopted 10 resolutions on the issue of women, peace, and security (WPS). Although only two of these resolutions mention the needs of persons with disabilities explicitly, and none include an explicit reference to women with disabilities,²¹ the WPS resolutions do set out a number of requirements applicable to the rights of women and girls with disabilities. These include urging States to address the root causes of sexual violence; calling for significantly increased representation of women in senior positions in political, peace, and security-related institutions; and calling on States and intergovernmental and regional entities to take into consideration the specific impact of conflict and post-conflict environments on women’s and girls’ security, mobility, education, economic

activity, and opportunities.²² These requirements should be applied with equal force to women and girls with disabilities.

Beyond these authoritative interpretations of human rights and international law obligations, bodies working on humanitarian emergencies and situations of risk have developed guidance for responding to these situations that are based on human rights. Most notably, the Inter-Agency Standing Committee's *Guidelines on the Inclusion of Persons with Disabilities in Humanitarian Action* (IASC Guidelines) seek "to effectively identify and respond to the needs and rights of persons with disabilities who are most at risk of being left behind in humanitarian settings."²³ The COVID-19 gender and disability research highlighted above found that, had States implemented the IASC Guidelines during the COVID-19 pandemic, they would have anticipated and addressed nearly every sexual and reproductive health-related issue reported to the researchers by women and girls with disabilities.²⁴ This is only one in a range of guidance documents for ensuring the rights and well-being of women and girls with disabilities, both during and outside of crises.²⁵

III. Relationship of Article 11 to Other Rights for Women, Girls, and Gender-Diverse Persons with Disabilities

Article 11 intersects with a number of other rights in the CRPD. For women, girls, and gender minorities with disabilities, this intersection is most present in Article 6 (Women with Disabilities) and Article 5 (Equality and Non-Discrimination), which indicate that rights protections for persons with disabilities should also address the multiple intersectional forms of discrimination they face, including based on gender, ethnicity, and/or gender identity.²⁶ Beyond this broad framework, research has demonstrated that several other rights are implicated for women, girls, and gender-diverse persons with disabilities in humanitarian emergencies and situations of risk.²⁷

a. The Right to Freedom from Violence, Exploitation, and Abuse (art. 16)

Even outside situations of risk and humanitarian emergencies, women and girls with disabilities experience higher rates of GBV than other women and girls, due to factors based on both their gender and disability, as well as other statuses.²⁸ Indeed, women and girls with disabilities experience violence from partners and family members at least three times the rate of other women.²⁹ While data is limited on violence against gender minorities with disabilities, it is likely that they also disproportionately experience gender-based violence.³⁰

The risks for these individuals of violence, exploitation, and abuse are heightened during humanitarian emergencies and situations of risk in ways that are distinct from other women and from other persons with disabilities. The World Health Organization (WHO) has recognized that violence typically increases during times of emergency and that women with disabilities are likely to have additional risk factors, making them more vulnerable to abuse.³¹ The United Nations Children's Fund (UNICEF) has also reported that women and girls with disabilities who experience a disruption of essential services, restricted movements, and have primary caregiving responsibilities—all of which are likely to increase during situations of risk and humanitarian emergencies—are at a higher risk for GBV.³²

The COVID-19 gender and disability research highlighted above indicated that women and girls with disabilities experienced heightened risk factors for violence due to COVID-19 and

government responses to the pandemic, and many of these risk factors were based on intersectional discrimination, stigma, and stereotypes related to their gender, disability, and other factors.

- **Increased risk factors for violence:** Several women and girls with disabilities reported that stay-at-home and lockdown orders in their communities were increasing their risk of violence. Their experiences had some commonality with risks faced by other women, including as a result of tensions within households when everyone was locked in together for long periods.³³ But participants also reported risks that were exacerbated by disability, including because intimate partners or others had to take on new caregiving responsibilities, as well as due to discrimination and other factors.³⁴
- **Likely increased prevalence of violence:** Research participants from around the world reported dozens of instances of violence against women and girls with disabilities during the pandemic, occurring against themselves, against family or friends with disabilities, or against people on whose behalf they advocated. This violence was sexual, psychological, physical, and emotional in nature and impacted women of diverse ages and diverse disability groups.³⁵ This included gender-based violence, such as sexual violence and rape, and disability-related violence, as getting angry when a person needed assistance or weaponizing disability to undermine or discredit a person, as well as the withholding of needed assistance due to disability and involuntary institutionalization.³⁶ Even in cases of disability-related violence, for women and girls with disabilities there was also a gender component, as they may have been less valued than men and boys with disabilities in their households and communities while also facing the same types of power imbalances between genders as do other women, leading to higher risk of certain forms of violence that are based on this power dynamic.³⁷

Available evidence also indicates that persisting patterns of intersectional discrimination exacerbate the risk of gender-based violence and abuse against women and girls with disabilities in the aftermath of natural disasters,³⁸ as they are oftentimes required to live in crowded and inaccessible evacuation shelters offering extremely precarious living conditions, and they are usually left without assistive devices, which increases their dependency on others to meet their hygiene and other basic needs.³⁹

During situations of risk and humanitarian emergencies, police, justice mechanisms, and support services become even less accessible to women, girls, indigenous, and gender minorities with disabilities, limiting their ability to escape violence, receive protection, and seek redress.

- For instance, the gender and disability research on the COVID-19 pandemic found that GBV support services—such as shelters, psychosocial counseling, legal aid, and others—had become unavailable or inaccessible during the pandemic, making it difficult for women and girls with disabilities to report or escape violent situations.⁴⁰ The loss of social networks and broader systems of support for women and girls with disabilities during the pandemic also made it even more difficult for these women to report and escape violence.⁴¹ Furthermore, as the COVID-19 pandemic caused courts to shut down and police resources to be reallocated towards the enforcement of pandemic restrictions, women and girls with disabilities had significantly fewer avenues for seeking justice and redress for violence committed against them.⁴² During the Covid pandemic, indigenous women and girls, including other marginalized groups in Nepal, faced challenges related to receiving information and services provided by the state and other sources, which impacted their

daily lives with increasing rates of anxiety, fear, terror, turmoil and uncertainty that lead to mental health and other problems.⁴³

- Available evidence also indicates that natural disasters restrict the availability of accessible and disability-inclusive services for survivors of gender-based violence with and without disabilities. In particular, “[in] the aftermath of a disaster, both traditional and other support structures are less available to deal with GBV” as service providers tend to be under-resourced and lack adequate training to respond to GBV in emergency situations⁴⁴ and restrict the availability and effectiveness of law enforcement and formal justice mechanisms.⁴⁵ Furthermore, the negative impact of climate change on the economic stability of women with disabilities described below may reduce the financial resources available for them to access GBV response services.⁴⁶

b. The Rights to Health (art. 25) and to Respect for Home and Family (art. 23)

Situations of risk and humanitarian emergencies also create unique and disproportionate barriers to gender-related healthcare that women, girls, and gender diverse persons with disabilities need, such as sexual and reproductive healthcare (SRH). These emergencies can impact in particular the accessibility and availability of SRH services, goods, and information, while exacerbating pre-existing stigma, stereotypes, and discrimination that further prevent women, girls, and gender diverse persons with disabilities from accessing SRH. These barriers to SRH can have significant impacts on the health and well-being of women, girls, and gender diverse persons with disabilities.

1. Accessibility Barriers to SRH during Humanitarian Emergencies and Situations of Risk

The COVID-19 pandemic created further barriers to SRH information, goods, and services and the exercise of bodily autonomy for all persons, including persons with disabilities. Some of these barriers resulted from COVID-19 restrictions, such as lockdowns or social distancing measures, while others resulted from fear and stigma, including fear of catching the virus, and cultural barriers to accessing information, goods, and services. In some locations, research participants reported that SRH-related facilities closed down, were reallocated towards other health services with staff reassigned to address COVID-19, or became more limited in the types of services provided.⁴⁷ Overburdened healthcare systems, shortages in SRH goods, and changes to protocols also limited access to SRH and other healthcare for persons with disabilities, even when those services were technically available.⁴⁸

Many of these barriers impacted all women but were exacerbated for women with disabilities due to the pre-existing barriers to their exercise of sexual and reproductive health and rights (SRHR),⁴⁹ as well as the creation of new protocols in healthcare settings that did not always consider disability.

- The **closing of clinics in local communities** and the reallocation of resources towards COVID-19 meant that some sexual and reproductive health (SRH)-related needs of women with disabilities went unmet,⁵⁰ particularly in rural and remote communities,⁵¹ including because of the lack of sufficient accessible and affordable transportation options to access services or goods in other communities.⁵²
- For those who could access in-person appointments, some experienced significant issues with **communications accessibility and access to needed support persons**. Some reported that they could not bring a sign language interpreter, personal assistant, or support person with them to SRH appointments, or were no longer provided with that support by the health

service providers.⁵³ As a deaf woman from Malawi shared: “If you don’t have a sign language interpreter, the doctors often say that they can’t help you because you don’t have a sign language interpreter. Also, sometimes when you go with an interpreter, they won’t let the person to get in.”⁵⁴

- **Lack of accessible information about COVID-19 restrictions** themselves also caused confusion. A 35-year-old deaf woman from Fiji reported that the information available to the Deaf community underscored that you cannot leave your home during the COVID-19 pandemic, and despite being pregnant, she was too scared to leave her home even to go to the hospital for maternity care.⁵⁵
- Research participants further shared **financial barriers** to accessing SRH goods, commodities, and services during the pandemic. Many of them, already in precarious financial situations, lost their jobs or other income during the pandemic, which meant fewer resources to pay for health goods. As a young woman with a physical disability in Palestine stated: “Because of financial shortage I couldn't buy my sanitary pads.”⁵⁶

Available evidence suggests that climate-change-related events and natural disasters also negatively impact the quality, availability, and accessibility of SRH services, including by causing physical damage to and/or destroying health facilities and infrastructure and disrupting medical supply chains,⁵⁷ further restricting the scarce availability of disability-inclusive and accessible services in many communities, including in the Pacific region. These impacts are compounded by the fact that SRH services tend to be “underfunded and under-prioritized” as part of disaster risk reduction, response, and recovery efforts.⁵⁸

2. Attitudinal Barriers to SRH During Situations of Risk and Humanitarian Emergencies

During the COVID-19 pandemic, pre-existing stigma, stereotypes, and discrimination against women and gender-diverse persons with disabilities related to SRHR also re-emerged and were exacerbated by the crisis. This included hostile attitudes by SRH providers towards persons with disabilities,⁵⁹ as well as discriminatory attitudes about persons with disabilities and COVID-19. For instance, a woman with a disability in Asia reported that when she went to the gynecologist, the hospital staff was scared about her bringing the virus because she uses a wheelchair, which cannot be easily sanitized.⁶⁰ In Nepal, a woman with a physical disability reported that the stigma around disability extends to COVID-19 treatment: “[D]octors have prejudices about disability and COVID-19. They think all disabilities might bring the corona, so they have a negative attitude toward women with disabilities.”⁶¹

Available evidence suggests that even where services are available and within reach, during and in the aftermath of climate-change-related events and natural disasters, “women, girls, and marginalized communities may be unable to access them due to existing gender-related and other barriers that are heightened during crisis.”⁶² This is particularly the case for women with disabilities living in the Pacific region who battle stigma and harmful stereotypes around SRHR and people with disabilities who face derogatory treatment when trying to access SRH services, both from community members and service providers.⁶³ These attitudinal barriers tend to be reinforced in the context of climate-change-related events and natural disasters, particularly those that negatively impact the sources of income of persons with disabilities and their families.⁶⁴

Such attitudinal barriers are in multifaceted forms related to individual’s ethnicity, socioeconomic status, and geography. In Nepal, most indigenous, dalit, and Madhesi women

and girls with disabilities face barriers because they don't live in urban accessible settings and do not speak the dominant Nepali language. They live near the nature and communities, so they are treated with different stereotypes, attitudes, and behavior in normal settings, and that heightens during emergencies and crisis. This impacts their access to SRH services. For instance, one woman didn't have her citizenship and disability card, and other legal documents and the service providers treated her in a derogatory and disrespectful way related to her ethnicity and her indigenous nature. She didn't further use those services during the pandemic.⁶⁵

3. Impact of SRH Barriers on Health and Well-being of Women, Girls, and Gender Minorities with Disabilities

In the COVID-19 context, research participants reported that restrictions on access to healthcare had sometimes significant consequences for their SRH. For instance, Soneni, a woman with a physical disability in Zambia, reported that the pandemic delayed her obtaining an operation for an ovarian cyst, leading to significant pain.⁶⁶ Tamara, a non-binary autistic person from Porvenir, an outlying island off the coast of Chile, reported that after finding a new lump in her breast and despite a history of breast cancer, she could not get transportation to the nearest specialist services in Punta Arenas, because, during the pandemic, "they won't take you out [to Punta Arenas] unless you are dying."⁶⁷ Despite being in labor with her water broken, a 20-year-old deaf woman from Gau Island in Fiji and her mother spent hours calling the police to secure the necessary permission to go to the hospital required during the COVID-19 pandemic. As a result of this delay, she delivered her baby in the car on the way to the hospital—almost 18 hours after her mother had first contacted the police to try to secure permission—and fainted during the delivery.⁶⁸

In addition to restricting the already scarce availability of disability-inclusive and accessible services in many communities, including in the Pacific region, climate change also has a direct impact on the sexual and reproductive health of women with disabilities. In particular, although disability-disaggregated data is extremely scarce, available evidence suggests that "climate change directly and indirectly affects women's contraceptive use, fertility intentions, pregnancy outcomes."⁶⁹ In the area of maternal health, climate change has been linked to "increased risk of miscarriage, early labor, and pregnancy complications that could lead to illness, injury or death"⁷⁰ among pregnant women. Due to the impact of climate change, many indigenous women and girls with disabilities and their family members in Nepal are unable to have nutritious and fresh food, including medicines and herbs from the forest, and are compelled to walk more than 2-5 hours to fetch water. As a result, they are unable to maintain their personal and menstrual hygiene or access needed hygiene products and SRHR services and have limited water which has increased the number of health problems, and they have to depend on family members or remain without treatment.⁷¹

c. Meeting Basic Needs in Situations of Risk and Humanitarian Emergencies: The Rights to an Adequate Standard of Living and Social Protection (art. 28), to Work and Employment (art. 27), to Education (art. 24), and to Live in the Community (art. 19)

Humanitarian emergencies and situations of risk also jeopardize the ability of women, girls, and gender minorities with disabilities to obtain or retain an adequate standard of living, sometimes with long-term implications for their lives and well-being. In particular, women and girls with disabilities are among the first groups to lose adequate access to essential goods and services,

such as water and sanitation, shelter, food, and hygiene products (including menstrual hygiene products).⁷² They also face heightened barriers to accessing employment and education, disability-related supports and services, and meeting basic needs within a context in which they are generally less likely to be employed, face more discrimination based on gender and disability in education, and experience higher rates of poverty, even outside of crises.⁷³

For instance, during the COVID-19 pandemic, women and girls with disabilities reported significant issues with meeting their basic needs. These barriers stemmed from COVID-19 restrictions—such as lockdowns and other restrictions on movement—that limited their ability to access needed formal and informal systems of support and increased their risk of violence.⁷⁴ Many women with disabilities also reported barriers to continuing their education and with receiving reasonable accommodations for employment during the pandemic. Some advocates expressed fears that the barriers to education and employment at the intersection of gender and disability during the pandemic would mean a loss of opportunity and a setback in rights for a whole generation of women and girls with disabilities.⁷⁵ Several others reported that there was a lack of accessible social protection and assistance programs during the pandemic, or the inadequacy of such programs for persons with disabilities, a situation that particularly impacted women and girls with disabilities who were less likely to have savings and adequate income before the pandemic.⁷⁶

As they are overrepresented among those living in poverty, people with disabilities are also expected to “experience the worst effects of climate change through lost income and livelihood opportunities.”⁷⁷ In the Pacific region, changes in climate patterns and a higher prevalence of natural disasters have already resulted in reduced farm produce and the destruction of the property and assets of persons with disabilities, negatively impacting their income sources, economic stability, and food security within a context in which they are overrepresented among those living in poverty and/or unemployed and depend heavily on agriculture, fishing, and gardening for food production and income generation.⁷⁸ The economic consequences of climate change and natural disasters also tend to result in persons with disabilities being exposed to higher rates of violence and neglect.⁷⁹ Women with disabilities are further impacted by these patterns, as they face heightened barriers to being included in their communities and accessing employment and other alternative sources of income due to intersectional forms of discrimination.⁸⁰

In Nepal, due to climate change impacts, indigenous people with disabilities and their family members are forced into internal migration and have lost their traditional livelihoods like liquor making, agriculture, animal husbandry, and others and have reduced the land, farm production which has impacted their economic, social lives with limited food security and production. This has, in turn, increased rates of discrimination, violence, and hostility in their family lives. Women and girls with disabilities are further impacted due to these changes and are not able to express all these conditions.⁸¹

Humanitarian emergencies and situations of risk also increase the likelihood that persons with disabilities, including women, girls and gender-diverse persons with disabilities, will be arbitrarily detained in institutions under dire conditions. Research conducted by Mental Disability Rights Initiative MDRI-S and FemPlatz in Serbia found that the COVID-19 pandemic “further aggravated living conditions in residential institutions, restricted freedom and increased feelings of fear and uncertainty, as well as the experience that people living in an institution did not decide on anything related to their lives.”⁸² Climate change has a

disproportionate impact on persons with disabilities who live in institutions in violation of their fundamental rights under articles 14 and 19 of the CRPD.⁸³ In particular, “they may be abandoned by staff and left unprotected from the effects of natural disaster,”⁸⁴ within a context in which they are isolated from the family and/or community support that may be essential for survival in emergencies.⁸⁵ Furthermore, persons with disabilities who are affected by disasters “are especially vulnerable to mass, often repeated displacement, resource shortages, limited or non-existent services and access to rehabilitation or reconstruction and a wide array of security concerns”,⁸⁶ which may expose them to a higher risk of institutionalization.⁸⁷

The experience of women, girls, and gender-diverse persons with disabilities from marginalized races in the United States of America (U.S.) provides another important example of the impact of natural disasters, including those stemming from climate change. Programmatic, systemic, and sometimes individual racist, sexist, and ableist discrimination create greater vulnerability in the governmental response to natural disasters impacting people who experience all three. Women and gender minorities with disabilities from marginalized races have long been at increased risk during natural disasters in the U.S., as they are rarely included in disaster preparedness, response, and recovery efforts.⁸⁸

As communities of Black, Indigenous, and People of Color (BIPOC) in the U.S. are often built in precarious geographic locations, this puts members of the community who also identify as people with disabilities at further risk during disasters.⁸⁹ This occurs despite a legal obligation that the U.S. Federal Emergency Management Agency (FEMA) has to ensure that disaster relief and assistance applications be processed in an “equitable and impartial manner, without discrimination on the grounds of ... disability [among other factors].”⁹⁰

- In 2017, Hurricane Maria devastated the U.S. territory of Puerto Rico, where 22% of women are women with disabilities.⁹¹ FEMA’s delayed response to the hurricane left thousands without power, enduring blackouts, trapped due to closed roads, and other circumstances which exacerbate disability.⁹² The loss of power had devastating consequences for people who rely on electricity for breathing or mobility assistance. People with disabilities on the Island also reported FEMA denied their requests for assistance replacing damaged mobility devices.⁹³
- The National Council on Disability uncovered a pattern of people with disabilities who lived in the community before Hurricane Harvey in 2017 being placed in nursing homes after the storm.⁹⁴ This was in part due to a lack of post-shelter housing options or the challenges of disaster recovery. This trend has continued because the federal government allows states to place disaster-impacted people with disabilities into institutional settings for the convenience of emergency managers and healthcare providers.⁹⁵
- Overall, women are twice as likely to be placed in nursing homes than men in the U.S.⁹⁶ The occurrence of natural disasters is likely to exasperate this disparity.

IV. Recommendations for the CRPD Committee and for States Parties

To the CRPD Committee:

- Recognize that situations of risk and humanitarian emergencies may have differential and disproportionate impacts on persons with disabilities based on other intersectional identities, including gender, ethnic, and/or gender identity, and highlight that States Parties have an obligation to ensure rights for and protection of persons with disabilities in all of their diversity, including through targeted measures aimed at women, girls, and gender diverse persons with disabilities.

- Recognize that rights abuses that occur during humanitarian emergencies and situations of risk frequently result from the lack of implementation of the CRPD and other human rights obligations before crises. Recommend that States Parties, as part of their obligations under Article 11, also address the full range of rights within the CRPD and other human rights legal standards before and after crises.

To States Parties:

- Design and implement effective and participatory monitoring and evaluation systems to identify the impact of humanitarian emergencies and situations of risk on the lives of women with disabilities, including through the collection of data disaggregated by gender and disability, age, and ethnicity—and assess the effectiveness of State policies and programs to adequately protect and promote the rights of women with disabilities in humanitarian settings.
- Include women, girls, indigenous, and gender minorities with disabilities, including through their representative organizations, 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.
- Adopt and integrate existing guidance on the inclusion of persons with disabilities in humanitarian response, notably the Inter-Agency Standing Committee [Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action](#), into planning for all situations of risk and humanitarian emergencies, with a particular focus on areas that disproportionately impact women, girls, indigenous, and gender minorities with disabilities in this context, including violence and access to SRH.
- Undertake long-term efforts to ensure the full respect, protection, and fulfillment of SRHR, the right to be free from violence, and related rights for women and girls with disabilities at all times, including by addressing the root causes of persistent patterns of gender-based and structural violence and discrimination against women with disabilities.
- Adopt adequate measures to address existing and new risk factors for GBV against women with disabilities in the context of humanitarian emergencies and situations of risk⁹⁷ and ensure information and emergency services are inclusive and fully accessible to all women with disabilities, including by ensuring aid workers are well-equipped to understand, identify and respond to the needs of all women with disabilities.⁹⁸
- Increase individual and community resilience to humanitarian emergencies and situations of risk by actively promoting people’s SRHR, monitoring the impact of humanitarian emergencies and situations of risk on SRHR, and ensuring better preparedness and response in emergencies to meet the SRHR needs of those impacted, displaced, and/or at risk.
- Take positive measures to promote and protect women with disabilities’ equal rights to an adequate standard of living and social protection, to work and employment, and to education respecting the FPIC in the context of humanitarian emergencies and increase their resilience, including by addressing the barriers restricting their access to educational and employment opportunities and other sources of income. In the area of climate change and natural disasters, States should also ensure women and girls with disabilities, including indigenous and underrepresented groups with disabilities, can access and benefit from livelihoods that are sustainable and empowering, including community-led training on sustainable development and climate change.

¹ See, e.g., CRPD Committee, *General Comment No. 3: Article 6: Women and girls with disabilities*, ¶¶ 49-50, U.N. Doc. CRPD/C/GC/3 (2016) [hereinafter CRPD Committee, *Gen. Comment 3*].

² Report of the U.N. Secretary General, *Women and peace and security*, ¶ 39, U.N. Doc. S/2020/946 (2020).

³ In particular, this submission largely relies on global research on the impact of the COVID-19 pandemic on women, girls, and gender minorities with disabilities, conducted by WEI, UNFPA, UN Women, and seven local, national, and regional organizations led by women with disabilities in 2020 and 2021. This research is available in full in UNFPA, UN WOMEN, & WOMEN ENABLED INTERNATIONAL, *THE IMPACT OF COVID-19 ON WOMEN AND GIRLS WITH DISABILITIES: A GLOBAL ASSESSMENT AND CASE STUDIES ON SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS, GENDER-BASED VIOLENCE, AND RELATED RIGHTS* (2021), <https://womenenabled.org/wei-responds-to-the-covid-19-pandemic/> [hereinafter UNFPA, UN WOMEN, & WEI, COVID-19 IMPACT ASSESSMENT].

⁴ This submission also relies on work published by WEI, the Pacific Disability Forum (PDF), and the United Nations Population Fund (UNFPA) in 2022, which documented and reported on patterns of gender-based violence (GBV) and intersectional discrimination impacting the fundamental rights of women and girls with disabilities in the Pacific region—a region that is highly vulnerable to climate change and natural disasters—and how these patterns are exacerbated by climate change and natural disasters. UN Women, *Time to Act on Gender, Climate Change and Disaster Risk Reduction. An overview of progress in the Pacific region with evidence from Marshall Islands, Vanuatu and Samoa* 21 (2016), available at <https://asiapacific.unwomen.org/en/digital-library/publications/2016/11/time-to-act>

The 2021 WorldRiskReport identified Vanuatu (ranks 1st), the Solomon Islands (ranks 2nd), Tonga (ranks 3rd) and Fiji (ranks 14th) as the countries with the highest risk to natural disasters. Bündnis Entwicklung Hilft – Gemeinsam für Menschen and Institute for International Law of Peace and Armed Conflict, *WorldRiskReport 2021 7* (2021), available at <https://weltrisikobericht.de/weltrisikobericht-2021-e/>. Finally, this submission also relies on the report published by National Indigenous Disabled Women Association Nepal (NIDWAN).

⁵ Notably, the CRPD Committee has previously addressed gaps in rights protection for persons with disabilities during the COVID-19 pandemic under Article 11, and has among other recommendations called on States under Article 11 to address the situation of persons with disabilities in COVID-19 response and recovery plans, include them in the design and implementation of those plans, ensure equal access to information, ensure equal access to vaccines and healthcare, ensure equal access social and economic programs to address the negative impact of the pandemic, and to adopt measures to deinstitutionalize persons with disabilities and ensure support in the community. See, e.g., CRPD Committee, *Concluding Observations: Indonesia*, ¶ 29, U.N. Doc. CRPD/C/IDN/CO/1 (2022); *Concluding Observations: China*, ¶ 27, U.N. Doc. CRPD/C/CHN/CO/2-3 (2022); *Concluding Observations: Japan*, ¶ 26, CRPD/C/JPN/CO/1 (2022); *Concluding Observations: Singapore*, ¶ 24, U.N. Doc. CRPD/C/SGP/CO/1 (2022); *Concluding Observations: Republic of Korea*, ¶ 26, U.N. Doc. CRPD/C/KOR/CO/2-3 (2022); *Concluding Observations: Lao People’s Democratic Republic*, ¶ 19, U.N. Doc. CRPD/C/LAO/CO/1 (2022). The Committee has noted the particular impact on women and girls with disabilities of the pandemic and the need for gender-responsive emergency services in this regard. See, e.g., CRPD Committee, *Concluding Observations: Indonesia*, paras. 28-29, U.N. Doc. CRPD/C/IDN/CO/1 (2022).

⁶ The CRPD Committee has further addressed the issue of climate change within the context of Article 11. In particular, it has recommended that States mainstream disability in their climate change policies, programmes and strategies for climate change adaptation and disaster risk reduction, putting emphasis on ensuring that they are inclusive of and accessible to all persons with disabilities, in particular women. It has also called on States to ensure infrastructure and evacuation routes and information, including early-warning systems and information on disaster risk reduction and emergency preparedness, are fully accessible and disability-inclusive and that persons with disabilities are aware of and access these resources. States must also develop specific protocols to mitigate the risks to persons with disabilities in situations of risk, with an emphasis on those living in rural and remote areas. Furthermore, according to the Committee, States must develop guidelines and provide training to first responders to protect and promote the rights of persons with disabilities. See, e.g., CRPD Committee, *Concluding Observations: Honduras*, ¶ 26, U.N. Doc. CRPD/C/HND/CO/1 (2017); *Concluding Observations: Colombia*, ¶ 27, U.N. Doc. CRPD/C/COL/CO/1 (2016); *Concluding Observations: Panama*, ¶¶ 29(a) & (c), U.N. Doc. CRPD/C/PAN/CO/1 (2017); *Concluding observations on the combined second and third periodic reports of the Republic of Korea*, ¶ 24(a), U.N. Doc. CRPD/C/KOR/CO/2-3 (2022).

In addition, the Committee has emphasized that States must “ensure the effective involvement of organizations of persons with disabilities with a gender-balanced participation in the design and

implementation of legislation and policies relating to climate change and disaster risk reduction and management.” CRPD Committee, *Concluding Observations: Lao People’s Democratic Republic*, ¶ 19(c), U.N. Doc. CRPD/C/LAO/CO/1 (2022). *See, e.g.*, CRPD Committee, *Concluding observations on the combined second and third periodic reports of the Republic of Korea*, ¶ 24(b), CRPD/C/KOR/CO/2-3 (2022).

⁷ Committee on the Elimination of Discrimination against Women (CEDAW Committee), *General Recommendation No. 37 on gender-related dimensions of disaster risk reduction in the context of climate change*, ¶ 2, U.N. Doc. CEDAW/C/GC/37 (2018). [hereinafter CEDAW Committee, *Gen. Recommendation 37*].

⁸ U.N. Office of the High Commissioner for Human Rights (OHCHR), *Analytical study on the promotion and protection of the rights of persons with disabilities in the context of climate change*, ¶ 58, U.N. Doc. A/HRC/44/30 (2020) [hereinafter OHCHR, *Persons with disabilities and climate change*].

⁹ CEDAW Committee, *General Recommendation No. 30 on women in conflict prevention, conflict and post-conflict situations*, ¶ 57(b), U.N. Doc. CEDAW/C/GC/30 (2013) [hereinafter CEDAW Committee, *Gen. Recommendation 30*].

¹⁰ CEDAW Committee, *Gen. Recommendation 37*, *supra* note 7, ¶ 5.

¹¹ CEDAW Committee, *Gen. Recommendation 30*, *supra* note 9, ¶ 36.

¹² CEDAW Committee, *Gen. Recommendation 37*, *supra* note 7, ¶ 40(a).

¹³ *Id.*, ¶¶ 26(a) & 57(a).

¹⁴ *Id.*, ¶ 57(e).

¹⁵ *Id.*, ¶ 68(f).

¹⁶ *Id.*

¹⁷ CEDAW Committee, *Gen. Recommendation 30*, *supra* note 9, ¶ 51.

¹⁸ CEDAW Committee, *Gen. Recommendation 37*, *supra* note 7, ¶ 64(a). In the same vein, OHCHR has noted that States should take positive measures to promote and protect women with disabilities’ equal rights to food, land, and natural resources, increase their resilience, and empower them as “economic, social, human rights and climate actors... and enhance their capabilities to cope with climate change.” OHCHR, *Persons with disabilities and climate change*, *supra* note 8, ¶ 63.

¹⁹ CEDAW Committee, *General Recommendation No. 39 on the rights of indigenous women and girls*, ¶ 7, U.N. Doc. CEDAW/C/GC/39 (2022).

²⁰ *Id.*, ¶ 8.

²¹ *See* S.C. Res. 2106 (June 24, 2013) (recognizing the importance of providing timely assistance to survivors of sexual violence, urges United Nations entities and donors to provide non-discriminatory and comprehensive health services, including sexual and reproductive health, psychosocial, legal, and livelihood support and other multi-sectoral services for survivors of sexual violence, taking into account the *specific needs of persons with disabilities*”); S.C. Res. 1960 (Dec. 16, 2010) “Reaffirming the importance for States, with the support of the international community, to increase access to health care, psychosocial support, legal assistance, and socio-economic reintegration services for victims of sexual violence, in particular in rural areas, and taking into account the *specific needs of persons with disabilities*” (emphasis added).

²² S.C. Res. 2467, ¶ 13 (Apr. 23, 2019); S.C. Res. 2242, ¶¶ 1 & 3 (Oct. 13, 2015). Other requirements include specifically addressing the needs of women and girls living with HIV and AIDS, ending impunity and prosecuting those responsible for all forms of violence committed against women and girls in armed conflict, implementing specific and time-bound commitments to combat sexual violence, adopting a gender perspective negotiating and implementing peace agreements, and specifying priorities and strategies for better socioeconomic conditions in post-conflict situations. S.C. Res. 2106 ¶ 20 (June 24, 2013); S.C. Res. 1889 ¶ 3, 10 (Oct. 5, 2009); S.C. Res. 1960, ¶ 5 (Dec. 16, 2010); S.C. Res. 1325 ¶ 8 (Oct. 31, 2000).

²³ Inter-Agency Standing Committee (IASC), *Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action 1* (2019) [hereinafter *IASC Guidelines*].

²⁴ UNFPA, UN WOMEN, & WEI, COVID-19 IMPACT ASSESSMENT, *supra* note 3 at 31.

²⁵ *See also* UNFPA & WEI, WOMEN AND YOUNG PERSONS WITH DISABILITIES: GUIDELINES FOR PROVIDING RIGHTS-BASED AND GENDER RESPONSIVE SERVICES TO ADDRESS GENDER-BASED VIOLENCE AND SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (2018), <https://womenenabled.org/wei-unfpa-guidelines.html> [hereinafter UNFPA & WEI, SRHR AND GBV GUIDELINES]; WHO, UNFPA, UNICEF, et al, *Integrating sexual and reproductive health into health emergency and disaster risk management* (2012), https://www.who.int/hac/techguidance/preparedness/SRH_HERM_Policy_brief_A4.pdf.

²⁶ CRPD Committee, *Gen. Comment 3*, *supra* note 1; CRPD Committee, *General Comment No. 6: Article 5: Equality and Non-Discrimination*, ¶ 8, U.N. Doc. CRPD/C/GC/6 (2018).

²⁷ For instance, issues of indigenous women and girls with disabilities and climate change are not recognized and their priorities related to free, prior and informed consent (FPIC) are not taken into consideration in a right

based approach and there has been no specific plan in daily lives related to their marginalized identities in Nepal. Studies report that indigenous women with disabilities face programmatic, psychosocial, multiple identity, institutional, attitudinal and environmental barriers in their daily lives due to climate change impacts. NIDWAN, *Indigenous Women and Girls with Disabilities in Nepal: A Brief Overview* (2021).

²⁸ See, e.g., Women Enabled International, *Facts: The Right of Women and Girls with Disabilities to be Free from Violence* (2018), <https://womenenabled.org/fact-sheets.html>.

²⁹ UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT (USAID), UNITED STATES STRATEGY TO PREVENT AND RESPOND TO GENDER-BASED VIOLENCE GLOBALLY 7 (Aug. 10, 2012), <http://www.state.gov/documents/organization/196468.pdf>. It is worth noting that no global data exists on the incidence of such violence, and studies draw on different sources of data. While data on GBV against gender non-conforming persons with disabilities is largely unavailable, it is likely that they also disproportionately experience GBV.

³⁰ See, e.g., U.N. Human Rights Council, *Report of the Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity*, ¶ 62, U.N. Doc. A/HRC/38/43 (2018).

³¹ WHO, *COVID-19 and violence against women: What the health sector/system can do 1* (2020), <https://apps.who.int/iris/bitstream/handle/10665/331699/WHO-SRH-20.04-eng.pdf>.

³² UNICEF, *COVID-19 Response: Considerations for Children and Adults with Disabilities* (2020), [https://www.unicef.org/disabilities/files/COVID-](https://www.unicef.org/disabilities/files/COVID-19_response_considerations_for_people_with_disabilities_190320.pdf)

[19_response_considerations_for_people_with_disabilities_190320.pdf](https://www.unicef.org/disabilities/files/COVID-19_response_considerations_for_people_with_disabilities_190320.pdf).

³³ UNFPA, UN WOMEN, & WEI, COVID-19 IMPACT ASSESSMENT, *supra* note 3, at 17.

³⁴ *Id.*

³⁵ *Id.*

³⁶ *Id.* at 18.

³⁷ See, e.g., CRPD Committee, *Gen. Comment No. 3, supra* note 1, ¶ 29.

³⁸ See GBV AoR Helpdesk, *Guidance Note: Prevention of, and Response to Gender-Based Violence in Settings Affected by Natural Disasters With a specific look at Asia and the Pacific* 15 (2018).

³⁹ International Federation of Red Cross and Red Crescent Societies, *Unseen, Unheard Gender-Based Violence in Disasters. Asia-Pacific case studies* 57-58 (2016). For instance, women with disabilities living in Vanuatu reported that the combined effects of COVID-19 and tropical cyclone Harold, which struck the country in April 2020, resulted in an increase in the prevalence of GBV against women and girls with and without disabilities. This situation was compounded by the destruction of houses and basic infrastructure caused by the cyclone in some regions, as women with disabilities were forced to live in extremely precarious conditions, exposing them to an even higher risk of violence. UNFPA, Women Enabled International & Pacific Disability Forum, *Women and young people with disabilities in Vanuatu: Needs assessment of sexual and reproductive health and rights, gender-based violence, and access to essential services* 13 (2022) [hereinafter UNFPA, WEI, & PDF, *Vanuatu disability and gender report*]. See also Vanuatu Council of Ministers, *Recovery Strategy 2020 - 2023 TC Harold & COVID-19 2* (July 2020).

⁴⁰ UNFPA, UN WOMEN, & WEI, COVID-19 IMPACT ASSESSMENT, *supra* note 3 at 19.

⁴¹ *Id.* at 20.

⁴² *Id.* at 20-21.

⁴³ NIDWAN, *Interim Impact Assessment of Covid on underrepresented People with Disabilities in Nepal* (2020).

⁴⁴ International Federation of Red Cross and Red Crescent Societies, *Unseen, Unheard Gender-Based Violence in Disasters. Asia-Pacific case studies* 58 (2016).

⁴⁵ OHCHR, *Analytical study on gender-responsive climate action for the full and effective enjoyment of the rights of women*, ¶ 17, U.N. Doc. A/HRC/41/26 (2019).

⁴⁶ UNFPA ESARO, *The Impact of the Climate Crisis on Sexual and Reproductive Health and Rights* 3 (2022).

⁴⁷ See, e.g., a woman with a visual impairment, Tunisia, age 23 (written survey response) (“I went to many health civil society run centres and the services provided were counselling and contraceptives only.”); Lyness, a woman with a physical disability and advocate for children with disabilities, Malawi (Sept. 2020) (“During the COVID, most hospitals are not giving out family planning. Most of the family planning clinics in the hospital are closed to prevent the spread of COVID.”); a woman with a visual impairment, Bangladesh (Oct. 2020) (reporting that, during times in the pandemic, almost all health facilities were closed, including family planning facilities); Sofía, a woman with a disability, Argentina, age 21 (Oct. 2020) (“It seems like there are no campaigns providing free contraception and condoms anymore. It is all about coronavirus. [There is nothing] about family planning, and regular check, like pap smears ... are being rescheduled, as if sexual health was less important.”).

⁴⁸ See, e.g., a woman with a learning disability, U.K., age 51 (Sept. 2020); Nidhi, a woman with a visual impairment and advocate for women with disabilities, India (Oct. 2020) (“Particularly in this phase of

lockdown, there were situations around accessing sanitary napkins, sanitary wear, so it had impacted sexual health tremendously.”); a woman with a disability from a marginalized caste, Nepal (Oct. 2020) (“There has been lack of the menstrual hygiene kit during this period and people are facing several issues. The lockdown has increased the issues regarding accessibility of resources. We have launched distribution programmes distributing the menstrual hygiene toolkit as well but it has not reached [enough] people.”).

⁴⁹ Many pre-existing barriers imposed to women with disabilities when exercising their SRHR were deepened during the pandemic. For more information, please see UNFPA, UN WOMEN, & WEI, COVID-19 IMPACT ASSESSMENT, *supra* note 3.

⁵⁰ Rejoice and Anne, advocates for women with disabilities, Malawi (Oct. 2020) (“In some areas in the rural communities most of the women with disabilities access their SRHR through healthy workers who go for outreach for family planning in the communities but during this COVID-19 period such outreach are no longer happening hence women with disabilities are not able to access the services.”); an indigenous woman with a disability, Nepal (Oct. 2020) (“In the inner areas of Dang, there is shortage of the family planning services which have resulted in unwanted pregnancy.”); Tamara, a non-binary autistic person, Chile, age 34 (Sept. 2020) (reporting barriers to leaving Tamara’s remote island of residence to access SRH services because of COVID-19 restrictions).

⁵¹ Rejoice and Anne, advocates for women with disabilities, Malawi (Oct. 2020) (“In some areas in the rural communities most of the women with disabilities access their SRHR through healthy workers who go for outreach for family planning in the communities but during this COVID-19 period such outreach are no longer happening hence women with disabilities are not able to access the services.”); an indigenous woman with a disability, Nepal (Oct. 2020) (“In the inner areas of Dang, there is shortage of the family planning services which have resulted in unwanted pregnancy.”); Tamara, a non-binary autistic person, Chile, age 34 (Sept. 2020) (reporting barriers to leaving Tamara’s remote island of residence to access SRH services because of COVID-19 restrictions).

⁵² A girl with an intellectual disability, Morocco, age 12 (written survey response); Janine, a woman with a visual impairment, the Philippines, age 43 (Dec. 2020); Lyness, a woman with a physical disability and advocate for children with disabilities, Malawi (Sept. 2020) (“Most women with disabilities live below poverty line and can’t afford private transportation.”); Laxmi, a woman with a disability, Nepal (Oct. 2020) (“[A]fter the lockdown and even sometimes in between the lockdown period, public transportation, like some transportation were allowed, but public transportation and all were closed for so many months. So women with disabilities like everyone they don’t have their own private vehicles. So for other health-related needs, they could not have transportation to go for checkups.”); Patience, a woman with a physical disability, Nigeria, age 47 (Oct. 2020) (“It [COVID-19] has made access to healthcare very difficult. A woman with disability told me that she has resorted to self-medication even more harmful because there’s no way the woman can reach the hospital.”).

⁵³ Janine, a woman with a visual impairment, the Philippines, age 43 (Dec. 2020).

⁵⁴ Sekarani, a deaf person and advocate for deaf women, Malawi (Sept. 2020).

⁵⁵ A participant in a Focus Group Discussion by Naomi Navoce with members of the Fiji Association of the Deaf, in Suva, Fiji (Nov. 2020).

⁵⁶ A woman with a physical disability, Palestine, age 27 (written survey response).

⁵⁷ UNFPA ESARO, *supra* note 46, at 7. See also G. Benjamin, *Shelter in the Storm: Health Care Systems and Climate Change*, 1 THE MILBANK QUARTERLY 94, 18–22, 20 (2016). (“Achieving climate resilience means addressing a wide range of vulnerabilities, such as loss of access to medical records, cutoffs in the supply chain, shortages of staff, and, of course, the loss of and damage to utilities and facilities”); Ipas, *New research is in: Climate change impacts women’s sexual and reproductive health* (2022) (“Climate change limits and interrupts access to contraception—particularly during and right after extreme weather events like cyclones. During a weather event, women may forget to pack their birth control for evacuation because their primary focus is survival. For others, their medicines are destroyed by the storm or washed away in flooding. Women and girls told us it’s usually impossible to access health centers or pharmacies for weeks after cyclones due to the flooding and devastation to the built environment.”) [hereinafter Ipas, *Climate change and SRH*].

⁵⁸ International Planned Parenthood Federation, *The climate crisis and sexual and reproductive health and rights. Position Paper 8* (Jan. 2021), https://www.ippf.org/sites/default/files/2021-03/IPPF%20position%20paper%20The%20climate%20crisis%20and%20sexual%20and%20reproductive%20health%20and%20rights_Jan2021.pdf [hereinafter IPPF, *Climate crisis and SRHR*].

⁵⁹ See, e.g., Patience, a woman with a physical disability, Nigeria, age 47 (Oct. 2020) (sharing that, for women with disabilities who have tried to access SRH care during the pandemic, “If it was easy to reach the hospital, the health workers were not even receptive to her.”).

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- ⁶⁰ Participant in a virtual consultation in Asia-Pacific (Oct. 2020).
- ⁶¹ Rama, a woman with a physical disability, Nepal (Oct. 2020).
- ⁶² IPPF, *Climate crisis and SRHR*, *supra* note 58, at 8.
- ⁶³ See for instance UNFPA, Women Enabled International, Pacific Disability Forum. *Women and young people with disabilities in Fiji: Needs assessment of sexual and reproductive health and rights, gender-based violence, and access to essential services* 17 (2022) (Noting that many women with disabilities living in Fiji “have reported feeling judged or receiving unfair treatment at health centers or hospitals when they do seek reproductive health services.....These types of experiences deter women with disabilities from seeking health care services.”).
- ⁶⁴ Persons with disabilities from Vanuatu have reported that, in the aftermath of Tropical Cyclone Harold, whose impact was compounded by the COVID-19 pandemic, “their families have usually not been able to buy food, which has resulted in higher rates of violence and neglect towards them. This situation has also reinforced the social belief that persons with disabilities are a burden to their families.” UNFPA, WEI, & PDF, *Vanuatu disability and gender report*, *supra* note 39 at 13.
- ⁶⁵ NIDWAN, *Indigenous Women and Girls with Disabilities in Nepal: A Brief Overview* (2021).
- ⁶⁶ Soneni, a woman with a physical disability, Zambia, age 35 (Oct. 10, 2020) (“I was diagnosed with the ovarian cyst. I was supposed to go for an operation in April. But, after COVID-19 hit Zambia, I couldn't see the doctor anymore, because the health facility where I saw the gynecologist was closed after they confirmed the first case of COVID-19. From then after that, I've been having some issues with my female reproductive organs.”).
- ⁶⁷ Tamara, a non-binary autistic person, Chile, age 34 (Sept. 2020).
- ⁶⁸ A participant in a Focus Group Discussion by Naomi Navoce with members of the Fiji Association of the Deaf, in Suva, Fiji (Nov. 2020).
- ⁶⁹ Ipas, *Climate change and SRH*, *supra* note 57 (describing that “[climate] change limits and interrupts access to contraception—particularly during and right after extreme weather events like cyclones. During a weather event, women may forget to pack their birth control for evacuation because their primary focus is survival. For others, their medicines are destroyed by the storm or washed away in flooding. Women and girls told us it’s usually impossible to access health centers or pharmacies for weeks after cyclones due to the flooding and devastation to the built environment.”).
- ⁷⁰ UNFPA ESARO, *supra* note 46, at 3. (noting, for instance, that “[global] heating impacts the patterns of vector- borne diseases, such as malaria, with negative maternal and child health outcomes such as maternal illness and low birth weight.”).
- ⁷¹ NIDWAN, *Impacts of Climate Change on Indigenous Women With Disabilities: A rapid assessment in Nepal* (2021).
- ⁷² Women Enabled International, *Facts: Rights of Women and Girls with Disabilities in Conflict and Humanitarian Emergencies* (2020), <https://womenenabled.org/fact-sheets.html> [hereinafter Women Enabled International, *Conflict and Humanitarian Emergencies*]
- ⁷³ UNFPA, UN WOMEN, & WEI, COVID-19 IMPACT ASSESSMENT, *supra* note 3 at 22. See CEDAW Committee, *Gen. Recommendation 37*, *supra* note 7, ¶ 2 (“Women, girls, men and boys are affected differently by climate change and disasters, with many women and girls experiencing greater risks, burdens and impacts. Situations of crisis exacerbate pre-existing gender inequalities and compound the intersecting forms of discrimination against, among others, ...women with disabilities..., who are often disproportionately affected compared with men or other women.”).
- ⁷⁴ UNFPA, UN WOMEN, & WEI, COVID-19 IMPACT ASSESSMENT, *supra* note 3, at 27-28.
- ⁷⁵ *Id.* at 28.
- ⁷⁶ *Id.* at 28-30.
- ⁷⁷ OHCHR, *Climate change and persons with disabilities*, *supra* note 8, ¶ 6.
- ⁷⁸ Patrick Fong, *Women and disability in the context of climate mobility. Case Studies of Fiji: Solomon Islands and Vanuatu*, Pacific Resilience Partnership 9, 12 (2022) (noting that relevant changes identified by persons with disabilities include “unpredictable rainfall patterns, more flooding, higher temperatures, more severe hurricanes or tropical storms, an increase in sea level and increased severity of coastal erosion.”).
- ⁷⁹ See UNFPA, WEI, & PDF, *Vanuatu disability and gender report*, *supra* note 39, at 13.
- ⁸⁰ OHCHR, *Climate change and persons with disabilities*, *supra* note 8, ¶ 13. See also OHCHR, *Analytical study on gender-responsive climate action for the full and effective enjoyment of the rights of women*, ¶ 18, U.N. Doc. A/HRC/41/26 (2019); UNFPA, WEI, & PDF, *Vanuatu disability and gender report*, *supra* note 39 at 13.
- ⁸¹ NIDWAN, *Impacts of Climate Change on Indigenous Women With Disabilities: A rapid assessment in Nepal* (2021).

⁸² Maja Popović, Marijana Jović, Maša Pavlović, *Isolated in Isolation, Communication with Women with Mental Disabilities from Residential Institutions in Serbia during COVID-19 Pandemic* 19 (2021).

⁸³ CRPD Committee, *Guidelines on deinstitutionalization, including in emergencies*, ¶ 107, U.N. Doc. CRPD/C/5 (2022) [hereinafter CRPD Committee, *Guidelines on deinstitutionalization*]. The Guidelines stress that “[during emergency situations, such as pandemics, natural disasters or conflicts, States parties should continue and accelerate efforts to close institutions.....During emergencies, immediate efforts are necessary to identify people with disabilities in institutions, and to identify internally displaced persons with disabilities, unaccompanied and separated children with disabilities and refugees with disabilities in order to prevent their institutionalization. Targeted efforts are needed to ensure inclusion in evacuation, humanitarian relief and recovery measures and full accessibility in situations of risk and emergency. Emergency and recovery funding should not support continued institutionalization. Instead, plans for accelerated deinstitutionalization should be included in recovery efforts and in national deinstitutionalization strategies, and implemented immediately in emergencies.” *Id.*, ¶ 107.

⁸⁴ IASC, *Minimum Service Package Mental Health and Psychosocial Support* 79 (2022).

⁸⁵ *Id.*

⁸⁶ Special Rapporteur on Adequate Housing, *Adequate housing as a component of the right to an adequate standard of living, and the right to non-discrimination in this context*, ¶ 30, U.N. Doc. A/72/128 (2017).

⁸⁷ In view of these patterns, the CRPD Committee has stressed that States “should abolish all forms of institutionalization, end new placements in institutions and refrain from investing in institutions. Institutionalization must never be considered a form of protection of persons with disabilities, or a ‘choice’” in situations of risk and beyond. CRPD Committee, *Guidelines on deinstitutionalization*, *supra* note 83, at ¶ 8.

⁸⁸ See Fayola Jacobs, *Black feminism and radical planning: New directions for disaster planning research*, 18 PLANNING THEORY 24 (Mar. 15, 2018). See also Julia Cusick, *STATEMENT: Disabled People Are Completely Excluded from FEMA’s 2019 Disaster Preparedness Report*, AMERICAN PROGRESS (Dec. 5, 2019), <https://www.americanprogress.org/press/statement-disabled-people-completely-excluded-femas-2019-disasterpreparedness-report>.

⁸⁹ During Hurricane Harvey, a Category 4 hurricane that hit the U.S. states of Texas and Louisiana in August 2017, Black, indigenous, People of Color (BIPOC) were particularly vulnerable. Many communities of color in Texas and Louisiana are built on low lying areas of the city without proper drainage for waste water.⁸⁵ Given this, it is not surprising that a survey of Hurricane Harvey victims conducted by the Kaiser Family Foundation found that Hispanic and Black residents disproportionately reported property damage and loss of income. The survey also found that White residents were twice as likely to report having their claim for assistance approved by the Federal Emergency Management agency. See Ayana Byrd, *Why Texan Communities of Color Are Particularly Vulnerable to Hurricane Harvey*, COLORLINES (Aug. 28, 2017), <https://www.colorlines.com/articles/why-texan-communitiescolor-are-particularly-vulnerable-hurricane-harvey>.

⁹⁰ 42 U.S.C. 5151(a).

⁹¹ *Disparate Treatment of Puerto Rico Residents with Disabilities in Federal Programs and Benefits*, NAT’L COUNCIL ON DISABILITY (May 25, 2022), https://www.ncd.gov/sites/default/files/NCD_Puerto_Rico_Report_508.pdf/.

⁹² *Id.*

⁹³ Alexis Smith, *Recovering on Wheels After Hurricane*, PULITZER CTR. (Dec. 7, 2018), <https://pulitzercenter.org/stories/recovering-wheels-after-hurricane-maria>. For example, Keishla Rolón, who lived on the Island during Hurricane Maria, recounted in a blog post that FEMA denied her request to replace her power wheelchair and her adjustable bed, which broke due to flooding from the hurricane.

⁹⁴ See *Preserving Our Freedom: Ending Institutionalization of People with Disabilities During and After Disasters*, NAT’L COUNCIL ON DISABILITY (May 24, 2019), https://ncd.gov/sites/default/files/NCD_Preserving_Our_Freedom_508.pdf.

⁹⁵ *Id.*

⁹⁶ Arthur L. Dolinsky & Ira Rosenwaike, *The Role Of Demographic Factors in the Institutionalization of the Elderly*, 10 RSCH. ON AGING 235, 236 (1988).

⁹⁷ CEDAW Committee, *Gen. Recommendation 37*, *supra* note 7, at ¶ 57(a).

⁹⁸ IASC *Guidelines*, *supra* note 23, at 20. See also OHCHR, *Persons with disabilities and climate change*, *supra* note 8, ¶ 44; Women Enabled International, *Conflict and Humanitarian Emergencies*, *supra* note 72, at 4.