

briefing

minority
rights
group
international



The Situation of Black People with Disabilities in Brazil





July 2022 protests in Brazil following the torture and killing of Genivaldo de Jesus Santos, a black man diagnosed with schizophrenia, by the Brazilian Federal Highway Police on 25 May 2022.
Credit: Thiago Fernandes. Thiago Fernandes is a photographer and Black person with disability working with Uneafro Brazil.

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Vidas Negras com Deficiência Importam (VNDI)

VNDI are a movement created by black people, people with disabilities and especially black people with disabilities in the search for an anti-racist and anti-ableist society. Our struggle and mobilization are for a social model that allows black people with disabilities respect and human dignity through public policies to protect the population with disabilities, as well as guaranteeing the Convention on the Rights of Persons with Disabilities.

We fight against the denial of our existence by ableist and racist social structures, evidenced in the reduced number of studies and research, in the lack of access to academic spaces and in the actions that exclude us from public policies of inclusion, accessibility and discussions within civil society without our effective participation. Thus, making it impossible to access the correct diagnosis and the necessary and individualized follow-up, as well as the fight against institutional violence towards people with disabilities, especially black people with disabilities.

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Minority Rights Group International

Minority Rights Group International (MRG) is a non-governmental organization (NGO) working to secure the rights of ethnic, religious and linguistic minorities and indigenous peoples worldwide, and to promote cooperation and understanding between communities. Our activities are focused on international advocacy, training, publishing and outreach. We are guided by the needs expressed by our worldwide partner network of organizations, which represent minority and indigenous peoples.

MRG works with over 150 organizations in nearly 50 countries. Our governing Council, which meets twice a year, has members from 10 different countries. MRG has consultative status with the United Nations Economic and Social Council (ECOSOC), and observer status with the African Commission on Human and Peoples' Rights (ACHPR). MRG is registered as a charity and a company limited by guarantee under English law: registered charity no. 282305, limited company no. 1544957.

The Situation of Black People with Disabilities in Brazil

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Easy Read Summary

What is this report about?



This report is about people with disabilities who experience intersectional discrimination in Brazil.



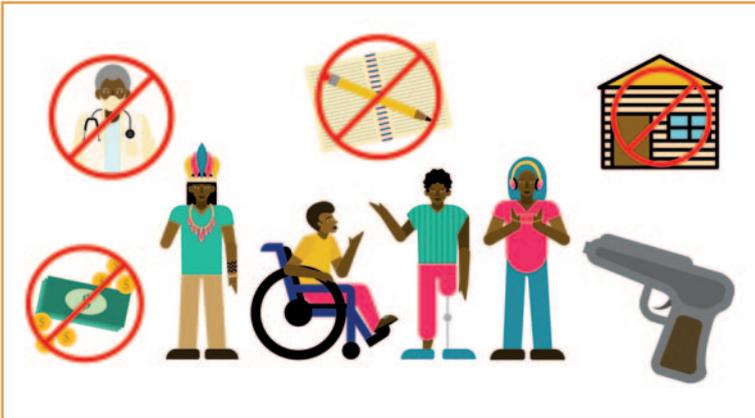
Intersectional discrimination means when a person experiences discrimination for more than one reason at the same time. For example, a black disabled woman can experience disability discrimination, sexism and racism.



In Brazil, many people suffer intersectional discrimination.



Discrimination against people because they are disabled, black, from the favelas, indigenous, women or LGBTQI+ can make these people's lives more difficult.



Black people with disabilities are more likely to have health problems, be unemployed or in low-paid jobs, suffer violence, live in institutions or on the street and not be able to study.



There is little information about the lives of black people with disabilities in Brazil, so we collected more information and wrote this report.



We will use the report to let more people know about these problems and give advice about how to improve the lives of black people with disabilities.

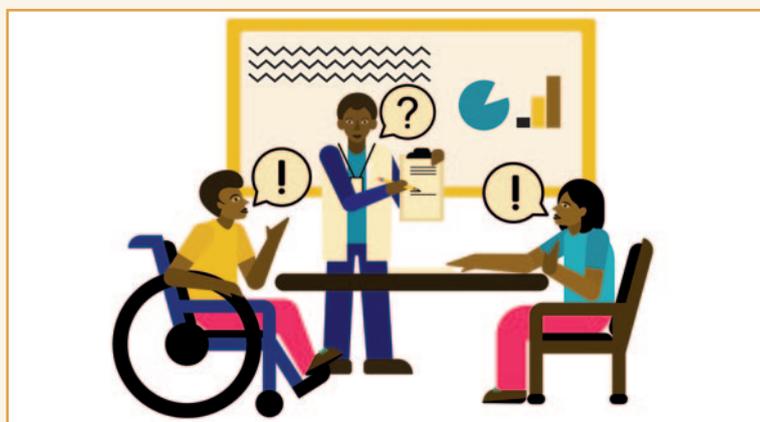
How did we write this report?



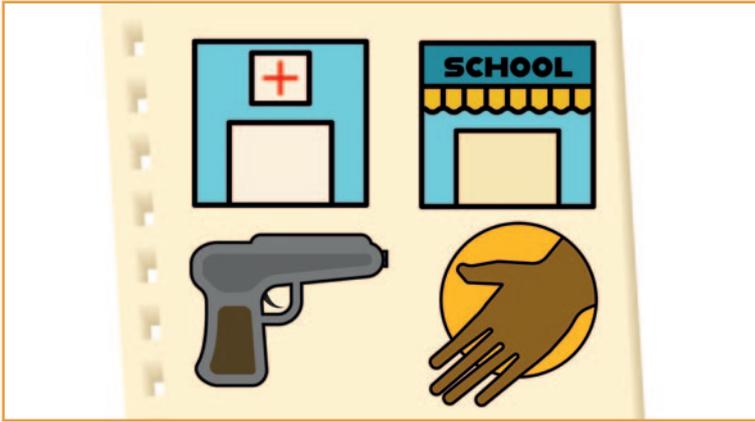
Three organizations wrote this report: Vidas Negras com Deficiência Importam (VNDI), an organization of black people with disabilities in Brazil, Minority Rights Group (MRG) and the University of York.



To write this report, we collected information about black and other marginalised people with disabilities. We spoke to black people with disabilities, their families, and organizations of people with disabilities about their experiences.



We also spoke to non-governmental organizations (NGOs) and government organizations that provide services for people with disabilities. We read research reports and looked at statistics about black people with disabilities in Brazil.



The main topics of the report are health, education, violence and care.



The report includes recommendations to the government of Brazil about how to improve the lives of black people with disabilities. There is also one recommendation for Brazilian civil society (non-government organizations or NGOs).



This report is based on another report that we sent to the United Nations Committee on the Elimination of Racial Discrimination (CERD).

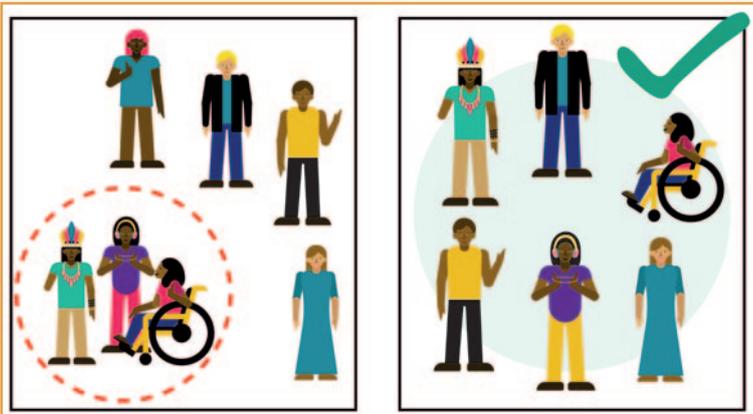
Our Recommendations to the Government of Brazil



1 Collect information about disability, gender, race, and quilombola or indigenous identity. Carry out a disability census that pays attention to intersectional discrimination.



2 Talk to groups of people with disabilities who are black, indigenous and quilombola when creating public policies on disability.



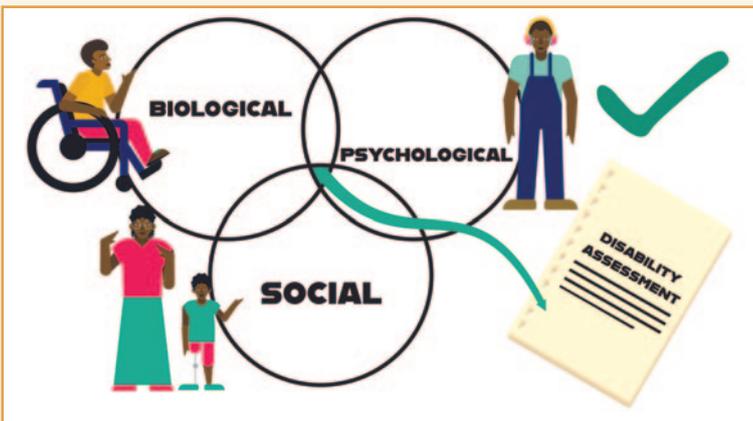
3 Create public policies to end institutionalization of people with disabilities.



Make sure that all persons with disabilities receive enough support to lead a life with dignity.



4 Make sure that people with disabilities can choose their own care and have access to carers who are properly paid. Make sure families also get support.



5 Change the disability assessment to one based on a biopsychosocial model of disability. Biopsychosocial assessments help to avoid medical stereotypes and recognises people with psychosocial disabilities as people with disabilities in public policies.



Recognize people with psychosocial disabilities as people with disabilities so that they have the same rights as other people with disabilities.



6 Make sure that all people living on the streets can register for health and social services. This includes support with housing and other things they need. Follow the law that says people on the streets must be given help to find a place to live. This is even more important for people with disabilities, as they may need more support.



7 Create public policies to include students with disabilities at all levels of education. Make sure that these students have access to the same opportunities that other students have.



Do whatever is necessary for these students to stay in school and succeed. For this, the government must supervise and enforce the laws.



8 Strengthen public policies that allow black people with disabilities to live independently. This can be done using an Independent Housing program, which makes housing decent for these people. This is important for the autonomy and independence of these people.



9 Teach the history of the disability rights movement and African and Afro-Brazilian cultural heritage.



10 Put public policies in place to stop violence against black people with disabilities. Especially for people most affected by structural violence, such as black women with disabilities and people with intellectual disabilities.



11 Remove barriers that prevent black people with disabilities from getting and keeping jobs in the formal job market. Make public policies that deal with intersectional discrimination in education, training and work.

Our Recommendation to Brazilian Civil Society



1 Disability organizations and black organizations should work together to solve the problem of intersectional discrimination experienced by black people with disabilities.

What we concluded from this report:



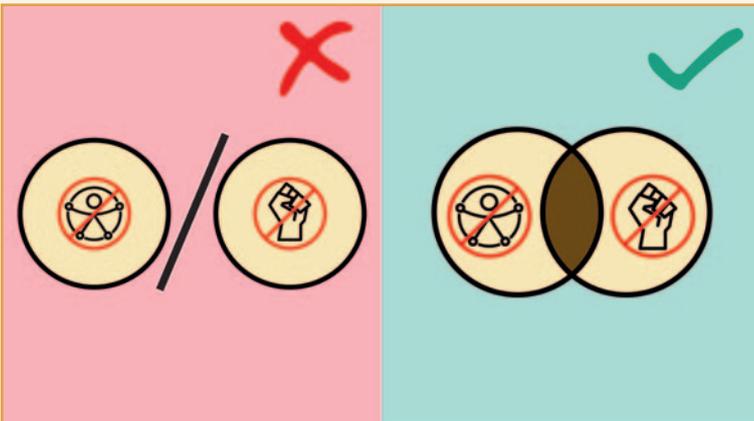
Intersectional discrimination in Brazil, linking disability and race, is a direct result of the impacts of enslavement and colonization.



The lack of information about the lives of black people with disabilities in Brazil is the result of intersectional discrimination, at the same time that it is the cause of this same discrimination.



The Brazilian government must put an end to the erasure and neglect that the black population has been forced to suffer over the centuries.



Intersectional discrimination based on disability and race cannot be divided.



Intersectional discrimination based on disability and race needs to be addressed by relevant bodies and organizations at the local, national and international levels.

Executive Summary and Recommendations

Introduction

The historical context of the black population with disabilities in Brazil is underpinned by the history of enslavement and the impacts of colonization that last until today. That legacy is even more intense for black people with disabilities, whose ancestors were enslaved and/or acquired disabilities due to the torture and mistreatment they suffered in the colonization process.

The Black Lives with Disabilities Matter Movement (VNDI), in collaboration and partnership with Minority Rights Group International and the University of York, researched for two years and collected data on the situation of black people with disabilities in quilombola communities, indigenous communities, other marginalized populations and favelas in Brazil.

Due to the historical erasure of this minority population, there were some difficulties during the research process, such as lack of data on the current situation of the black population with disabilities, including lack of access to health and basic health services, among other problems based on multiple or intersectional discrimination (race, gender, class and disability).

This report makes some key recommendations that will serve as first steps towards addressing the ongoing structural and intersectional discrimination experienced by black persons with disabilities in Brazil, which limits their full and effective participation in society:

Recommendations to the Government of Brazil

1. Ensure the collection and distribution of disaggregated demographic data that includes disability, gender, race, ethnicity, gender identity, sexual orientation and self-identification as black, quilombola or indigenous in the national census and in surveys for key areas of inequality such as education, health, employment, social welfare, homelessness, criminal justice system, police violence and housing and sanitation. Supplement the national census data with a disability-specific census that takes an intersectional perspective.
2. Ensure consultation with organizations of black, indigenous and quilombola people with disabilities in the development of all disability policies.
3. Develop public policies to end institutionalization, guaranteeing the right of all persons with disabilities to live with their families or communities, and providing sufficient support for all persons with disabilities and their families to have a dignified life, regardless of their socioeconomic position.
4. Ensure adequate remuneration for caregivers, professionalizing care in a transversal way in the context of public policy, which means strengthening the public school system, the Unified Health System (SUS), the Unified Social Assistance System (SUAS) and others, so that family members can benefit from an expanded support network.
5. Implement the biopsychosocial assessment of disability in Brazil as a tool for guaranteeing diagnoses, as the biopsychosocial assessment reduces medical stereotypes and guarantees access to formal diagnosis, so that the black population with disabilities has expanded access to diagnosis and all rights that the Brazilian state guarantees to people with disabilities. Recognize for legal and public policy purposes, persons with psychosocial disabilities as persons with disabilities.
6. Ensure that all homeless people are able to register in the Unified Registry for Social Programs and access the necessary social and healthcare services to which they are entitled. Ensure the implementation, with special attention to people with disabilities, resolution No. 40 of the National Council on Human Rights (CNDH) 2020 and especially Article 14,¹ which stipulates that federal entities must adopt strategies for the immediate access of the homeless population to housing.
7. Develop and promote public policies for the inclusion of students with disabilities in all spheres and modalities of education taking into consideration intersectional perspectives, seeking not only access but also positive impacts, while promoting compliance with the legislation regarding the promotion of special education through inclusive education.
8. Strengthen public policies for the autonomous life of black people with disabilities, through the independent housing programme, understanding that this is a way of democratizing access to decent housing that works as a strategy for the emancipation and autonomy of adults with disabilities.
9. Systematically integrate the history of the movement of people with disabilities in the context of education focussing on African and Afro-Brazilian cultural heritage.
10. Integrate into public security policy measures to combat the high rates of violence committed against black people with disabilities by the state and public, paying particular attention to those affected by structural violence, such as black women with disabilities and people with intellectual disabilities.

11. Remove the barriers that prevent more black people with disabilities from entering the formal labour market by implementing public policies that address structural ableism and racism in education, training and work.

Recommendation to Brazilian civil society

To the social movements that fight for the rights of people with disabilities and/or for the rights of black people in Brazil: listen to and learn from movements that interrogate intersectionality between race and disability and seek to build collective action to address key issues.

Background: the impact of intersectional discrimination on black people with disabilities

The situation of black people with disabilities today in Brazil cannot be separated from Brazil's colonial history, which resulted in three hundred and fifty years of slavery of indigenous peoples and 5.5 million Africans. During these centuries of slavery, most of the black enslaved population was subjected to torture and mutilation as a form of punishment, which in turn subjected many enslaved black people to acquired disability. The varieties of punishments were provided for by law with support of the Church; the most powerful institution at the time.² Enslaved people were also fiscally valued according to body type, ability, strength, intelligence and skin colour. Whilst there are gaps in data and historical documents about the situation of enslaved people with disabilities, it can be assumed that disabled bodies were seen as 'unproductive' and causing loss to the landowner. Therefore, enslaved people with disabilities were often cast out of plantations, sold for medical research, left to die or murdered. This historical context contributes to the reality of black people with disabilities in Brazil today, who are still subject to intersectional discrimination based on disability, race, gender and other personal identity characteristics that interact, reinforcing their low position in society.

In this report, 'black people' also broadly includes quilombolas, whilst respecting their unique situation and identity that differs from that of the general black population and deserves special attention. Quilombolas are a social category resulting from the historical process of resistance against enslavement in Brazil. Traditionally defined along ethnic-racial lines in relation to the descendants of enslaved Africans or Afro-Brazilians who escaped and resisted slavery, quilombola communities have also been associated with forms of political and social organization developing in parallel with, and as an alternative to, the slavocrat and racist society.³ Quilombos are located in all regions of Brazil. Many elements distinguish them, including: specific kinship relations; oral transmission of sociocultural traditions; a strong connection with Afro-Brazilian culture; and, above else, a close attachment to the territory, which provides both material and symbolic sustenance to quilombola communities. Recognized as subjects of rights by the 1988 Constitution,⁴ these groups are still made invisible and deprived of public policies that could minimize the vulnerabilities produced by centuries of exclusion and institutionalized racism. There are many challenges faced

by these groups, particularly pertaining to: territorial certification and land-titling; access to health services; drinking water and sanitation; food security; income generation; and protection of their cultural practices.

There is a lack of accurate disaggregated data that includes race and disability, which makes any estimates of official figures relating to black people with disabilities difficult. According to the Demographic Census of the Brazilian Institute of Geography and Statistics (IBGE), the most recent national census carried out in 2010 shows that of a total population of 190,755,799, 51 per cent declared themselves black (8 per cent 'black' and 43 per cent 'brown'). Of the total population, 45 million people are classified as having some type of disability, that is, a quarter of the Brazilian population or approximately 24 per cent. From this segment, the 2010 Census shows that 24.3 per cent of people with disabilities are black, and 56 per cent identify as female.⁵ This indicates an underrepresentation of black people with disabilities in comparison to the general black population of 51 per cent. In contrast, the National Health Survey (PNS) that was carried out in the period between 2013 and 2019 in private residences indicated that of 279,382 respondents, 14,703 were black people with disabilities, or 5 per cent, and 8,677 were black women with disabilities, or 3 per cent.⁶ However, in 2018, IBGE carried out a review of the general data on people with disabilities, collected by the 2010 census to bring data collection in line with the Washington Group on Disability Statistics and ensure comparability in methodology, analysis and statistics with other countries. For this reason, there was a decrease in the official percentage of people with disabilities in the country, from 23.9 per cent to only 6.7 per cent.⁷

There is no estimate on the number of quilombolas with disabilities due to lack of data, general research and focused public policies for these populations. Nonetheless, quilombolas suffer from profound health inequities in relation to the rest of the Brazilian population,^{8,9} and fieldwork observation in some quilombola communities has revealed high rates of people with psychosocial and physical disabilities without access to diagnoses, disability benefits or social assistance.¹⁰ Disability in quilombola communities is compounded by poorer access to health services, food insecurity and a lack of potable water.

The current disability classification system, widely used in public policies in Brazil, does not generally include

people with psychosocial disabilities as people with disabilities. The failure in the census has to do with a lack of budget allocation, which in turn suggests a lack of political interest in recognising the rights of these people. Thus, and in the absence of a disability assessment model in Brazil, the actual number of people with disabilities in the country, according to the definition of disability in the Convention on the Rights of Persons with Disabilities (CRPD), will be higher.

The low rate of people with disabilities represented by race or ethnicity in official reporting could be due to confusion around racial identity in Brazilian society leading to low levels of self-identification as black¹¹ and with disabilities. This has been linked to miscegenation and eugenic policies during the period from 1918 to the 1940s, which aimed to promote marriages between specific populations, namely of whites/migrants, and discouragement of 'non-human unions' that were considered harmful to society, such as blacks and people with disabilities.^{12,13} Lack of disability self-identification is also linked to the history of enslaved black people and the denial of their humanity and vulnerability.

Black people with disabilities complain of discrimination by doctors that prevents or delays access to diagnoses and official recognition of impairment, which in turn conditions access to public policies.¹⁴ It is noticed through reports that even 'visible' disabilities are denied formal diagnosis, which would otherwise guarantee access to fundamental rights.¹⁵ In Brazil, the assessment model used to officially recognise disability is the medical model, which is not in line with the International Convention on the Rights of Persons with Disabilities (CRPD) and may explain the low numbers of black people with disabilities represented in official health statistics. This is aggravated by a general lack of access to healthcare by black people,¹⁶ especially black women, caused by institutional racism¹⁷ and a lack of general access to healthcare for people with disabilities,¹⁸ especially women with disabilities,¹⁹ caused by institutional ableism. This lack of access to healthcare services and disability diagnoses is compounded for black people with disabilities and especially for black women with disabilities owing to multiple and intersecting discrimination on grounds of race, disability and gender identities.

The situation of black people with disabilities continues to be affected by administrative or physical barriers to accessing their economic, social and cultural rights, as well as structural discrimination. Most acute are racism and ableism, which are in turn linked to the country's

genocidal history of slavery and sociocultural conceptualizations of disability as misfortune or weakness. As a result, black people with disabilities are more often located in the most vulnerable and violent positions in Brazilian society. They are overrepresented in homeless populations, in segregated institutions for people with disabilities,²⁰ and in the criminal justice system. Research based on census data shows that black people are significantly more likely to live in areas that are wheelchair inaccessible, and with no or inadequate pavements, sanitation, lighting and drainage,²¹ which highlights the present-day link between disability, race and poverty in Brazil. This population also suffers from higher rates of violence, unemployment, restricted access to education, poorer health, fewer economic opportunities, as well as marginalization from social and political participation. =

This report also recognizes the role of women in caring for people with disabilities, most of whom are also black women from marginalized backgrounds, engaged in unpaid family care work that perpetuates the poverty of families with members with disabilities. The absence of public policies to support and remunerate people in such caregiving roles contributes to the ongoing oppression of both black women and black people with disabilities.

Methodology

Data on the situation of persons with disabilities belonging to black, marginalized and favela-dwelling communities were collected, disaggregated and analysed by the research team. The sources of data included official governmental statistical databases, national surveys, a review of NGO databases and research reports, an online survey, and via a series of interviews and visits that occurred between January and August 2022 in the states of São Paulo, Rio de Janeiro, Minas Gerais and Pernambuco by members of VNDI in partnership with MRG. Data was collected from people with disabilities from various marginalized communities and groups including, quilombola communities, institutionalized children and adults, those experiencing homelessness, those experiencing violence and those within the judicial system. The data collection involved consultations with local and national organizations of persons with disabilities (OPDs), services for persons with disabilities, governmental organizations (GOs) and non-governmental organizations (NGOs).

Relevant Federal Policies

Brazil is a signatory to the CRPD, having ratified it with a constitutional amendment, and its Optional Protocol. The CRPD makes explicit reference in its preamble to persons with disabilities who are subject to multiple or aggravated forms of discrimination based on race, colour, sex, language, religion, political or other opinion, national, ethnicity, indigenous or social origin, property, birth, age or other status.²²

Brazil also has several state policies and national strategies designed to uphold the rights of people with disabilities. For example, the Brazilian Law for the Inclusion of Persons with Disabilities (Statute of Persons with Disabilities);²³ The National Policy for the Integration of the Person with Disability,²⁴ relating to insertion of people with disabilities into the labour market; the National Policy on Special Education from the Perspective of Inclusive Education (PNEEPEI);²⁵ and Law No. 10.216/2001 concerning the protection and rights of 'persons with mental disorders'.²⁶ The 2012 National Quota Law²⁷ allocates 50 per cent of places for black and

indigenous students and students with disabilities to enter into federal universities.

Brazil does not have a policy specifically aimed at the health of the quilombola population, a right already guaranteed to indigenous peoples. The quilombolas are included under the remit of the National Integral Health Policy for the Black Population,²⁸ which still lacks the means for effective action including budgetary allocation. The division of responsibilities between the federal, (subnational) state and municipal spheres, and the inadequate coordination between these three levels, also compromises the effectiveness of public health policies. Resources are used without considering the specificities, vulnerabilities and prominent diseases among the quilombola population.²⁹

However, people with disabilities complain about a notable lack of disability laws and policies relevant to the poorest and most marginalized population with disabilities, the vast majority of whom are black.

The relationship between violence and black people with disabilities in Brazil

In the context of this report, the concept of violence follows the definition of the World Health Organization (WHO, 2002) as ‘intentional use of force or power in a threatening or effective way, against oneself, another person or group or community, which causes or has a high probability of causing injury, death, psychic damage, developmental alterations or deprivation’,³⁰ which in turn has guided the most recent discussions on how intersectional discrimination occurs.

Black people with disabilities are particularly vulnerable to experiencing violence on account of their intersecting identities, with black women with disabilities the most likely group to experience violence. Whilst no official disaggregated data exists, insights can be drawn from the Map of Violence,³¹ which is based on the Information System on Mortality (SIM) and the Information System on Notifiable Diseases (Sinan) of the Ministry of Health and indicates that both the black population and the population with disabilities are at heightened risk of experiencing violence.

Data indicated that in 2019, despite representing just 54 per cent of the total population, black people represented 77 per cent of homicide victims, with a homicide rate of 29.2 per 100,000 inhabitants. Comparatively, among other ethnicities, the rate was 11.2 per 100,000, which means that the chance of a black person being murdered is 2.6 times higher than that of a non-black person. Likewise, black women accounted for 66.0 per cent of the total number of women murdered in Brazil, with a mortality rate per 100,000 inhabitants of 4.1, compared to a rate of 2.5 for women belonging to other ethnicities.³²

Analysis of reports of violence against people with disabilities from the same 2019 dataset shows very high rates of violence against people with intellectual disabilities (36.2 reports per 10,000 people with intellectual disabilities), in comparison to people with other types of disabilities (11.4 reports per 10,000 people with physical disabilities; 3.6 per 10,000 for people with hearing impairments; and 1.4 reports per 10,000 for people with visual disabilities). The rates are particularly high for women with intellectual disabilities, which is attributed to the higher rates of sexual violence experienced by this subgroup. In general, reporting data indicates that rates of violence against women are more than twice as high as those of men, except when the victim is visually impaired.³³

The most reported type of violence reported against people with disabilities is physical violence, present in 53 per cent of cases, followed by psychological violence (32 per cent) and neglect/abandonment (30 per cent). Physical

violence was the most common type of violence experienced for all people with disabilities, except for those with multiple disabilities, where neglect was most commonly reported (50 per cent of cases). Sexual violence stands out as particularly high among people with intellectual disabilities (35 per cent).³⁴

Evidence suggests that black people with disabilities are more likely to be incarcerated and denied their human rights and fundamental freedoms than white people with disabilities. People with disabilities are more likely to be placed under state care in institutions, where violations of rights regularly occur, including physical restraint, guardianship (deprivation of legal capacity), medication without consent, and lack of access to education.³⁵ Physical, psychological and sexual violence are common in these contexts. There are approximately 5,865 people with disabilities under state care of the *Sistema Único de Assistência Social* (SUAS) and there exists 311 institutions specifically for people with disabilities across 21 states.³⁶ 59 per cent of people with disabilities remain in these institutions for more than 6 years and 27 per cent are people with psychosocial disabilities.³⁷ Data on the race or ethnicity of persons with disabilities in institutions is not publicly available. However, observations during visits to inclusive residences in São Paulo and Rio de Janeiro, analysis of photographic and video evidence from institutions, interviews with researchers and institution staff suggest that black people with disabilities are vastly overrepresented.³⁸

According to the National Penitentiary Department, of a total of 675,966 people incarcerated in the prison system in Brazil (excluding prisoners who are in the custody of the Judicial Police, Police Battalions and Military Firefighters) in the period from July to December 2021, 392,030 were black (58 per cent) and 7,198 were people with disabilities (1 per cent).³⁹ However, prison inspectors report that numbers of people with disabilities are underreported because people with non-physical disabilities or reduced mobility are often discounted by institutions.⁴⁰ It is therefore surmised that black people with disabilities are likely to be overrepresented in the prison system yet under accounted for in official statistics.

It is reported that prisons are not accessible to people with disabilities, with no lifts, ramps, adaptations, personal care assistance or assistive devices available. Physically disabled prisoners rely on prison guards or other prisoners for personal care or to be carried to facilities such as showers or court rooms. Leisure facilities and activities provided are also unsuitable or inaccessible.⁴¹

Definitions of racism and ableism: Individual, institutional and structural

Racism in Brazil occurs in three ways: structural, institutional and individual. It is understood that ableism, or discrimination on grounds of disability, also has its organizational base along the same lines and is inherently linked to racism, as outlined by many black disabled women activists.⁴²⁻⁴⁵

Structural ableism and racism make up the ideology that promotes and sustains the system of oppression, manifesting itself throughout Brazilian society in a systematic way.^{46,47} Institutional ableism and racism describe the violence that happens through institutions in which practices that violate and oppress black people with disabilities are reproduced. Individual ableism and racism refer to the practice of individual and direct actions that affect the black population and specifically those with disabilities.

In Brazil, body-normativity together with ableism and racism gives rise to the normalization of oppression and the violation of human rights of black people with disabilities. This was evident throughout the research for this briefing.

A visit to an institution in Rio de Janeiro in March 2022 found that out of twenty children with disabilities permanently housed there, nineteen were black. Most of the children had multiple disabilities, including intellectual disabilities, autism, sensory disabilities and/or physical disabilities. Staff reported that only two of these children attended school and that the others received education once a week, when a teacher visited the institution and provided lessons for everyone. At the time of the visit, a group of ten school-age children in wheelchairs were left in front of the television at the time when other activities were scheduled on their activity timetable. One boy was segregated from the other children; he sat in his wheelchair in an empty room with no company or stimulation. The ratio of care staff to children at the time of the visit was 1:5. Children appeared clean and clothed but showed signs of lack of stimulation and attachment disorder.⁴⁸

Institutional ableism and racism are entrenched in the institutions which exercise power over black people with disabilities. News reports point to a high incidence of police violence against black people with disabilities. There have been several high-profile cases of unarmed black youth with an intellectual or psychosocial disability being murdered, as demonstrated by the following examples:

- 1 On 8 April 2021, a young black man with an intellectual disability was murdered as he entered a convenience store to buy milk near his home in São Paulo state. Tiago Duarte de Souza, 20, was accosted by an off-duty military police officer, Denis Augusto Amista Soares, who accused him of entering the store to

steal. Duarte de Souza lifted his shirt to show that he was not armed but Soares shot him in the mouth. Duarte de Souza died 12 days after the shooting in hospital.⁴⁹⁻⁵¹

- 2 On 6 May 2022, a young black man with an intellectual disability was murdered whilst on his way to the barbershop near his home in São Cristóvão, Rio de Janeiro. Ruan Limão do Nascimento, 27, was shot in the back and killed by military police officers from the 4th military police brigade of São Cristóvão, who opened fire in the street.^{52,53}
- 3 On 25 May 2022, a black man with psychosocial disabilities suffocated in an improvised gas chamber in the trunk of a police car in Umbaúba, Sergipe. Genivaldo de Jesus Santos, 38, died from asphyxiation after three Federal Highway Police agents put him in the trunk of a car and set off tear gas and pepper spray whilst holding the door closed. The attack was videoed by bystanders.⁵⁴⁻⁵⁶

Racism and individual ableism are the direct or indirect way that agents of the system, who serve institutional and structural racism and ableism, discriminate against black people with disabilities. Black people with disabilities frequently report the denial of access to the correct diagnosis by health professionals, thus negating access to the necessary support and their guaranteed rights. This specificity of ableism and individual racism is common. To the extent that disability assessments are ineffective in Brazil, and because no assessment instrument has been regulated, institutions and health professionals tend to follow the medical and biological model of disability. Reports indicate violence and denial of access to diagnosis during the disability assessment processes, which are necessary to guaranteeing dedicated support within educational settings and guarantee access to benefits for people with disabilities.

The Brazilian Law for the Inclusion of Persons with Disabilities (Statute of Persons with Disabilities) aims at ensuring equality in access to fundamental rights and freedoms of persons with disabilities, with a view to their social inclusion and citizenship.⁵⁷ However, access to benefits is not equitable, and they are not sufficient to counteract the socioeconomic disadvantage faced by the most marginalised people with disabilities, the majority of whom are black. Black people with psychosocial disabilities have been disproportionately impacted by Brazil's history of racism and ableism. This community remains one of the most marginalized social groups in the country as a result of inadequate access to health, social security and social services.

Article 15 of the Brazilian Law for the Inclusion of Persons with Disabilities states the right to early diagnosis and intervention of all persons with disabilities.⁵⁸ Black people with disabilities report problems in accessing benefits due to discrimination and complexity in obtaining formal recognition of their disability and disability stigma within communities.⁵⁹ Since access to the Continued Pension Benefit relies on diagnosis, many black people with disabilities are denied access to this benefit, which is reflected in the statistics demonstrating disparity of access.

One of the impacts of intersectional discrimination on an individual basis is that black people do not have access to security and assistance benefits due to the refusal of health professionals to provide a disability diagnosis. In addition to having their rights neglected, this negation further puts this population in a position of vulnerability and invisibility.

Access to education

Brazil is a signatory to the CRPD, which affirms in article 24 the right to inclusive education for people with disabilities at all levels of education. The right to basic education is a universal right guaranteed constitutionally in Brazil. The Law of Directives and Bases of Education⁶⁰ guarantees the right to basic education, which encompasses early childhood education, as well as nine mandatory years of elementary school and high school education. Education for people with disabilities in Brazil is provided via mainstream inclusive education (integrated) and via special education (segregated) at public or private institutions.

The inclusion of children with disabilities in mainstream education in Brazil is guaranteed through the National Policy on Special Education from the Perspective of Inclusive Education (PNEEPEI)⁶¹ of 2008, and the Brazilian Law of Inclusion (2015),⁶² which reinforce access and school success. However, there are ongoing issues with monitoring compliance with these laws and attempts to revise legislation to take a less inclusive approach.

In September 2020, the Brazilian government published Decree No. 10.502/2020, which established the National Policy on Special Education: Equitable, Inclusive and Lifelong Learning.⁶³ The Decree weakens inclusive education policy by promoting a segregated education system for children with disabilities. This would likely also have a disproportionate impact on black children and other marginalized children with disabilities who live in areas where mainstream schools have fewer resources. There was wide mobilization of civil society to oppose the Decree, which was later reviewed by the Federal Supreme Court. The implementation of the Decree was suspended because it was found to be unconstitutional, but the discussion still awaits a final decision.

Approximately 1,350,921 people with disabilities are enrolled in education throughout Brazil. Of these, 33.6 per cent are white, 40.33 per cent are black (brown 36.6 per cent and black 3.7 per cent), 0.3 per cent East Asian origin or descent, 0.3 per cent indigenous and 25.37 per cent do not have a declared race.⁶⁴

According to Ministry of Education data, 85 per cent of special education schools in Brazil are public schools. Of the students with disabilities enrolled in these schools, 31.2 per cent are white, 42.9 per cent are black and 25 per cent are of undeclared racial identity. In comparison, private special education schools see almost double the rates of

enrolment of white students with disabilities (48 per cent) in comparison to black students with disabilities (24.6 per cent).⁶⁵ Whilst private special education schools are not inherently superior, the difference in access rates between the black and white populations with disabilities reflects the socioeconomic condition of the black population with disabilities in Brazil.

Black women with disabilities face specific forms of discrimination as a result of intersectional issues across race, gender and disability. Despite representing about 56 per cent of the population with disabilities, black women with disabilities are the group who are least likely to access public or private education. Most people with disabilities enrolled in Brazilian special education schools are male (66.2 per cent) and black (40.5 per cent).⁶⁶

Law No. 12.711/2012 stipulates that in each federal institution of higher education there is a quota for places to be filled by self-identified black, brown and indigenous students and by students with disabilities.⁶⁷ As a result, access to Brazilian higher education for black students with disabilities has shown improvement in recent years, with enrolments increasing significantly, from only 4,000 in 2010 to 18,391 in 2015. However, black students with disabilities continue to be underrepresented in higher education, representing only 0.6 per cent of black students in total and 35 per cent of students with disabilities.⁶⁸

Quilombolas face significant barriers to accessing education. These barriers are linked to: precarious school transport in rural areas; absence of a policy that prioritises the appointment of quilombola teaching and administrative staff in schools located in quilombola territories; lack of staff training on, and uneven implementation of, the National Curriculum Guidelines for Quilombola School Education;⁶⁹ closing of schools in quilombola territories; as well as widespread poverty and food insecurity in quilombola communities leading to school abandonment. Quilombolas with disabilities encounter additional obstacles: physical barriers and inadequate transport; insufficient adaptation of schools, in terms of infrastructure and equipment, to include students with disabilities; insufficient training of teachers and administrative staff; absence of effective policies to bring together the specific requirements of inclusive education and quilombola education.⁷⁰

Access to work

Black people with disabilities face significant barriers when seeking to enter into formal employment in comparison to their white and non-disabled counterparts, with even greater disparity for women and people with intellectual disabilities. A report from IBGE using statistics from the 2019 National Health Survey (PNS) indicate that black people with disabilities are more likely to be unemployed than white people with disabilities, with black women with disabilities the most likely to face unemployment at 13.4 per cent, in comparison to black men with disabilities (8 per cent), white men with disabilities (5.4 per cent) and white women with disabilities (12.6 per cent).⁷¹ Whilst black people with disabilities are more likely than white people with disabilities to participate in the labour market, they are significantly less likely to be employed in formal labour. Black women with disabilities are the least likely to be formally employed at 40.7 per cent, in comparison to

black men with disabilities (32.6 per cent), white men with disabilities (37.7 per cent) and white women with disabilities (40.7 per cent).⁷² This indicates that black people with disabilities are less likely to have access to formal work and more likely to be engaged in precarious, low paid work or unemployed.

During the period of the Covid-19 pandemic, the job market for people with disabilities was severely affected. Despite the legal guarantees of Law No. 3.298/1999,⁷³ popularly known as the Quota Law, which establishes that companies with more than 100 employees must allocate a percentage of vacancies to this portion of the population, more than 15,300 formal jobs were closed - with a workload of 44 hours per week - causing an increase in the cohort of unemployed black people with disabilities who were already in a vulnerable situation due to social isolation and barriers in access to health, food and housing.⁷⁴

Access to social security and social services

As noted earlier, black people with disabilities face significant barriers in obtaining a disability diagnosis, which then prevents access to social security benefits for people with disabilities. The Continued Pension Benefit (commonly referred to as the BPC) is a cash payment benefit for people with disabilities and elderly people. However, the BPC is only available to those with a disability diagnosis whose family income is equal or less than one quarter of the minimum wage⁷⁵ which excludes a large proportion of people with disabilities. Data shows that recipients of the BPC in 2021 were mostly white (56.09 per cent) and male (50.13 per cent). Black people with disabilities were underrepresented among those receiving the benefit at 43.33 per cent (brown 36.40 per cent and black 6.93 per cent); East Asian (0.50 per cent); Indigenous (0.06 per cent) and not declared (0.02 per cent).⁷⁶ Quilombolas with disabilities face great difficulties in accessing social benefits, a situation which reflects broader access barriers faced by this population.⁷⁷ There are reports of quilombolas with disabilities who had their request for BPC denied on the grounds that there was already a family member receiving another benefit, such as retirement benefit, which goes against the legal provision.⁷⁸

In 2001, Federal Law No. 10.216 was approved in Brazil, which guarantees the rights and protection of people with mental disorders, without any form of discrimination as to race, colour, sex, sexual orientation, religion, political opinion, nationality, age, family, economic resources and the degree of severity or time of evolution of disorder.⁷⁹ However, the black population has historically been over-represented in asylum institutions and discriminated against in this context. This includes violations of their economic, social and cultural rights through incarceration in psychiatric hospitals and precarious access to social protection (health, social security, social assistance, housing and other citizenship rights) in post-reform psychiatric care.

The Brazilian psychiatric reform legal framework, which began to be implemented in April 2001, aimed to replace psychiatric hospital-centred care with community-based care delivered via psychosocial care centres (CAPS). However, the reform was accompanied by a lack of budgetary incentive for an effective de-hospitalization process. The lack of support and investment in substitute processes, especially therapeutic residential ones, and the processes of de-hospitalization of long-term institutionalized people from asylum institutions happened in an insufficient way, so that many formally institutionalised people have been left without sufficient

support in spaces of violence and extreme marginalization or returned to the circuit of institutionalization.⁸⁰

The Psychosocial Census of Psychiatric Hospitals in São Paulo indicates that despite representing 27.4 per cent of the total population of São Paulo, the black population living in psychiatric hospitals represents 38.36 per cent.⁸¹ In short, the psychiatric reform process has only belatedly paid attention to issues of race and ethnicity. The black population with psychosocial disabilities continues to face significant barriers in accessing their economic, social and cultural rights and qualified assistance from the state.

Although there are no statistics that demarcate race and disability as indicators, official data on homeless people from the *Instituto de Pesquisa Econômica Aplicada* (IPEA) estimates that there were 221,869 homeless people in Brazil as of March 2020.⁸² The National Homeless Survey estimates that 67 per cent of the homeless population are black; a much higher proportion in comparison to the general black population of 51 per cent.⁸³

Whilst Article 23 of the Organic Law of Social Assistance (LOAS) was amended to add the right of service of assistance to homeless people in 2005,^{84,85} research indicates that up to half of all homeless people are not able to register in the Unified Registry for Social Programs of the Brazilian government (*Cadastro Único*),⁸⁶ owing to lack of documentation and other barriers. This means that homeless people cannot access benefits to which they are entitled.⁸⁷ Out of the total number of homeless people registered, around 7,000 are receiving the Continued Pension Benefit for people with disabilities or the elderly, a proportion of approximately 22 per cent.⁸⁸ However, owing to barriers in registration, discrimination and disability classification not including psychosocial disabilities, numbers of black homeless people with disabilities are likely to be vastly underreported.

Recently, there have been important setbacks in policies aimed at caring for people who follow questionable drug treatments, which have basically occurred in a closed regime of therapeutic communities or clinics linked mainly to churches. This type of treatment and institutions of this nature have led to reports of serious violations of human rights, including curbs on religious freedom, involuntary hospitalisation and lack of respect for sexual orientation and gender identity.⁸⁹ In a recent survey in the city of São Paulo, where 68.6 per cent said they were black or brown, 59.5 per cent of homeless people had experienced some form of institutionalisation with 31.9 per cent having gone through some 'clinic for the treatment of chemical dependence'.⁹⁰

Absence of care policies

There is an absence of a focused national care policy that promotes the autonomy of people with disabilities to choose and pay for their own care. Policies are also lacking that would recognize the work of caregivers and allows for their adequate remuneration, including family caregivers or professional caregivers. Lack of care policy disproportionately impacts black and other marginalized people with disabilities and their families who do not have the financial means to pay for professional care and who suffer socioeconomically due to loss of paid employment.

People with disabilities are largely left to rely for their care and personal assistance on female family members, who receive no financial remuneration. Black women are overrepresented in care work in general as they are more likely to be engaged in low paid or unpaid care work owing to their socioeconomic marginalization. In addition, they are less likely to have help outside of the family than white women.⁹¹ Lack of care support leads to work overload and social isolation, which have negative health impacts and erode their quality of life, and which in extreme cases can endanger the lives of caregivers and people with disabilities.

In October 2021, Ilza Maria Assunção, a 56-year-old black caregiver, died of heart problems at her home in Uberlândia, in the state of Minas Gerais. Her son, Breno dos Reis Gomes de Assunção, 19, who was quadriplegic and dependent on his mother for care, was left without food and died as well.⁹² The example demonstrates how intersectional discrimination between racism, sexism and ableism can subject black mothers and those they care for to precarity by placing the sole responsibility for comprehensive care of people with disabilities within the family, owing to a lack of support and public policies for care of people with disabilities, which disproportionately impact the black community.

The 2015 Zika epidemic overwhelmingly impacted black women, with the highest prevalence in Brazil's northeastern states,^{93,94} which have a majority black population. The epidemic caused an estimated 14,558

babies to be born with Congenital Zika Syndrome (CZS) to infected women between 2015 and 2017, although only 2,952 received a confirmed diagnosis from the Brazilian Ministry of Health.⁹⁵ Zika is an arbovirus transmitted via mosquitos and sexual intercourse. The spread of Zika and higher incidence of CZS has been linked to poorer sanitation, malnutrition, poor access to contraception and poor living conditions,⁹⁶ which are more prevalent amongst black communities across the country.⁹⁷

Pregnant women infected with Zika are at high likelihood of the foetus developing CZS; a neurological condition linked to to lifelong physical, intellectual and multiple disabilities and microcephaly.⁹⁸ Although the Zika international health emergency was declared over in 2016, there is still no vaccination against Zika, and cases continue throughout the country. According to the Ministry of Health, 84.3 per cent of the mothers of children with CZS are black, around two-thirds of whom are located in the northeast of Brazil.⁹⁹ The vast majority were also young (71.4 per cent between 15 and 29 years old); and single, separated or widowed (49.4 per cent).¹⁰⁰ 77 per cent of babies born with microcephaly in 2015 have black or mixed-race mothers compared to 19 per cent white mothers.¹⁰¹

Due to neglect by the authorities and lack of public policies relating to care, access to therapeutic and health services, financial support, access to education and accessible housing, families of children with CZS have been disproportionately impacted by structural discrimination. This prevents them from accessing their social, economic and cultural rights.^{102,103} Since 2016, families have been organising through Zika associations, mainly led by black mothers, to negotiate access to public policies that secure the quality of life of themselves and their children. Whilst the families have been successful in guaranteeing access for some children with CZS to a lifelong pension and improved access to the BPC, therapies, and accessible housing, this progress is incremental, and state support for these families remains inadequate.

Conclusion

When discussing intersectional discrimination in Brazil, specifically disability and race, it is clear that the present state of affairs is a direct result of historical enslavement and colonization. It is essential to understand the historical context of this population before delving into any analysis including recognizing the ongoing historical erasure of this population, which causes their rights to be neglected and violated.

Throughout our research we realized that there was a gap in access to data on the black population with disabilities. We understand that the lack of data is a symptom of an intersectional and structural discrimination that for centuries has placed the black population with disabilities in marginalized and vulnerable positions. As such, data crossing was necessary.

Active listening to the reality of this population leaves us in no doubt that the erasure and violations that we are subjected to by the Brazilian state is worrying. Therefore, intersectional discrimination based on disability and race cannot be disassociated and above all, needs to be recognised and addressed by relevant bodies and organizations at local, national and international levels.

All actions and public policies must be carried out in a transversal and intersectional way to guarantee their effectiveness and their real and positive effects on the lives of the affected groups. Additionally, the Brazilian government should be concerned with repairing the erasure and historical neglect that the black population has been subjected to over the centuries.

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The Situation of Black People with Disabilities in Brazil

This report considers the situation of black people with disabilities in Brazil. In particular, the authors focus on the historical context, relevant law and policy, and a variety of issues faced by such persons. These include vulnerability to violence, increased likelihood of incarceration, inaccessible facilities, experiences of racism and ableism, barriers to employment, access to social services and security, and a lacking care policy. Emphasis is placed on the experiences of women and quilombolas in relation to the aforementioned issues.

The report argues for the need to situate the present situation within Brazil's historical context, specifically slavery and colonialism. It emphasises the need for more robust data with respect to black people with disabilities. The authors call for recognition of intersectional discrimination by the relevant bodies at every level and recommends more effective policy to ensure the livelihoods of the affected groups are improved.

This resource is an excellent point of reference for lawyers, activists, campaigners and community leaders seeking to advance the rights and wellbeing of black people with disabilities in Brazil.

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