

**ALTERNATIVE REPORT TO THE COMMITTEE ON THE ELIMINATION OF
RACIAL DISCRIMINATION (CERD)**

REVIEW OF THE PERIODIC REPORT OF BRAZIL

MINORITY RIGHTS GROUP INTERNATIONAL,
VIDAS NEGRAS COM DEFICIÊNCIA IMPORTAM,
UNIVERSITY OF YORK

108th Session of the Committee on the Elimination of Racial Discrimination (CERD), Geneva,
14th November- 2nd December 2022

The Situation of Black People with Disabilities in Brazil



54 Commercial Street
London E1 6LT, UK
United Kingdom
Tel: +44 (0)20 7422 4200
Fax: +44 (0)20 7422 4201
Web: www.minorityrights.org
Contact: Lauren Avery,
lauren.avery@minorityrights.org

São Paulo
Brazil
Web:
vidasnegrascomdeficiencia.org
Contact: Luciana Viegas,
luciana@vidasnegrascomdeficiencia.org

University Road,
Heslington, York, United
Kingdom, YO10 5DD
Telephone/Fax: +44 (0)19
0432 0000
Web:
<https://www.york.ac.uk>
Contact: Dr. João Nunes,
joao.nunes@york.ac.uk

g

I. ABOUT THE REPORT

A. Co-sponsoring Organisations

Minority Rights Group International (MRG) is an international NGO working to secure the rights of ethnic, religious and linguistic minorities worldwide. MRG has consultative status with the United Nations Economic and Social Council (ECOSOC), observer status with the African Commission on Human and Peoples' Rights (ACHPR) and is a civil society organisation registered with the Organization of American States (OAS).

Vidas Negras com Deficiência Importam (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. We mobilise through civil society actions and advocacy.

The University of York - is a member of the prestigious Russell Group and a dynamic, research-intensive university in the United Kingdom.

B. Signatory Organisations

Associação Brasileira para Ação por Direitos das Pessoas Autistas (ABRAÇA)
Associação Brasileira de Saúde Mental (ABRASME)
Coletivo Helen Keller
Instituto JNG
Instituto Jô Clemente
International Institute on Race, Equality and Human Rights
Mariana Crioula
Quilombolo PCD

C. Methodology

Data on the situation of persons with disabilities belonging to black, marginalized and favela-dwelling communities were collected, disaggregated and analyzed by the research team.¹ A draft of the report was prepared by Minority Rights Group International and Vidas Negras com Deficiência following the principle of 'nothing about us without us', in consultation and partnership with the black disability community in Brazil.

It is the aim of this report to highlight the multiple and intersectional discrimination faced by black and marginalized persons with disabilities in Brazil. In this report, 'black' is used to refer to those who self-declare as preto (black) and pardo (brown) according to the categories of the Brazilian Census. This report is written from the standpoint that intersectional discrimination on the grounds of disability and race or other statuses cannot be separated, and therefore needs to be highlighted and addressed by relevant organisational bodies at the local, national and international levels.

¹ 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 were 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 judiciary system. The data collection involved consultations with local and national organisations of persons with disabilities (OPDs), services for persons with disabilities, governmental organisations (GOs) and non-governmental organisations (NGOs).

I. BACKGROUND

D. Introduction

1. The situation of black people with disabilities today in Brazil cannot be separated from Brazil's colonial history that resulted in three hundred and fifty years of slavery of indigenous peoples and 5.5 million Africans. During these centuries of slavery, the majority of the black enslaved population were subjected to torture and mutilation as a form of punishment, subjecting many enslaved black people to acquired disability. The varieties of punishments were provided for by law with support of the Church; the greatest holder of power 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 is expected 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 on the basis of disability, race, gender and other personal identity characteristics that interact, maintaining their low position in society.
2. 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 everything 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.
3. There is a lack of accurate disaggregated data that includes race and disability, which makes estimating official numbers of black people with disabilities difficult. According to the Demographic Census of the Brazilian Institute of Geography and Statistics (IBGE), the last national census carried out in 2010 shows that of a total population of 190,755,799, 51% declared themselves as black (8% 'black' and 43% '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%. From this segment, the 2010 Census shows that 24.3% of people with disabilities are black, and 56% identify as female⁵. This indicates an underrepresentation of black people with disabilities in comparison to the general black population of 51%. 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%, and 8,677 were black women with disabilities, or 3%.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

² Emílio Figueira. 2008. *Caminhando em Silêncio – Uma introdução à trajetória das pessoas com deficiência na História do Brasil*.

³ Ilka Boaventura Leite. 2015. 'The Brazilian quilombo: 'race', community and land in space and time, *The Journal of Peasant Studies*, 42:6, 1225-1240, DOI: 10.1080/03066150.2015.1016919

⁴ Brazil. 1988. Brazilian Constitution. Available at: http://www.planalto.gov.br/ccivil_03/constituicao/constituicao.htm

⁵ 2010 Census. Available at: <https://censo2010.ibge.gov.br/>. Accessed: 07/07/22 at 17:39

⁶ PNS. 2019. Available at: <https://www.pns.icict.fiocruz.br/bases-de-dados/>

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% to only 6.7%.⁷

4. 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 population⁸⁹ 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 assistance¹⁰. Disability in quilombola communities is compounded by poorer access to health services, food insecurity and a lack of potable water.
5. 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 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.
6. The low rate of people with disabilities racially represented in official reporting could be due to confusion around racial identity in Brazilian society leading to low self-identification with black¹¹ and disability identities. This has been linked to miscegenation and eugenic policies within the period from 1918 to the 1940s, which aimed to promote marriages between specific populations, namely of whites/migrants, and discouragements of “non-human unions” that were considered harmful to society, such as blacks and people with disabilities.¹²¹³ Lack of disability self-identification is also linked to the history of enslaved black people and the denial of their humanity and vulnerability.
7. 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 guarantees 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 contributed to by a general lack of access to healthcare by black people¹⁶, and especially black women caused by institutional racism¹⁷ and a lack of general access to healthcare for people with disabilities¹⁸, and especially women with disabilities¹⁹, caused by institutional ableism. This lack of access to healthcare services and disability

⁷ Instituto Rodrigo Mendes. 2018. IBGE constata 6,7% de pessoas com deficiência no Brasil com nova margem de corte. Available at: <https://diversa.org.br/artigos/ibge-constata-67-de-pessoas-com-deficiencia-no-brasil/>

⁸ Freitas et al. 2011. Saúde e comunidades quilombolas: uma revisão da literatura. *Revista Cefac*, 13, 937-943.

⁹ Cardoso et al. 2018. Condições de saúde nas comunidades quilombolas. *Revista de Enfermagem UFPE*. 12(4), 1037-1045.

¹⁰ Mariana Crioula. 2022. Observations and interviews during fieldwork in Minas Gerais.

¹¹ CARNEIRO, Sueli. 2011. Racismo, sexismo e desigualdade no Brasil. São Paulo: Selo Negro.

¹² SCHWARCZ, L. 1993. O espetáculo das raças: cientistas, instituições e questão racial no Brasil – 1870-1930. 14.ed. São Paulo: Companhia das Letras.

¹³ STEPAN, N. 1991. *The Hour of Eugenics: Race, Gender and Nation in Latin America*. 1.ed. Ithaca: Cornell University Press.

¹⁴ VNDI. 2022. Experience reports collected from VNDI members in 2022.

¹⁵ Ibid.

¹⁶ Silva, Nelma Nunes da et al. 2020. Access of the black population to health services: integrative review. *Revista Brasileira de Enfermagem* [online]. v. 73, n. 4. Available from: <<https://doi.org/10.1590/0034-7167-2018-0834>>

¹⁷ Goes, Emanuelle Freitas e Nascimento, Enilda Rosendo do. 2013. Mulheres negras e brancas e os níveis de acesso aos serviços preventivos de saúde: uma análise sobre as desigualdades. *SciELO. Saúde em Debate*. 2013, v. 37, n. 99, pp. 571-579. Available from: <<https://www.scielo.br/j/sdeb/a/kw9SwjT5SHMYty6dhTYvsGg/?lang=pt#>>. Epub 13 Feb 2014. ISSN 2358-2898.

¹⁸ da Cunha MAO, Santos HF, de Carvalho MEL, Miranda GMD, de Albuquerque MDSV, de Oliveira RS, de Albuquerque AFC, Penn-Kekana L, Kuper H, Lyra TM. Health Care for People with Disabilities in the Unified Health System in Brazil: A Scoping Review. *Int J Environ Res Public Health*. 2022 Jan 28;19(3):1472. doi: 10.3390/ijerph19031472. PMID: 35162497; PMCID: PMC8834994.

¹⁹ Nicolau, Stella Maris, Schraiber, Lilia Blima e Ayres, José Ricardo de Carvalho Mesquita. Mulheres com deficiência e sua dupla vulnerabilidade: contribuições para a construção da integralidade em saúde. *Ciência & Saúde Coletiva* [online]. 2013, v. 18, n. 3 [Acessado 9 Agosto 2022], pp. 863-872. Disponível em: <<https://doi.org/10.1590/S1413-81232013000300032>>. Epub 28 Mar 2013. ISSN 1678-4561. <https://doi.org/10.1590/S1413-81232013000300032>.

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.

8. The situation of black people with disabilities continues to be affected by administrative or physical barriers to accessing economic, social and cultural rights, as well as structural discrimination, such as racism and ableism linked to the political project of genocide of the black body by the State and the country's 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 sidewalks, sanitation, lighting and drainage²¹, 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 marginalisation from social and political participation.
9. This report also recognizes the role of women in caring for people with disabilities, most of whom are also black women from marginalised backgrounds, engaged in unpaid family care work that perpetuates 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.

E. Relevant State Policies

10. Brazil is a signatory to the CRPD, having ratified with constitutional amendment status, and its Optional Protocol, which makes explicit mention of persons with disabilities who are subject to multiple or aggravated forms of discrimination based on race, color, sex, language, religion, political or other opinion, national, ethnicity, indigenous or social origin, property, birth, age or other status, in its preamble²².
11. 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 10.216/01 concerning the protection and rights of 'persons with mental disorders'.²⁶ The 2012 National Quota law²⁷ allocates 50% of places for black and indigenous students and students with disabilities to enter into federal universities.
12. 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 effective actions and budgetary allocation. The division of competences between the federal, (subnational) state and

²⁰ LOBO, Lilian Ferreira. 2009. OS INFÂMES da história: pobres, escravos e deficientes no Brasil. 1ª edição . ed. Rio de Janeiro: Lamparina, cap. A exclusão colonial, p. 309. ISBN 9788583160335.

²¹ Boing, A. F., Boing, A. C., & Subramanian, S. V. (2021). Inequalities in the access to healthy urban structure and housing: an analysis of the Brazilian census data. *Cadernos de Saúde Pública*, 37(6). <https://doi.org/10.1590/0102-311X00233119>. Available at: <https://www.scielo.br/j/csp/a/D9SFbBDMsTyf7F5dMfkTjJm/?lang=en>

²² Convention on the Rights of Persons with Disabilities, Preamble, section P. 2006. United Nations.

²³ Brazil. 2015. LEI N° 13.146, DE 6 DE JULHO DE 2015.

²⁴ Brazil. 1999. DECRETO N° 3.298, DE 20 DE DEZEMBRO DE 1999.

²⁵ Brazil. 2008. POLÍTICA NACIONAL DE EDUCAÇÃO ESPECIAL NA PERSPECTIVA DA EDUCAÇÃO INCLUSIVA.

²⁶ Brazil. 2001. LEI No 10.216, DE 6 DE ABRIL DE 2001.

²⁷ Brazil. 2012. LEI N° 12.711, DE 29 DE AGOSTO DE 2012. Available at: http://www.planalto.gov.br/ccivil_03/_ato2011-2014/2012/lei/l12711.htm

²⁸ Brazil. 2017. Ministério da Saúde. Política Nacional de Saúde Integral da População Negra: uma política para o SUS. 3ª ed. Brasília: Editora do Ministério da Saúde, 44p. Available at: https://bvsm.sau.gov.br/bvs/publicacoes/politica_nacional_saude_populacao_negra_3d.pdf

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

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

F. The right to personal security and State protection against violence or bodily harm

Article (b) of the convention

14. 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 Violence³⁰, 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.
15. Data indicated that in 2019, despite representing just 54% of the total population, black people represented 77% of homicide victims, with a homicide rate of 29.2 per 100,000 inhabitants. Comparatively, among non-blacks (the sum of yellow, white and indigenous people) 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% 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 non-black women³¹.
16. 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 sub-group. 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 impaired³².
17. The most reported type of violence reported against people with disabilities is physical violence, present in 53% of cases, followed by psychological violence (32%) and neglect/abandonment (30%). 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% of cases). Sexual violence stands out as particularly high among people with intellectual disabilities (35%)³³.
18. 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 restraining, guardianship (deprivation of legal capacity), medication without consent, and lack of access to education³⁴. 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

²⁹ Anunciação, D., Pereira, L. L., Silva, H. P., Nunes, A. P. N., & Soares, J. O. (2022). (Des) caminhos na garantia da saúde da população negra e no enfrentamento ao racismo no Brasil. *Ciência & Saúde Coletiva*, 27, 3861-3870.

³⁰ *Atlas da Violência 2021*. Available at: <https://www.ipea.gov.br/atlasviolencia/arquivos/artigos/1375-atlasdaviolencia2021completo.pdf>.

³¹ Ibid

³² Ibid

³³ Ibid

³⁴ Human Rights Watch. 2018. "They Stay until They Die" A Lifetime of Isolation and Neglect in Institutions for People with Disabilities in Brazil. Available at: <https://www.hrw.org/report/2018/05/23/they-stay-until-they-die/lifetime-isolation-and-neglect-institutions-people>

people with disabilities across 21 states.³⁵ 59% of people with disabilities remain in these institutions for more than 6 years and 27% are people with psychosocial disabilities.³⁶ Data on the race 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 overrepresented³⁷.

Visit to an institution for children with disabilities - Rio de Janeiro

19. A visit to an institution in Rio de Janeiro in March 2022 found that of twenty children with disabilities permanently housed at the institution, nineteen were black. A majority of the children had multiple disabilities, including intellectual disabilities, autism, sensory disabilities and/or physical disabilities. Of these children, aged between two months and eighteen years old, staff reported that only two of them 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, sat in his wheelchair in an empty room, with no company and no stimulation. The ratio of caring 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.³⁸
20. 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%) and 7,198 were people with disabilities (1%)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 institutions⁴⁰. 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.
21. 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
22. Anecdotal evidence points to a high incidence of police violence against black people with disabilities. There have been several high-profile cases of unarmed black men with intellectual or psychosocial disabilities being murdered, as demonstrated in the following examples:

Case Studies

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

³⁵ Ministério da Cidadania. 2020. Proteção e Promoção Social de Pessoas com Deficiência no Brasil: uma abordagem a partir de indicadores sociais e relatos de caso. Available at:

https://www.amures.org.br/uploads/1521/arquivos/2210927_Relatos_de_Caso_4_Final.pdf

³⁶ Ibid

³⁷ VNDI. 2022. Unpublished study.

³⁸ VNDI. 2022. Unpublished study.

³⁹ Departamento Penitenciário Nacional. 2021. Composição da população por cor/raça no sistema prisional. Available at: <https://app.powerbi.com/view?r=eyJrIjoiMjY2M2UzMWMTZmJkOS00YjhlLWFmMGEtZGVmODM4YTE0MjI3IiwidCI6ImViMDkwNDIwLTQ0NGMtNDNmNy05MwYyLTQiOGRhNmJmZThlMSJ9>

⁴⁰ Pastoral Carcerária. 2022. “O QUE IMPERA É A VINGANÇA PURA” – A SITUAÇÃO DOS PRESOS COM DEFICIÊNCIA NOS CÁRCERES. Available at: <https://carceraria.org.br/combate-e-prevencao-a-tortura/o-que-impera-e-a-vinganca-pura-a-situacao-dos-presos-com-deficiencia-nos-carceres>

⁴¹ Ibid.

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.⁴²⁴³⁴⁴

24. On the 6th May 2022, a young black man with an intellectual disability was murdered whilst on his way to the barbershop near his home in São Cristóvão, Rio de Janeiro. Ruan Limão do Nascimento, 27, was shot in the back and killed by military police officers from the 4th military police brigade of São Cristóvão who opened fire in the street.⁴⁵⁴⁶
25. On the 25th May 2022, a black man with psychosocial disabilities suffocated in the trunk of a police car in Umbaúba, Sergipe. Genivaldo de Jesus Santos, 38, died from asphyxiation after three Federal Highway Police agents put him in the trunk of a car and set off tear and pepper gas whilst holding the door closed. The attack was videoed by bystanders.⁴⁷⁴⁸⁴⁹

G. The right to education and work

Article 5 (e) i & v of the Convention

26. Brazil is a signatory to the CRPD, which states 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 Education⁵⁰ guarantees the right to Basic Education, which encompasses Early Childhood Education, 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.
27. 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)⁵¹ of 2008, and the Brazilian Law of Inclusion (2015),⁵² 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.
28. In September 2020, the Brazilian government published Decree 10502/2020, which established the National Policy on Special Education: Equitable, Inclusive and Lifelong Learning.⁵³ Said Decree weakens inclusive education policy by promoting a segregated education system for children with disabilities - and which 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 for support them and therefore refuse their application. There was wide mobilization of civil society to oppose the Decree, which was later questioned in the Federal Supreme Court. The Decree had its effects suspended because it was unconstitutional, but the discussion still awaits a final decision.
29. Approximately 1,350,921 (One million, three hundred and fifty thousand, nine hundred and twenty-one) people with disabilities are enrolled in education throughout Brazil. Of these, 33.6%

⁴² <https://almapreta.com/sessao/cotidiano/jovem-presos-deficiencia-intelectual-liberdade>

⁴³ <https://almapreta.com/sessao/cotidiano/jovem-com-deficiencia-intelectual-tenta-comprar-leite-em-mercado-e-leva-tiro-na-boca>

⁴⁴ <https://ponte.org/pms-atiram-em-jovem-negro-com-deficiencia-intelectual-e-pisam-na-cabeca-de-seu-amigo/>

⁴⁵ <https://g1.globo.com/rj/rio-de-janeiro/noticia/2022/05/07/rapaz-com-deficiencia-intelectual-foi-morto-por-pms-a-paisana-e-com-tiros-de-fuzil-diz-irmao.ghtml>

⁴⁶ <https://averdade.org.br/2022/05/jovem-com-deficiencia-e-morto-pela-policia-no-rio-de-janeiro/>

⁴⁷ <https://noticias.r7.com/brasil/justica-nega-pedido-de-prisao-de-policiais-envolvidos-na-morte-de-genivaldo-13062022>

⁴⁸ <https://g1.globo.com/se/sergipe/noticia/2022/06/06/eles-lamentam-todo-o-ocorrido-diz-advogado-de-defesa-de-policiais-rodoviarios-federais-envolvidos-na-morte-de-genivaldo-santos.ghtml>

⁴⁹ <https://www.hypeness.com.br/2022/05/homem-morto-em-camara-de-gas-pela-prf-tinha-esquizofrenia-deixou-um-filho-e-sofreu-asfixia-mecanica/>

⁵⁰ Brazil. 1996. LEI N° 9.394, DE 20 DE DEZEMBRO DE 1996.

⁵¹ Brazil. 2008. POLÍTICA NACIONAL DE EDUCAÇÃO ESPECIAL NA PERSPECTIVA DA EDUCAÇÃO INCLUSIVA.

⁵² Brazil. LEI N° 13.146, DE 6 DE JULHO DE 2015.

⁵³ Brazil. 2020. DECRETO N° 10.502, DE 30 DE SETEMBRO DE 2020.

are white, 40.33% are black (brown 36.6% and black 3.7%), 0.3% yellow, 0.3% indigenous and 25.37% do not have a declared race⁵⁴.

30. According to Ministry of Education data, 85% of special education schools in Brazil are public schools. Of the students with disabilities enrolled in these schools, 31.2% are white, 42.9% are black and 25% are of undeclared racial identity. In comparison, private special education schools see almost double the rates of enrolment of white students with disabilities (48%) in comparison to black students with disabilities (24.6%)⁵⁵. Whilst there is no superiority – or inferiority – of public or private schools, 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.
31. Particular barriers to education face black women with disabilities as a result of intersectional discrimination between race, gender and disability. Despite representing about 56% 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%) and black (40.5%)⁵⁶.
32. 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 disabilities⁵⁷. 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% of black students in total and 35% of students with disabilities⁵⁸.
33. Quilombolas face significant barriers to accessing education. These barriers are linked with: 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;⁵⁹ closing of schools in quilombola territories; 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.⁶⁰
34. Black people with disabilities face significant barriers to entering 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%, in comparison to black men with disabilities (8%), white men

⁵⁴ INEP. 2022. Ministério da Educação. Instituto Nacional de Estudos e Pesquisas Educacionais Anísio Teixeira. Estatísticas Censo Escolar. Brasília. Available at: <https://www.gov.br/inep/pt-br/aceso-a-informacao/dados-abertos/inep-data/estatisticas-censo-escolar>. Accessed: 17 July 2022.

⁵⁵ Ibid

⁵⁶ Ibid

⁵⁷ Brazil. 2012. LEI N° 12.711, DE 29 DE AGOSTO DE 2012. Available at: http://www.planalto.gov.br/ccivil_03/_ato2011-2014/2012/lei/112711.htm

⁵⁸ SILVA, SILVA. 2018. MARCADORES SOCIAIS DA DIFERENÇA: Uma perspectiva interseccional sobre ser estudante negro e deficiente no Ensino Superior brasileiro. Revista Educação Especial, vol. 31, núm. 62, pp. 569-585. Available at: <https://www.redalyc.org/journal/3131/313158892006/html/>

⁵⁹ Brazil. 2012. Ministério da Educação. Diretrizes Curriculares Nacionais para a Educação Escolar Quilombola. Available at: http://portal.mec.gov.br/index.php?option=com_docman&view=download&alias=11091-pceb016-12&category_slug=junho-2012-pdf&Itemid=30192

⁶⁰ Cruz, O. S., & Rios, P. P. S. (2019). Inclusão de estudantes quilombolas deficientes no ensino fundamental e médio: o caso Lage dos Negros. Brazilian Journal of Development, 5(11), 26029-26044.

Mantovani, Juliana Vechetti (2015) A educação da pessoa com deficiência em comunidades remanescentes de quilombos no estado de São Paulo. Doctoral thesis. São Carlos : UFSCar, 2015. 240 p. Available at: <https://repositorio.ufscar.br/bitstream/handle/ufscar/7326/TeseJVM.pdf?sequence=1>

with disabilities (5.4%) and white women with disabilities (12.6%).⁶¹ 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%, in comparison to black men with disabilities (32.6%), white men with disabilities (37.7%) and white women with disabilities (40.7%).⁶² 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.

35. During the period of the Covid-19 pandemic, the job market for people with disabilities was severely damaged. Despite the legal guarantees of Law 3.298/1999⁶³, 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. According to the Dieese technical note (2020)⁶⁴, more than 15,300 formal jobs were closed - with a workload of 44 hours per week - causing an increase in the contingent 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.

H. The right to health, social security and social services

Article (e) iv of the convention

36. 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.⁶⁵ However, access to benefits is not equitable and benefits 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, remaining one of the most marginalized social groups in the country as a result of inadequate access to health, social security and social services.
37. 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 wage⁶⁶ which excludes a large proportion of people with disabilities. Data shows that recipients of the BPC in 2021 were mostly white (56.09%) and male (50.13%). Black people with disabilities were underrepresented in those receiving the benefit at 43.33% (brown 36.40% black 6.93%); Yellow (0.50%); Indigenous (0.06%) and not declared (0.02%).⁶⁷ Quilombolas with disabilities face great difficulties in accessing social benefits, a situation which reflects broader access barriers faced by this population.⁶⁸ 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.⁶⁹
38. 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 disabilities⁷⁰. Black people with disabilities report problems in accessing the benefit due to discrimination and complexity in obtaining formal

⁶¹ IBGE. 2022. Available at: <https://agenciadenoticias.ibge.gov.br/agencia-noticias/2012-agencia-de-noticias/noticias/34977-desemprego-e-informalidade-sao-maiores-entre-as-pessoas-com-deficiencia>

⁶² Ibid.

⁶³ Brazil. 1999. LEI N° 3.298/1999. Available at: http://www.planalto.gov.br/ccivil_03/decreto/d3298.htm

⁶⁴ DIEESE. 2020. Inclusão da pessoa com deficiência no mercado de trabalho. Technical Note, no. 246, 22p.

⁶⁵ Brazil. 2015. LEI N° 13.146, DE 6 DE JULHO DE 2015. Available at: http://www.planalto.gov.br/ccivil_03/ato2015-2018/2015/lei/l13146.htm

⁶⁶ Brazil. 1993. LEI N° 8.742, DE 7 DE DEZEMBRO DE 1993. Available at: http://www.planalto.gov.br/ccivil_03/leis/l8742.htm

⁶⁷ Secretaria do Desenvolvimento Social do Estado de São Paulo. 2021. Organizado pela: Fipe - Fundação Instituto de Pesquisas Econômicas <http://www.basededadosdeficiencia.sp.gov.br/dadosCorrelacaoBpcXCadUnico.php>

⁶⁸ Souza, S. C., & Brandão, A. A. P. 2021. Assistência social e as comunidades quilombolas do Brasil. Textos & Contextos (Porto Alegre), 20(1), e38226-e38226.

⁶⁹ Mariana Crioula. 2022. Observations and interviews during fieldwork in Minas Gerais.

⁷⁰ Brazil. 2015. LEI N° 13.146, DE 6 DE JULHO DE 2015. Available at: http://www.planalto.gov.br/ccivil_03/ato2015-2018/2015/lei/l13146.htm

recognition of their disability and disability stigma within communities⁷¹. 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.

39. In 2001, Federal Law 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 option, nationality, age, family, resources economics and the degree of severity or time of evolution of disorder.⁷² 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 historic incarceration in psychiatric hospitals and precarious access to social protection (health, social security, social assistance, housing and other citizenship rights) in the post-reform psychiatric community.
40. 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 Centers (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 substitutive devices, 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.⁷³
41. The Psychosocial Census of Psychiatric Hospitals in São Paulo indicates that despite the black population representing 27.4% of the total population of São Paulo, the black population living in psychiatric hospitals represents 38.36%.⁷⁴ In short, the psychiatric reform process belatedly brought the race-ethnicity discussion, and 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.
42. 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 2020⁷⁵. The National Homeless Survey estimates that 67% of the homeless population are black; a much higher proportion in comparison to the general black population of 51%.⁷⁶
43. 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 2005⁷⁷, 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*)⁷⁹ owing to lack of documentation and other barriers, and therefore

⁷¹ VNDI. 2022. Unpublished study.

⁷² Brazil. 2001. LEI No 10.216, DE 6 DE ABRIL DE 2001. Available at: http://www.planalto.gov.br/ccivil_03/leis/leis_2001/l10216.htm

⁷³ Human Rights Watch. 2018. "They Stay until They Die" A Lifetime of Isolation and Neglect in Institutions for People with Disabilities in Brazil. Available at: <https://www.hrw.org/report/2018/05/23/they-stay-until-they-die/lifetime-isolation-and-neglect-institutions-people>

⁷⁴ BARROS, Sônia; BATISTA, Luiz Eduardo et al. Censo psicossocial dos moradores de hospitais psiquiátricos do estado de São Paulo: um olhar sob a perspectiva racial. *Saúde Soc.* São Paulo, v.23, n.4, p.1235-1247, 2014. Disponível em: <https://www.scielo.br/j/sausoc/a/nF4PdVbQJz3thK9sPThVkwP/?format=pdf&lang=pt>
<https://www.scielo.br/j/sausoc/a/nF4PdVbQJz3thK9sPThVkwP/abstract/?lang=pt>

⁷⁵ Instituto de Pesquisa Econômica Aplicada (Ipea). 2020. ESTIMATIVA DA POPULAÇÃO EM SITUAÇÃO DE RUA NO BRASIL (SETEMBRO DE 2012 A MARÇO DE 2020). Available at: https://www.ipea.gov.br/portal/images/stories/PDFs/nota_tecnica/200612_nt_disoc_n_73.pdf

⁷⁶ Ministry of Citizenship Brazil. 2019. National Survey on the Homeless Population in Brazil: giving a face to homelessness and formulating strategies and policies to address homelessness. Available at: https://www.un.org/development/desa/dspd/wp-content/uploads/sites/22/2019/07/CORTIZO_Roberta_Presentation.pdf

⁷⁷ Brazil. 1993. LEI N° 8.742, DE 7 DE DEZEMBRO DE 1993. Available at: http://www.planalto.gov.br/ccivil_03/leis/l8742.htm

⁷⁸ Brazil. 2005. LEI N° 11.258, DE 30 DE DEZEMBRO DE 2005. Available at: http://www.planalto.gov.br/ccivil_03/_ato2004-2006/2005/lei/l11258.htm

⁷⁹ Brazil Public Policy Observatory. 2022. TAXA DE ATUALIZAÇÃO CADASTRAL (TAC)NOS MUNICÍPIOS BRASILEIROS 2019-2022. Available at: https://obpoprua.direito.ufmg.br/dialogos_praticas_locais.html

cannot access any benefits to which they are entitled⁸⁰. 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%.⁸¹ 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.

44. Recently, there have been important setbacks in policies aimed at caring for people who use problematic drugs, which have basically relied on treatments in a closed regime in therapeutic communities or clinics linked mainly to churches. This type of treatment and institutions of this nature have received reports of serious violations of human rights, including curbing of religious freedom, involuntary hospitalization and lack of respect for sexual orientation and gender identity⁸². In a recent survey in the city of São Paulo, where 68.6% said they were black or brown, 59.5% of homeless people had experienced some form of institutionalisation with 31.9% having gone through some “clinic for the treatment of chemical dependence”.⁸³

Carers

45. 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. There is also a lack of a policy that recognizes 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 marginalised 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.
46. People with disabilities are largely left to rely on female family members for their care and personal assistance, 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 socioeconomic vulnerability and less likely to have help outside of the family than white women.⁸⁴ Lack of care support leads to work overload and social isolation which has negative health impacts and erodes quality of life, and which in extreme cases can endanger the lives of caregivers and people with disabilities.

Examples

47. 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.⁸⁵ 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.

⁸⁰ O Globo. 2022. Metade dos brasileiros em situação de rua não tem registro no CadÚnico e não consegue acessar benefícios. Available at: <https://g1.globo.com/jornal-nacional/noticia/2022/08/04/metade-das-pessoas-em-situacao-de-rua-nao-tem-registro-no-cadastro-unico-mostra-pesquisa.ghtml>

⁸¹ Ministry of Citizenship Brazil. 2019. National Survey on the Homeless Population in Brazil: giving a face to homelessness and formulating strategies and policies to address homelessness. Available at: https://www.un.org/development/desa/dspd/wp-content/uploads/sites/22/2019/07/CORTIZO_Roberta_Presentation.pdf

⁸² Conselho Federal de Psicologia. 2018. Comunidades terapêuticas violam direitos. Available at: <https://site.cfp.org.br/inspecao-em-comunidades-terapeuticas-revela-violacoes-de-direitos-humanos/>

⁸³ Prefeitura de São Paulo. 2019. PESQUISA CENSITÁRIA DA POPULAÇÃO EM SITUAÇÃO DE RUA, CARACTERIZAÇÃO SOCIOECONÔMICA DA POPULAÇÃO EM SITUAÇÃO DE RUA E RELATÓRIO TEMÁTICO DE IDENTIFICAÇÃO DAS NECESSIDADES DESTA POPULAÇÃO NA CIDADE DE SÃO PAULO. Available at: https://www.prefeitura.sp.gov.br/cidade/secretarias/upload/Produtos/Produto%209_SMADS_SP.pdf

⁸⁴ Brasa. 2020. A responsabilidade pelo cuidado e o trabalho das mulheres na pandemia. Available at: <https://brasa.org.br/a-responsabilidade-pelo-cuidado-e-o-trabalho-das-mulheres-na-pandemia/>

⁸⁵ Corrêa, Borges. 2021. Corpos de mãe e filho são encontrados em residência no Bairro Tocantins em Uberlândia. O Globo. Available at: <https://g1.globo.com/mg/triangulo-mineiro/noticia/2021/10/13/corpos-sao-achados-em-residencia-no-bairro-tocantins-em-uberlandia.ghtml>

48. The 2015 Zika epidemic overwhelmingly impacted black women, with the highest prevalence in Brazil's northeastern states⁸⁶⁸⁷, 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 Health⁸⁸. 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 conditions⁸⁹, which are more prevalent amongst black communities across the country⁹⁰.
49. Pregnant women infected with Zika are at high risk of the foetus developing CZS; a neurological condition that in most cases leads to lifelong physical and intellectual and multiple disabilities. Although the 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% of the mothers of children with CZS are black, around two-thirds of whom are located in the northeast of Brazil⁹¹. The vast majority were also young (71.4% between 15 and 29 years old); and single, separated or widowed (49.4%)⁹². 77% of babies born with microcephaly in 2015 have black or mixed-race mothers compared to 19% white mothers.⁹³
50. 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 that prevents them to access their social, economic and cultural rights.⁹⁴⁹⁵ 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.

⁸⁶ Vissoci, J. R. N., Rocha, T. A. H., da Silva, N. C., de Sousa Queiroz, R. C., Fonseca Thomaz, E. B. A., Vasconcelos Maia Amaral, P., ... Staton, C. (2018). Zika virus infection and microcephaly: Evidence regarding geospatial associations. *PLoS Neglected Tropical Diseases*, 12(4), 1–166. <https://doi.org/10.1371/journal.pntd.0006392>

⁸⁷ Lowe, R., Barcellos, C., Brasil, P., Cruz, O. G., Honório, N. A., Kuper, H., & Carvalho, M. S. (2018). The Zika Virus Epidemic in Brazil: From Discovery to Future Implications. *Int. J. Environ. Res. Public Health*, 15(1), 1–18. <https://doi.org/10.3390/ijerph15010096>

⁸⁸ Pan American Health Organization / World Health Organization. 2018. Zika suspected and confirmed cases reported by countries and territories in the Americas Cumulative cases, 2015-2017. Updated as of 04 January 2018. Available at: https://www.paho.org/hq/index.php?option=com_docman&view=download&category_slug=cumulative-cases-pdf-8865&alias=43296-zika-cumulative-cases-4-january-2018-296&Itemid=270&lang=en

⁸⁹ Barbeito-Andrés, J., Pezzuto, P., Higa, L. M., Dias, A. A., Vasconcelos, J. M., Santos, T. M. P., ... Garcez, P. P. (2020). Congenital Zika syndrome is associated with maternal protein malnutrition. *Science Advances*, 6(2), 1–12. <https://doi.org/10.1126/sciadv.aaw6284>

⁹⁰ Boing, A. F., Boing, A. C., & Subramanian, S. V. (2021). Inequalities in the access to healthy urban structure and housing: an analysis of the Brazilian census data. *Cadernos de Saúde Pública*, 37(6). <https://doi.org/10.1590/0102-311X00233119>. Available at: <https://www.scielo.br/j/csp/a/D9SFbBDMsTyf7F5dMfkTjJm/?lang=en>

⁹¹ Center for Reproductive Rights. (2018). *Unheard Voices: Women's Experiences With Zika, Brazil*. New York.

⁹² Brasil. 2017. Ministério da Saúde. Secretaria de Vigilância em Saúde. Departamento de Vigilância de Doenças e Agravos Não Transmissíveis e Promoção da Saúde. Saúde Brasil 2015/2016: uma análise da situação de saúde e da epidemia pelo vírus Zika e por outras doenças transmitidas pelo *Aedes aegypti*. Available from http://bvsms.saude.gov.br/bvs/publicacoes/saude_brasil_2015_2016.pdf

⁹³ Marinho et al. 2016. Microcefalia no Brasil: prevalência e caracterização dos casos a partir do Sistema de Informações sobre Nascidos Vivos (Sinasc), 2000-2015. *Epidemiologia e serviços de saúde : revista do Sistema Unico de Saude do Brasil*. Available at: <https://www.scielo.br/j/ress/a/nwGLZsdg3K5Ff7Zxn4cwkYh/>

⁹⁴ Center for Reproductive Rights. 2018. *Unheard Voices: Women's Experiences With Zika, Brazil*.

⁹⁵ Human Rights Watch. 2017. *Neglected and Unprotected: The Impact of the Zika Outbreak on Women and Girls in Northeastern Brazil*.

Recommendations to the Government of Brazil

1. *Ensure the collection and distribution of disaggregated demographic data that includes disability, gender, colour and self-identification as 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 perspective in public policies, which means strengthening the public school, 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 to guarantee diagnoses, as the biopsychosocial assessment reduces the medical stereotype 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 public policy purposes, clearly and for all legal 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 in its sole paragraph of article 14,⁹⁶ which stipulates that federative 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 from an intersectional perspective, seeking not only access, but also the permanence and success of this public, promoting with it a reinforcement of inspection and compliance with the legislation regarding the promotion of Special Education from the perspective of Inclusive Education.*
8. *Strengthen public policies for the autonomous life of black people with disabilities, namely through the Independent Housing program, 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, in the context of an education focused on the African and Afro-Brazilian cultural heritage, the history of the movement of people with disabilities.*
10. *Integrate into public security policies measures to combat the high rates of violence committed against black people with disabilities by the state and public, paying particular attention to addressing those impacted by structural violence more frequently, 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.*

⁹⁶ CONSELHO NACIONAL DOS DIREITOS HUMANOS. 2020. RESOLUÇÃO Nº 40, DE 13 DE OUTUBRO DE 2020. Available at: https://www.gov.br/mdh/pt-br/aceso-a-informacao/participacao-social/conselho-nacional-de-direitos-humanos-cndh/copy_of_Resolucao40.pdf

Recommendations to Brazilian Civil Society

1. *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 consider the political construction of the movements that debate intersectionality between race and disability and seek to build collective action to address key issues.*