**Comments of Asociacion Azul, Argentina**

to the

**Draft General Comment No. 5 (2017)**

**Article 19: Living independently and being included in the community**

1. Association Azul, *for the independent living of persons with disabilities* is a non-profit non-governmental organization of people with disabilities and allies established in the province of Buenos Aires, Argentina. Asociacion Azul focuses on training, advocating and rising consciousness about the right to independent living, full participation, inclusive education and access to communication and information in the framework of the Convention on the rights of persons with disabilities (CRPD).

Asociacion Azul welcomes the decision of the Committee on the Rights of Persons with Disabilities to produce a General Comment on Article 19, and acknowledges the opportunity to make this submission.

1. We have strong concern about the reference in **Paragraph 47** of the Draft General Comment: “the right to decide where, how and with whom to reside also embraces the decision to live in institutional care settings”. Institutions in any form are prohibited by the CRPD and directly contradict the goals and general principles of Convention. This Draft itself establishes the negative values of Institutions in the rest of its own text. This paragraph makes bigger the barriers already existing in our communities and countries against the implementation of Article 19. This paragraph should be deleted.
2. We are concerned about the application of the principles of Art 19 and this draft comment to **all** people with disabilities. We think that some wording in the Draft establish that it is also applicable to people with the most complex needs of support, (including those with complex communication needs). But, from experiences during the years since the ratification of the CRPD in different countries, we think that this Draft should give stronger signals in this direction.

Perceived incapacity due to complex communication needs affects people with all levels of intellectual competence. For them, the key to a self-directed life is the acknowledgment of his/her form of communication as well as of his/her need of the support persons that know him/her well.

We will make direct references:

* + 1. para 15, (d) **Personal assistance,** says “The control of the personal assistance can be through supported decision-making.”

The idea that this includes ALL persons with disabilities should be emphasized: “The control of the personal assistance can be through supported decision-making….*so as to make sure that every person with disabilities, no matter his/her need of support, is getting the personal assistance he/she wishes*.”

* + 1. Para 20: “Another situation identified by the Committee is the presumption that persons with high support requirements are unable to live independently and be included in the community. Particularly, persons with intellectual impairments, are often assessed as being unable to live outside of institutionalized settings.”

The specification “particularly people with intellectual disabilities” marks the need to introduce some other groups too. It should say: “*particularly people with intellectual disabilities, complex communication needs, inter alia…..”*

* + 1. Para 40, although it is said many times in the document that **Art 19 is for ALL people with disabilities**, we this that this concept should be included as a Core Element.
		2. Para 86. Where it says: “General health facilities and services (art. 25) should be accessible for persons with disabilities in their respective communities on an equal basis with others”

Health problems and derivated procedures bring extra stress and suffering to people when they cannot understand what is happening, or cannot express what they are feeling or thinking. As the health system does not recognize the need of supports for people with certain disabilities in situations of stress because of health issues, we propose to add: “ *including and welcoming the support needed by some persons with disability (with complex communication needs, psicosocial disabilities, intellectual disabilities, deaf people,) during hospitalizations, surgeries, and medical consults.”*