**The World Federation of the Deaf’s submission**

**For 57th Session Human Rights Council report**

**On Indigenous Persons with Disabilities**

1. **Introduction**

1. The World Federation of the Deaf (WFD) is honoured to submit its inputs to the report of the Special Rapporteur on the rights of Indigenous Peoples on Indigenous Persons with Disabilities to be submitted to the 57th session of the Human Rights Council.

1. The World Federation of the Deaf is an international non-profit and non-governmental organisation and has a membership composed of national deaf associations from 136 countries. The WFD has a consultative status with the United Nations and is a founding member of the International Disability Alliance (IDA). We promote the human rights of deaf people in accordance with the principles and objectives of the United Nations Charter, the Universal Declaration of Human Rights, the UN Convention on the Rights of Persons with Disabilities (CRPD), the 2030 Agenda for Sustainable Development, and other Human Rights Treaties. As the representative body, the WFD strives to ensure that deaf people across the world are equipped with the knowledge, tools, and strategies to advocate for, achieve, and defend their rights.

1. The present submission aims to highlight the specific barriers faced by deaf Indigenous people, especially deaf Indigenous women, and to provide recommendations to state parties on how to meaningfully include and engage deaf Indigenous people in overcoming them.
2. **Societal barriers related to the intersectional discrimination they face as deaf, Indigenous, and sign language users.**

1. As a general comment, the WFD would like to emphasise that deaf Indigenous people face a unique situation compared to other Indigenous persons with disabilities due to their specific cultural and linguistic identities and the use of their own languages, their national and/or Indigenous sign languages. As highlighted in the [WFD Position Paper “Complementary or diametrically opposed: Situating Deaf Communities within ‘disability’ vs ‘cultural and linguistic minority’ constructs](https://wfdeafnew.wpenginepowered.com/wp-content/uploads/2018/07/LM-and-D-Discussion-Paper-FINAL-11-May-2018.pdf),” deaf people and their communities belong to both the disability movement and the minority cultural and linguistic movements. The adhesion of deaf people to their deaf communities is not based on their degree of hearing loss but rather on their shared experiences of living in a society that is inaccessible to them as well as the use of their common languages, their national or Indigenous sign languages. Deaf communities are interconnected to the disability movement by their right to access as citizens of a broader dominant language culture.
2. Not only do Deaf Indigenous peoples belong to their Indigenous communities where they share cultural traditions and customs, among others, but also, they belong to the Deaf community, either through the use of, respectively, their Indigenous sign languages or their national sign languages. National sign languages are minority languages used by Deaf communities within a given country, whereas written/spoken languages constitute the dominant language of the country[[1]](#footnote-0). Indigenous sign languages are the sign languages that were created naturally in Indigenous Deaf communities before having the influences of colonial sign languages[[2]](#footnote-1), such as, for example, the Plains Indigenous Sign Language in Canada[[3]](#footnote-2). National sign languages and Indigenous sign languages must be recognised legally, and on an equal step with spoken/written languages, and their use must be promoted by the States Parties as enshrined in Article 2.2 and Article 21(e) of the United Nations Convention on the Rights of Persons with Disabilities.
3. National or Indigenous sign languages have a critical role in ensuring deaf people’s optimal mental, physical, and social health across the lifespan, as identified in the [WFD Position Paper on Access to National Sign Languages as a Health Need](https://wfdeaf.org/news/position-paper-on-access-to-national-sign-languages-as-a-health-need/). However, deaf Indigenous children are at high risk of language deprivation, which is caused by a lack of access to national or Indigenous sign languages during the critical period for language acquisition and development, preventing them to be proficient in written/spoken languages, and creating a negative cascade effect on many areas of health, education, and well-being. To overcome language deprivation and its disastrous effects on deaf Indigenous peoples’ mental, physical, social health, and educational development, early intervention and education systems must be designed to maximize deaf Indigenous children and youth’s access to fluent sign language input and rich, plentiful interactions with deaf (Indigenous) professionals and community members.
4. Deaf Indigenous people face huge barriers in participating in the society on an equal step with others since most information and communication is not provided in their sign languages. They experience additional intersectional discrimination when the country does not grant specific focus to the rights of deaf Indigenous Peoples and their Indigenous sign language rights in different areas such as in education, in access to health and in the interactions with public authorities.
5. **Greatest challenges to realizing human rights of Indigenous persons with disabilities**
6. Among the challenges to realizing human rights of Indigenous persons with disabilities, the World Federation of the Deaf will share two case studies that are based respectively in New Zealand, and in Bolivia. Both of them have been researched, and documented in close collaboration with the deaf Indigenous communities that are concerned. The World Federation of the Deaf is committed, as soon as funding opportunities allow it, to deepen its evidence-based research initiatives regarding the human rights of deaf Indigenous persons in the future, as both case studies are revealing unseen barriers and challenges faced by deaf Indigenous peoples that are most probably also experienced in other deaf Indigenous communities worldwide.
7. First of all, as members of their Indigenous communities, Deaf Indigenous persons are facing challenges to accessing the Indigenous language and culture of their communities. Among other deaf Indigenous persons, Māori deaf people in New Zealand are facing barriers in accessing to and learning about the Māori language, culture, and heritage that are essential for the development of their Indigenous identity as shared with other members of their Indigenous communities. Those barriers are mostly related to the lack of accessibility information and communication in the Indigenous community. Indeed, in New Zealand, when Māori deaf people need to call upon interpretation services that can combine three languages being English, New Zealand Sign Language and Māori, their request is often declined as there are, as of today, only 2 qualified trilingual interpreters who are fluent in English, New Zealand Sign Language and Māori in the whole country.
8. To overcome this huge barrier in sharing the Māori identity with others non-deaf people in their Māori communities, Māori deaf people have been forming groups to share their intersectoral knowledge and experiences and this has included collectively developing some new New Zealand Sign Language signs for some Māori concepts, and thus expanding the lexicon of the New Zealand Sign Language[[4]](#footnote-3). These efforts to form groups and come together to share their intersectional experiences of being both deaf and indigenous have enabled them to explore and strengthen their position in their Māori families and Māori culture/communities and thus strengthen their Māori identities. While this is a good way of addressing the challenges, as they shared a strong understanding of their linguistic and cultural identity/identities, it is important to note that the Indigenous communities need to become more accessible and the State parties must undertake measures to ensure the access of deaf Indigenous persons to their communities in order to learn about their Indigenous language, culture, and heritage.
9. In second instance, the World Federation of the Deaf conducted a case study research on the access to health for deaf women in Bolivia in November 2023[[5]](#footnote-4). This research consisted of an interview of 13 deaf Indigenous women from different regions in Bolivia and different ages to gather data on their access to healthcare services, their knowledge on Sexual and Reproductive Health Rights, and the issues they faced during the Covid-19 pandemics. The ethnic minorities to which those 13 deaf Indigenous women in Bolivia belong are Aymara (15,4%), Chiquitano (23,01%), Guarani (30,8%), and Quechua (30,8%).
10. Based on the research results, we can conclude that, despite the fact that 61,5% of the 13 deaf Indigenous women respondents achieved their tertiary education, achieved in integration in the ordinary education system, a huge majority of them are not informed on their **Sexual and Reproductive Health Rights** as they did not receive Comprehensive Sexuality Education (61,5%), do not know anything regarding the Sexually Transmitted Infections (84,6%), do not use any family planning/contraception method (53,8%) nor received information on family planning/contraception methods and prevention of Sexually Transmitted Infections (69,2%). Due to the lack of information that is culturally, linguistically, and cognitively adapted to their needs, deaf Indigenous women face a higher risk of gender-based discrimination and violence.
11. Regarding their **access to healthcare**, the majority of the 13 deaf Indigenous women responded that they never or do not feel they receive the same quality and relevance of public messages and information on health issues as their non-deaf peers (92,3%), they are not consulted in the decision-making processes relevant to their healthcare (100%), and they frequently felt frustrated or powerless because of the lack of access to healthcare (76,9%). Those results are higher than the ones the World Federation of the Deaf collected from a previous research project conducted in 2021 in the Latin American and Caribbean countries[[6]](#footnote-5) in which 173 deaf respondents from South America (33.53% came from Ecuador, 31.21% from Peru, and 17.92% from Brazil, and 53,18% of them identified as male) responded to the question on how clearly health care providers explain things to them, 46.24% answered “somewhat clear” and 20.81% “not clear.” When asked whether they thought that they received the same quality and timeliness of public messages and information about health problems as hearing people, 34.10% answered that they were not sure while 32,95% responded they think so and 32,95% responded they don’t. The respondents pointed out that public messages and information about health problems are not provided in the national sign language (36.84%), and the information was too difficult to understand (33.33%). Finally, respondents were asked whether health care in their country includes deaf people in the decision-making process, with 63,58% being from not satisfied to very unsatisfied. Based on this comparative analysis, we can conclude that deaf Indigenous women in Bolivia are facing higher barriers in their access to health care services, in their access to public-oriented messages and information on health issues, and their involvement in the decision-making processes.
12. The identified factors contributing to the huge barriers faced by deaf Indigenous persons in their access to healthcare and health information in the context of the Bolivian case study are numerous and include, among others:

1. The lack of exposure to sign language during the critical period for language acquisition and development (0-6 years old). In the World Federation of the Deaf’s research project in Bolivia, 11 out of 13 of the deaf Indigenous women respondents learned sign languages between 7 and 18 years old.

2. The lack of accessible health-related information in the national sign languages or Indigenous sign languages causing a lack of knowledge and understanding among deaf Indigenous Peoples on their rights as a patient and health promotion and disease prevention.

3. The lack of provision of professional sign language interpretation by the healthcare services.

These barriers are experienced by the majority of deaf people worldwide, but are exacerbated when there are other intersecting identities at stake, such as being Indigenous Peoples or as People of African Descent.

**D. Assessment of the Bolivian’s State national support and care system for persons with disabilities that is not inclusive, accessible, affordable and culturally appropriate for deaf Indigenous persons.**

1. From the perspective shared by deaf Indigenous women in the World Federation of the Deaf’ case study research, the efforts undertaken by the Bolivian authorities are insufficient. The deaf Indigenous women do not feel supported in their access to healthcare that is not inclusive, accessible, affordable and culturally appropriate for them.
2. States Parties to the Convention must facilitate the use of sign languages in official interactions with deaf Indigenous persons, under Article 21(b). It is of utmost importance that public-oriented information is given by the public authorities in the languages used by the deaf Indigenous persons, being either their national sign language or their Indigenous sign language. Furthermore, State parties must recognise the national and/or Indigenous sign languages used by deaf Indigenous persons in their country and promote their use, according to Article 21(e).
3. The facilitation of sign languages in interactions of the public authorities with deaf individuals shall be accomplished, *inter alia*, with professional and accredited national or Indigenous sign language interpreters. Article 9.2 (e) of the CRPD highlights the obligation of States Parties to take appropriate measures to facilitate the provision of sign language interpretation services as part of the accessibility requirement. The use of “professional sign language interpreters,” as stated in 9.2, has been interpreted to mean sign language interpreters are properly trained with deaf community participation, certified according to an independent certification mechanism in which deaf people and professional interpreters(?) are represented, and paid in accordance with their professional status.
4. In addition to the provision of professional and accredited national or Indigenous sign language interpreters, States Parties must also translate written information into their national sign language(s) to sustainably implement Art. 21(b). Important amounts of information related to different areas of life of deaf Indigenous persons, such as procedures, facts sheets and recommendations, are only shared in written form. This places deaf Indigenous persons at a further disadvantage and risk of marginalisation, especially in their access to health information. Thus, these materials must also be translated into the national sign language with the involvement of the deaf Indigenous community through their representative organisation, in line with Art. 4.3 CRPD.
5. Deaf Indigenous children, among all deaf children, have the right to protection from language deprivation. They should be provided access to national and/or Indigenous sign languages and be able to communicate in this language with their family members, deaf peers, and fluent sign language models such as deaf teachers and professionals. Among other measures and rights enshrined in the World Federation of the Deaf’s [Declaration of the Rights of Deaf Children](https://wfdeaf.org/rightsdeafchildren/), all parents, carers and family members must be provided with free instruction in their national and/or Indigenous sign language(s).
6. Quality education in the national and/or Indigenous sign language(s) and the national written language(s) is one of the key factors for fulfilling the education and broader human rights of deaf Indigenous children and adult learners as identified in the [World Federation of the Deaf Position Paper on the Language Rights of Deaf Children](https://wfdeaf.org/news/wfd-position-paper-language-rights-deaf-children/). In that perspective, national and/or Indigenous sign languages must be recognised as equal to national spoken language in all educational levels. Moreover, the Report of the 12th session of the United Nations Permanent Forum on Indigenous Issues recognised that “sign language education curricula must be developed, in consultation with deaf Indigenous persons, which reflect their cultures, issues, needs, and preferences[[7]](#footnote-6)”. Additionally, providing multilingual education in national and/or Indigenous sign languages and written/spoken languages from early childhood supports deaf Indigenous children’s development of health literacy across the lifespan, in addition to optimal educational and health outcomes.
7. Article 25(d) of the United Nations Convention on the Rights of Persons with Disabilities requires that, in accordance with the principles of equality and non-discrimination, States Parties provide health care of the same quality to individuals with disabilities at all times. This means that deaf Indigenous people have the fundamental human right to be able to interact with health care practitioners in their national or Indigenous sign languages. Deaf Indigenous persons should not be discriminated against on the ground of their disabilities, their ethnicity, and their linguistic preferences when requiring the benefit of health care. In the research project conducted by the World Federation of the Deaf in Bolivia, 9 out of 13 deaf Indigenous women shared their preference for the use of Bolivian Sign Language to communicate with healthcare practitioners. Moreover, deaf Indigenous women made those recommendations regarding the improvement of their access to health: (1) Provide sign language interpretation services in healthcare services; (2) Hire health professionals who are proficient in their national (or Indigenous) sign language; (3) Raise awareness among health professionals on the needs and rights of deaf Indigenous persons; and (4) Train health professionals on how to address deaf Indigenous persons in a culturally appropriate way and how to communicate in their sign language and/or to work with a professional sign language interpreter.
8. Particular attention must be addressed by the States Parties to the rights and needs of deaf Indigenous women and children, and they must take measures, in consultation with Indigenous Peoples, to ensure that deaf Indigenous women and children enjoy the full protection and guarantees against all forms of violence and discrimination according to Article 22 of the United Nations Declaration on the Rights of Indigenous Peoples, as they are exposed to higher risks of intersectional discrimination.
9. Ultimately, it falls under the general obligation of the State Parties to respect, fulfill and promote the human rights of Indigenous persons with disabilities, including deaf people, by engage them meaningfully in the decision-making processes, in line with Article 4.3 of the United Nations Convention on the Rights of Persons with Disabilities and its Committee’s General Comment 7 on the participation of persons with disabilities.
10. **Information on concrete initiatives, actions and programs relating to Indigenous persons with disabilities that have been developed by Indigenous organizations, civil society organizations and other stakeholders.**
11. The World Federation of the Deaf conducted an innovative research project in Bolivia from November 2023 until today that consists of gathering information and data from deaf Indigenous women and providing them, accordingly, training on their Sexual and Reproductive Health Rights and on Comprehensive Sexuality Education in their national sign language as provided by deaf professionals who share the same deaf (or indigenous) cultural and linguistic understanding as them, facilitating thereby their learning process.

1. Findings from this research showed that deaf indigenous women are victims of a total lack of access to basic information regarding family planning, sexual and reproductive health, and sexually transmitted diseases, among other critical and life-saving information. They also have less access to healthcare services due to their communication and cultural barriers. This project is an initiative of Citizen Data Development, a good practice of deaf-led data collection that can reach out to the most hard-to-reach people among the indigenous communities and even the group of indigenous people with disabilities. The only way to get data from deaf Indigenous women is through their peers in a culturally and linguistically concordant environment and within a safe space where they can be assured their privacy is respected. The World Federation of the Deaf plans to use the information gathered from this project to inform advocacy efforts aimed at the Bolivian government and other stakeholders, as well as other government authorities in other countries, to visualise the unique, multiple and intersectional discrimination they face within the indigenous communities and national policies.

If you have any questions or queries, do not hesitate to contact the WFD Human Rights Officer, Mrs. Delphine le Maire, at delphine.lemaire@wfdeaf.org



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5. World Federation of the Deaf, *Report on Access to Health of Deaf Indigenous Women in Bolivia (a preliminary research),* November 2023, funded by CBM Global, *forthcoming.*  [↑](#footnote-ref-4)
6. World Federation of the Deaf, *Challenges to Accessible Healthcare in the Age of Covid-19 for Deaf Latin American and Caribbean Residents: A Call to Action*, 2021, funded by UK Aid, the Disabled Peoples Organisation Denmark, and the International Disability Alliance, *forthcoming*. [↑](#footnote-ref-5)
7. Report on the twelfth session of the United Nations Permanent Forum on Indigenous Issues (20-31 May 2013), E/C.19/2013/25, n°19. [↑](#footnote-ref-6)