



**CONSORTIUM FOR CITIZENS  
WITH DISABILITIES**

**ACTION ALERT**

**October 25, 2013**

***The Disability Treaty is Back!***  
**REMEMBER DECEMBER**

**BACKGROUND:**

Last December, the U.S. came close—VERY close—to ratifying the Disability Rights Treaty. Five Senators who voted 'No' stood in the path of the 2/3 vote required to ratify a treaty that protects the rights of people with disabilities. Last year we lost, in part, because the Homeschool Legal Defense Association used misinformation and scare tactics with homeschool parents to **out-call supporters of the treaty by a margin of 100 to 1. We cannot let this happen again!**

The Convention on the Right of Persons with Disabilities is the vital framework to protect the human rights of persons with disabilities across the world. Inspired by our own Americans with Disabilities Act (ADA), which served as the model for the Treaty, the CRPD protects the values of independence, respect, and dignity for individuals with disabilities.

More than 700 American organizations, from disability groups, 20+ veterans' service organizations (most recently the American Legion), businesses associations, and faith-based organizations have pledged their support to this treaty. The United States signed the CRPD in 2009. It's time for our Senators to ratify the treaty.

**SUMMARY OF CURRENT STATUS:**

Sen. Robert Menendez (D-NJ), Chair of the Foreign Relations Committee, announced his intention to hold hearings and a markup on the Treaty soon. He is singularly focused and committed to passing the CRPD this year. Two hearings dates are currently scheduled for Nov. 5 and 12. The Senator has said it is important that the disability, civil rights, veterans, and business communities come together to overcome the strong opposition.

**Currently 61 Senators out of the 67 needed have indicated support for the Treaty, including several strong Republicans (McCain, AZ; Barrasso, WY; Ayotte, NH; Kirk, IL; Murkowski, AK; Collins, ME).** At least 6 more committed senators are necessary to

reach the 2/3rd (67) votes to ratify the treaty. We have identified 14 senators, listed further below, we believe could be persuaded to vote for the Treaty. **Our job is** to make sure these Senators understand the Treaty, how important the Treaty is to the disability, veterans, and business communities, and to get them to commit to voting “YES” during the Committee markup! The Treaty **will not go to** the Senate floor for a vote unless **WE** can get firm commitments for the 67 votes needed.

Please take as many of the following action steps as you can to help us **Ratify the Treaty Now**.

### **TAKE ACTION:**

- 1. Sign** the on-line [I Support the Disability Treaty Petition](#) now!
- 2. Call** your U.S. Senators and tell them that you support the Disability Treaty. **If you have called them before, call them again!**
  - Visit the [CRPD Action Center](#) to find out the name of your US Senators (scroll down and enter your zip code). It will take you through the steps to call and email your Senators; or
  - Dial the Capitol Switchboard at **202-224-3121** and ask for the office of your Senators
  - Identify yourself as a constituent and the organization that you represent (if any)
  - Use the talking points below to state your position and ask for a commitment to vote for the Disability Treaty (or at least be open to learning more at the upcoming hearings before saying no)
  - Pass this alert along to other people and coalitions that support the treaty
- 3. Email** your Senators directly using the [CRPD Action Center](#). It literally only takes a minute! A sample letter is provided.
- 4. Tweet** both of your Senators to show your support. [Click here](#) for list of your Senators Twitter IDs. Remember to use #DisabilityTreaty for each tweet you send.

**Sample Tweet:** “Let's promote respect for everyone's inherent dignity. @[\(SenatorID\)](#) I urge you to support passage of #DisabilityTreaty for Americans with Disabilities.”

- 5. Come** to the hearings on Nov. 5 and 12! We need to pack the hearing to show support. If you can't travel to D.C., hold viewing parties and tweet, call, and email during the hearings.
- 6. Tell Us** you have acted by emailing [emagan@uscid.org](mailto:emagan@uscid.org). We need to be able to show that our supporters are taking action.

### **TALKING POINTS:**

- Ratification opens new markets for American products, technologies and services and will put the US in the best position to export technologies for people with disabilities worldwide. Many businesses, such as IBM, Consumer Electronics Association, Adobe,

AT&T and the US Chamber of Commerce support the Treaty (see more on [business support](#)).

- Ratification helps thousands of Veterans by improving physical, technological, and communication access outside the US (see [Statement by Bob Dole](#), Senator and Disabled Veteran).
- Ratification provides the U.S. with the best tools to pressure other countries to end abuse of people with disabilities, and to make their public infrastructure accessible to people with disabilities (see the CCD report: **Neglected and Abused Abroad: A Look at the Severe Mistreatment of Individuals with Disabilities Around the World and How the U.S. Can Help**).
- Ratification reinforces America's global leadership, putting us in the strongest position to advance disability rights worldwide and to promote the rights and values the U.S. established under the ADA, while having no impact on U.S. sovereignty.
- Republican and Democratic [Attorneys General](#), and past Counsel to Presidents (see [President Bush](#) letter) support the treaty, finding U.S. domestic law already in compliance with the principals and rights contained within the treaty.
- The CRPD is budget neutral on federal, state, and local governments.
- This treaty is good for American business and for the world. It will allow us to bring our knowledge of making a society accessible to the whole world.
- Reservations, understandings, and declarations (RUDs) --added to explain U.S. interpretation and obligations under the treaty -- address all the issues raised by the opposition.

For more information, including the text of the Treaty, please see

<http://www.disabilitytreaty.org/> and the [Ratify CRPD Facebook Page](#) that now has over 4,000 followers.

**TARGET LIST:**

All Senators, but especially these current targets:

Corker (TN), Ranking member

Cochran (MS)

Portman (OH)

Coburn (OK)

Flake (AZ)

Isakson (GA)

Chambless (GA)

Fisher (NE) 2012

Johnson (WI)

Johanns (NE)

Blunt (MO)

Alexander (TN)

Coats (IN)

Boozman (AR)

We know this is a lot to ask, but if the disability community can't come together to push the Disability Treaty now, we may not have another chance for a long time. **PLEASE ACT NOW!**

*The Consortium for Citizens with Disabilities is a coalition of more than 100 national consumer, advocacy, provider and professional organizations headquartered in Washington, D.C. (A list of members is available at [www.c-c-d.org](http://www.c-c-d.org)) Since 1973, CCD has advocated on behalf of people of all ages with physical and mental disabilities and their families. CCD has worked to achieve federal legislation and regulations that assure that the 54 million children and adults with disabilities are fully included in the mainstream of society.*

## HOW THE PADD PROGRAMS HELPS INDIVIDUALS AND FAMILIES

### ***This information is from the PADD 2006 Annual Program Report***

The **Georgia P&A** assisted a 13-year-old boy who had been living in a nursing home since he was six. The P&A supported his mother to attend the Children's Freedom Initiative summit, where she spoke passionately about her desire to have her son live at home. A high-ranking official from the Department of Community Health (DCH) heard her story and pledged to help bring her son home. The boy was granted Medicaid funding to support him in the community, however, the boy's father had legal custody and opposed his move from the nursing home. The P&A assisted the mother to obtain pro-bono legal assistance to resolve the custody issue. Five months after telling her story at the Summit, the mother brought her son home with the support of the P&A, Georgia Legal Services, DCH, and the local community. The boy is being educated by the local school system and has friends in his neighborhood with whom he plays on a daily basis.

As a result of legislative advocacy by the **New Hampshire P&A**, New Hampshire created a central registry for caregivers who have a history of abusing, neglecting, or exploiting vulnerable adults, including those with developmental disabilities. The legislation passed in the 2006 session, with the P&A taking a lead role. The registry will mirror the one in place for child-care workers and will record the names of paid caregivers found guilty of abuse either through the courts or through internal investigations. It will detect workers who attempt to dodge detection by moving from system to system or from region to region. Agencies that receive funds from the state Department of Health and Human Services must use the database to screen potential workers.

A long-time resident living in a state resource center contacted the **Iowa P&A** requesting assistance with her release to a less restrictive living arrangement. The P&A began working with the woman and her social worker to ensure that a discharge plan was put into place and that the woman's desires were taken into consideration. Having to live with 10 roommates at the resource center, the woman's ideal living arrangement would be moving into a house with no more than two or three people. When a placement finally was agreed upon, a transition plan was in place. The woman enjoyed a shopping excursion, lunch with a peer, and a doctor's appointment so her medical needs could be addressed. Finally, the woman moved into an apartment where she has her own bedroom and bathroom, only one roommate, and a new job.

The **Massachusetts P&A** represented a 13-year-old girl with cerebral palsy who had received at-home occupational therapy twice a week since she was nine months old. As a result, she had made slow but significant progress in increasing her balance and the tone in her muscles. Although it took years, the girl is gaining more fine motor use in her hands and can now hold her head up for a short period, sit up, and chew. These have been crucial milestones that have enabled her to communicate with a computer, gain weight, sit in the tub and on the toilet, and brush her hair. The girl's parents sought the P&A's assistance with an appeal of a MassHealth decision to reduce the therapy from twice to once a week. At the end of the hearing, the MassHealth representative modified the decision and reinstated the therapy to twice a week.

The **Louisiana P&A** supported a 16-year-old student diagnosed with brittle bone disease (osteogenesis imperfecta) and other physical disabilities. She has a very small stature, must use a specially designed electric scooter for mobility, and sometimes needs to use oxygen. The school decided that if the student needed more than 1.5 hours on the oxygen concentrator daily, she is creating a danger to herself and others because of the volatility of oxygen. Therefore, they decided to place her in a homebound school program. The P&A negotiated with the school to allow the young woman to remain on campus, obtaining documentation from the manufacturers of both the scooter and the oxygen concentrator indicating that the use of these did not create a danger. The P&A also obtained documentation from the student's physician reinforcing the manufacturers' documentation. The P&A further worked with the school to allow the young woman to take her oxygen treatments during a study hall instead of lunch so she could spend her lunch breaks socializing with peers.

The **New Jersey P&A** staff intervened on behalf of a 20-year-old individual with mental retardation and Prader-Willi Syndrome. The woman's father contacted the P&A complaining that his daughter had been sexually assaulted at her group home nine months earlier. He said the perpetrator was charged, prosecuted, and plead guilty to the assault. Since the assault, his daughter had been residing at her parents' home, where they cannot adequately care for her. The Division of Developmental Disabilities advised that the woman's room in the group home where the assault took place remained available and did not offer any other placement options. The psychiatrist treating the woman since the assault supported her parents that a return to her previous placement would be detrimental to her. Based on the information it gathered, the P&A filed a complaint with the Department of Health and Human Services Office of Civil Rights on behalf of the woman. This action resulted in the Division offering the woman a new residential program, where reportedly she is adjusting well.

A school was restraining a 4-year-old boy during seizure activity because they did not believe the behaviors were due to the child's epilepsy. The school had placed the child in a behavior disordered kindergarten class. With assistance from the **Missouri P&A**, the parent was able to document the child's diagnosis for the IEP team and arrange for consultation with the Epilepsy Foundation. The P&A further pointed out that the restraint violated school policy and requested a behavioral evaluation, which determined that the child should be moved back to the regular classroom.

The **Rhode Island P&A** was contacted by a high school about a 21-year-old with developmental disabilities who was a part-time employee of the school cafeteria. This young man lived with his parents and reported to his employer that he had been locked in the basement of his parents' home and sometimes beaten with a coat hanger and belt buckle when he misbehaved. The P&A investigated and determined that – as a child the man received special education services in school – but that his mother failed to apply to the state for adult DD services, insisting that he was well taken care of at home. The P&A investigation indicated that there had been sporadic contacts with the police and revealed historical evidence of physical abuse, including hospital emergency room treatment. After being informed that he wanted to leave his parents' home, the P&A advised the young man of his rights as a self-determining adult and of the state services available to him. On an emergency basis, the P&A gathered his entire school record, police reports, and medical information, and arranged for an immediate eligibility hearing with the State Division of Developmental Disabilities seeking appropriate supports and services, up to and including removal from the family home and temporary placement.

The **Pennsylvania P&A** assisted a man who lived in northwestern Pennsylvania and had no funding for services. He was in his mid thirties, had mental retardation, and lived at home with his elderly parents. Both parents were in failing health and lived below the poverty level, frequently having to decide whether to spend their money on food or medications. Their son needed help with activities of daily living and could not live alone. The Waiting List Campaign met with the Office of Mental Retardation to discuss this situation. The young man attended the meeting to help demonstrate the need for funding for services. While the meeting was going on, his mother was taken to the local hospital and arrangements were made for both parents to be sent to a nursing home. Their son literally was without a place to live since his only caretakers were now in a nursing home. The P&A was able to secure emergency funding for this man and he now lives with a Family Living provider.