**Annex to CHRUSP Statement for Opening of 19th Session of the Committee on the Rights of Persons with Disabilities**

Submitted by an activist who asked that their name not be made public.

Dear All,

I am a user and survivor of psychiatry from a country with few DPOs – there is only *one* advocacy-oriented DPO, and no history of organizing by users and survivors of psychiatry.

The one advocacy-oriented DPO, a pan-disability DPO, has been told that coalitions, especially bigger coalitions, are taken more seriously than smaller coalitions or individual DPO reports. We have been advised that one way of getting more organizations on board would be to compromise with service provider and family member organizations and create a ‘consensus’ document.

I am greatly concerned about this strategy, since in my country, consensual politics involves marginalized people politely requesting that our views be considered and not upsetting those in power.

The local discussion of disability issues is already dominated by service provider and family member organizations, and to me and many other local disabled activists, this DPO is a sacred space where, for once, we do not have to fight to have our views respected. I am terrified that by compromising so that we can be part of a coalition, we will lose this space that we have fought so hard for. For this same reason, the spirit of the CRPD is something I hold close to my heart. For once, disabled people led the discussion. For once, we did not have to compromise.

The creation of the Convention was also a beautiful exercise in building solidarity across disability groups. However, in many countries, the understanding that each disability group is the expert on its own issues has not yet been achieved.

Fellow user and survivor of psychiatry activists from other countries have told me of their struggles in having their non-negotiable positions respected in coalitions, even in coalitions where the majority of organizations are DPOs. Considering that the human rights violations against users and survivors of psychiatry only received recognition with the adoption of the CPRD, coalition partners might not understand that forced psychiatric intervention is a legitimate disability rights issue.

I also know marginalization in pan-disability advocacy is not just experienced by users and survivors of psychiatry – I understand that Autistic activists and Deaf activists often experience the same marginalization. Till the level of understanding between disability groups achieved in the drafting of the CRPD is attained in the various countries, I hope that the Committee will ensure that the uncompromised perspectives of each constituency of disabled people will be prioritized. I cannot, for one, think of a stronger mechanism than the CRPD for users and survivors of psychiatry to combat the powerful biomedical institutions that hurt us so badly.

In the current situation, I cannot help but feel desperate. I appeal to the Committee to state that the strategy should be to build the capacity of disabled people to form our own organizations, rather than to compromise with organizations for disabled people.

I also plead the Committee – *please* keep the CRPD Review process a platform where the uncompromised views of each constituency of disabled people, including users and survivors of psychiatry, can be known and amplified.