

February 15, 2023

一般社団法人精神障害当事者会ポルケは、日本の東京を拠点とする精神障害者により運営をされる障害者団体です。全国「精神病」者集団や DPI 日本会議などのネットワーク組織に加盟しています。障害者権利条約の実施を掲げて、国内外での取り組みをしています。日本においては、2011 年 3 月に発生した東日本大震災をきっかけにして、2015 年に仙台防災会議が行われました。防災の領域における障害の主流化が課題となっています。2016 年に発足した私たちの団体は、福島や熊本の被災経験をした精神障害者の友好団体との学習会やインタビュー調査を行うなどして、精神障害のある人の被災経験を今後の防災対策に活かすための制度化に向けた取り組みをしています。昨年からは、National Center of Neurology and Psychiatry と協働して、DIARY プロジェクト (Disability Inclusive Action and Disaster Risk Reduction survey) を立ち上げ、研究の視点を包摂したより具体的に効果的な対策作りを行うべく取り組みを強化しています。昨年は、United Nations 15th Conference of States Parties to the CRPD Side Event 2022 Including Perspectives of Mental Well-being & Psychosocial Disabilities in Disaster Risk Reduction & Humanitarian Action を共催団体として実施をしました。ほかには昨年は国連アジア太平洋経済社会委員会 (UN ESCAP) 主催の DIDRR: Disability Inclusive Disaster Risk Reduction をテーマとした会合に参加の機会を得ました。これらの活動を通じた知見より、以下の通り意見陳述をします。

1. 日本の災害に関する状況について

日本列島は、地震や風水害など自然災害に見舞われるリスクが世界的にも極めて高い地域といわれています。災害は、人々の生活や働く場等を奪い、そして時には人命を危険にさらします。日本政府は、1961 年に災害対策基本法を制定し、それ以降大きな災害の被災経験を基にした重層的な施策づくりが行われています。法律に基づき、都道府県や市町村では防災計画というものがつくられています。東京都の地域防災計画では、「防災対策の検討過程等における女性の参画の推進、避難所生活等における要配慮者の視点等を踏まえた対応等を位置付けており、災害時における人権確保の取組を進めています」として、「人権」というキーワードが近年取り上げられるようになりました。それは、女性や障害者や高齢者などが「災害弱者」といわれていますが、より災害時に被害にあう状況が明らかになってきたからです。災害によってもたらされる最も深刻な被害は人命にかかわることです。

たとえば、2011 年に発生した東日本大震災では、障害者の死亡率が 2 倍になることが同年 9 月 NHK の報道で明らかになりました。また、初の宮城県より実施された「東日本大震災に伴う被害状況等について」の調査公表をもとにした日本障害フォーラムのレポートによると、宮城県沿岸部の大震災による死亡率は、総人口比で 0.8%、障害者手帳所持者比で 3.5% となっていることが明らかになっています。実に約 4.3 倍の死亡率ということになります。死亡率が高かった原因はいろいろといわれています。たとえば、聴覚障害により防災アナウンスが届かず津波の被害にあったケースがありました。平時から必要な対策や支援があれば助かった命があったかもしれません。緊急避難のアナウンスを音だけではなく、視覚情報等で補う方法がとられるところも増えているようです。また、福祉施設は、地域の反対運動や建築コスト軽減のために僻地や水害リスクが高いエリアにあることが多いことが知られています。構造的に施設で暮らす人はリスクを抱えているとも言えます。福島県の精神科病院では避難の失敗から 100 人規模の死者が発生しました。近年においては、2020 年 7 月の熊本豪雨による河川の氾濫により、高齢者施設にいた 80 歳～99 歳の入所者 14 人の命を奪われるといった痛ましい事案も発生しています。

2. 一般的意見に採用すべき事項

2-1 災害対策の基本的な位置づけ

災害対策は、発災前からの備えと定期的な避難訓練の実施が必要です。障害者がアクセスしにくい環境で行われる場合が多く、地域社会からの分断が課題となっています。また、精神障害に対する偏見や差別の問題から、防災の枠組みに包摂されにくい状況があります。平時からの障害者のアクセシビリティや脱施設化の取り組み、差別禁止の取り組みが総じて、防災対策の基盤整備に寄与することを強調するべきです。特に、脱施設化については新型コロナウイルスの影響に鑑みても改めて必要な取り組みです。日本の NGO の調査では精神科病院での市中感染が 4 倍以上にのぼるという統計発表がありました。脱施設化ガイドラインの実施が、11 条の実施の観点からも注目をされるべきです。

2-2 平時のサポートの継続

また、25 条に関連して医療ケアの安定的な供給も極めて大切なポイントです。精神障害者の多くは平時から服薬治療を受けています。過去大きな震災の際には、流通に問題が発生した影響で、常備薬が手に入らないという問題が報告されています。しかし、現状においては医療現場では大きな問題として取り扱われていません。非常時に備えた医療のインフォームドコンセントを高めることも重要です。

2-3 避難所の問題

障害を理由にした差別的取扱いをうけて、避難所を追い出された事案が報告されています。きわめて重大な人権侵害です。避難所でのアクセシビリティの問題やプライバシーの欠如、女性障害者への性被害の問題があります。また、調査などから明らかになったのは、避難生活における心身の負担を考慮して、自宅での避難を希望する障害者が一定数いることです。東京都の防災計画では、自宅避難を推奨するきらいもありますが、その際に避難者に障害があることで生活物資の支給に問題がおきかないような仕組みが見えてきません。在宅避難は、都市型災害の防災、減災における要です。障害者が取り残されないような体制整備を求めることが重要です。

2-4 防災をテーマにした地域間連携の促進

都市型災害の一番大きな懸念事項は、避難施設での収容に限界があることです。一定の交通インフラが回復した後は、ほかのエリアで避難生活を送ることが選択肢となります。その際は、当該の地域と日頃から親しみのある関係づくりをすることで、安心して避難生活を送ることができます。そのような関係性を障害者団体のネットワークでつくれるような社会的サポートをつくる必要があります。エンパワーメントを後押しする取り組みが求められています。

3. 災害リスクに対する備えの好事例

上記のように、障害者は災害における被害のリスクが高いことが明らかになっています。SDGs の観点からも防災対策における障害のメインストリーム化は不可欠である。災害時の避難の支援の必要性が高い者を登録する制度をつくりました。また、障害者一人ひとりに対して避難をするための個別計画を作成する取り組みが行われています。平時の支援関係や連絡先を一元化するものです。私たちの団体の拠点である大田区では、水災害の備えに準じた障害者を対象にした講習会の実施が行われています。これらは、課題も残りますが問題好事例の取り組みです。

4. 発災後の障害者団体の取り組みの好事例

仙台や熊本では、地震発生後に速やかにして精神障害や発達障害の団体が、セルフケアの避難所を設置し、互いの生活を支える実践がおこなわれた。地域に包摂するコミュニティが、災害時に有機的に機能した好事例です。しかし、これについては行政からの支援がありませんでした。取り組み自体も地域社会で評価されていない

ことは残念です。

5. 障害者の参画を促進するための課題

仙台防災枠組みにおいて、政策・計画・基準の企画立案及び実施のために、これらのプロセスに障害者が参加すること、年齢やジェンダーのみならず障害によって分類されたデータを収集すること、障害等をめぐる技術革新・技術開発への投資をすること、災害への対応・復興再建・復旧アプローチにおける障害者のエンパワーメントの重要性が盛り込まれていますが、実施には課題が多く残っています。仙台防災枠組みに依拠した障害者団体の参画を一般的意見においては明記をすることが重要です。

防災対策の行政会議における障害者団体の参画は極めて遅れがちな状況にあります。防災の担当課において障害の取り扱いがまだまだ過小に評価されていることが原因です。障害分野の施策は、福祉や医療だけの問題ではありません。大きな行政組織のため、担当領域を超えた連携が難しいという問題があります。この問題は、決して災害対策の領域だけに限られません、実装の観点から各国に留意事項として示すことも重要です。

Comments to General Comment on Article 11 - Situations of risk and humanitarian emergencies

Date of Submission : February 15, 2023

Submitting Organization Name : Porque, the Organization of Persons with Psychosocial Disabilities (Japan)

WEB: <https://porque.tokyo/>

0. Introduction of Organization

Porque, the Organization of Persons with Psychosocial Disabilities is a Tokyo-based disability organization run by people with intellectual disabilities. It is a member of the Japan National Group of Mentally Disabled People (JNGMDP) and other networking organizations. It works for the realization of the Convention on the Rights of Persons with Disabilities in Japan and abroad. In Japan, the Sendai Conference on Disaster Reduction was held in 2015 in response to the Great East Japan Earthquake of March 2011. Mainstreaming disability in disaster management became an issue, and our organization, launched in 2016, has been working to institutionalize the experience of people with psychosocial disabilities in disaster management in the future by holding study sessions and hearings with friendship groups of people with psychosocial disabilities affected by the disaster in Fukushima and Kumamoto. Last year, we launched the DIARY project (Disability Inclusive Action and Disaster Risk Reduction survey) in collaboration with the National Center of Neurology and Psychiatry to strengthen the creation of more concrete and effective measures that incorporate research perspectives. The project is currently underway. We are currently in the process of creating more concrete and effective measures that incorporate research perspectives. We are currently strengthening the creation of more specific and effective measures that incorporate research perspectives. Last year, at the 15th Conference of the Parties to the CRPD, we co-sponsored the side event "2022 Disabilities in Disaster Risk Reduction & Humanitarian Action," which included perspectives on psychosocial well-being and psychosocial disabilities. During the side event "Reduction & Humanitarian Action", we co-hosted "Perspectives of Psychosocial Well-being & Psychosocial Disabilities in Disabilities in Disaster Risk Reduction & Humanitarian Action". Disabilities in Disaster Risk Reduction & Humanitarian Action" at the "Reduction & Humanitarian Action" side event. We participated as a co-organizer of "Disabilities in Disaster Risk Reduction. Last year, we also had the opportunity to participate in a meeting on "DIDRR: Disability Inclusive Disaster Risk Reduction" organized by the United Nations Economic and Social Commission for Asia and the Pacific (UN ESCAP). Based on the knowledge I have gained through these activities, I am sending the following comments, which I hope you will find useful in your deliberations in March.

1. The situation regarding disasters in Japan

The Japanese archipelago is said to be one of the world's regions with an extremely high risk of natural disasters such as earthquakes, windstorms, and floods. Disasters can take away people's livelihoods and workplaces, and sometimes endanger human lives. In 1961, the Japanese government enacted the Disaster Countermeasures Basic Act, and since then, based on the experience of major disasters, a multi-layered policy has been established. Based on the law, prefectural and municipal governments have created disaster prevention plans. The Tokyo Metropolitan Government's Regional Disaster Prevention Plan states, "We are promoting the participation of women in the review process of disaster prevention measures, and taking into consideration the viewpoints of people in need when living in evacuation centers, etc., and we are making efforts to ensure human rights in times of disaster. The keyword "human rights" has come to be used in recent years. This is because it has become clear that women, people with disabilities, and the elderly, who are often referred to as "vulnerable groups" in disasters, are more likely to suffer damage in times of disaster. The most serious damage caused by disasters is loss of life.

For example, the Great East Japan Earthquake of 2011 doubled the mortality rate of disabled people, as NHK reported in September of the same year. In addition, according to a report by the Japan Disability Forum based on the first Miyagi Prefecture report on "Damage from the Great East Japan Earthquake," the mortality rate due to the earthquake in the coastal areas of Miyagi Prefecture was 0.8% of the total population and 3.5% of the population of people with disability certificates. In fact, the death rate was about 4.3 times higher than that of the total population. There are various reasons for the high mortality rate. For example, there was a case in which a tsunami victim was unable to hear disaster prevention announcements due to hearing impairment. Some lives might have been saved if the necessary measures and support had been in place during normal times. It seems that more and more places are supplementing emergency evacuation announcements with visual and other information in addition to sound. It is also known that welfare facilities are often located in remote areas or areas at high risk of flooding due to local opposition or to reduce construction costs. It can be said that structurally, people living in facilities are at risk. In a psychiatric hospital in Fukushima Prefecture, the failure to evacuate resulted in the deaths of 100 people. In recent years, a tragic incident occurred in Kumamoto in July 2020 when a torrential rainstorm caused a river to overflow, claiming the lives of 14 residents aged 80 to 99 years old who were in an elderly care facility.

2. Matters to be Adopted for General Comments

2-1 Basic Position on Disaster Preparedness

Disaster preparedness requires preparation before a disaster strikes and regular evacuation drills. Often, this is done in environments that are inaccessible to people with disabilities, and the division of people from the local community is an issue. In addition, due to prejudice and discrimination against people with psychosocial disabilities, it is difficult for them to be encompassed in the framework of disaster management. It should be emphasized that efforts for accessibility and deinstitutionalization of persons with disabilities and anti-discrimination measures in normal times will generally contribute to the development of a foundation for disaster reduction measures. In particular, deinstitutionalization efforts are once again necessary in light of the impact of the new coronavirus. A survey conducted by a Japanese NGO has published statistics showing that community-acquired infections in psychiatric hospitals are more than four times higher than those in other areas of the country. The implementation of the deinstitutionalization guidelines should receive attention from the perspective of Article 11 implementation.

2-2 Continuation of Peacetime Support

Another extremely important point related to Article 25 is the stable supply of medical care. Many psychosocially disabled persons receive medication treatment in normal times. During past major earthquakes, there have been reports of problems with the availability of regular medication due to the effects of distribution problems. However, at present, this is not treated as a major problem in the medical field. It is also important to increase informed consent for medical treatment in preparation for emergencies.

2-3 Problems in shelters

There have been reports of people being evicted from evacuation centers due to discriminatory treatment on the basis of disability. This is an extremely serious violation of human rights. There are issues of accessibility, lack of privacy, and sexual abuse of women with disabilities in shelters. Surveys and other studies have revealed that a certain number of people with disabilities prefer to evacuate at home, considering the physical and psychosocial burden of evacuation life. The Tokyo Metropolitan Government's disaster prevention plan tends to recommend home evacuation, but there is no mechanism in place to prevent problems with the provision of daily commodities due to the disability of the evacuees. Home evacuation is the key to disaster prevention and mitigation of urban disasters. It is important to seek the establishment of a system to ensure that people with disabilities are not left behind.

2-4 Promoting inter-regional cooperation on the theme of disaster prevention

The biggest concern about urban disasters is the limited capacity of evacuation facilities to accommodate people with disabilities. Once certain transportation infrastructure is restored, evacuation to other areas becomes an option. In such cases, building a familiar relationship with the area in question on a daily basis will help ensure a safe evacuation. It is necessary to create social support for such relationships through a network of organizations for people with disabilities. Efforts to encourage empowerment are required.

3. Good practices for disaster risk preparedness

As mentioned earlier, it is clear that people with disabilities are at a higher risk of being harmed during disasters, and from the perspective of the SDGs, mainstreaming disability into disaster preparedness is essential. Japan's domestic efforts include the establishment of a system to register those who are most in need of evacuation guidance in the event of a disaster. Efforts are also underway to create individual evacuation plans for each person with disabilities. This system allows us to centralize support relationships and contact information during normal times. In Ota Ward, where our organization is based, workshops similar to those for water disaster preparedness are being held for people with disabilities. These are good examples of initiatives, although some issues remain.

4. Good Examples of Efforts by Disabled People's Organizations after the Disaster

In Sendai and Kumamoto, organizations of people with psychosocial and developmental disabilities promptly set up self-care shelters after the earthquakes and practiced supporting each other's lives. This is a good example of how an inclusive community can function organically in times of disaster. However, there was no support from the government. It is regrettable that the efforts themselves have not been well received by the local community.

5. Challenges in Promoting the Participation of People with Disabilities

In the Sendai Framework for Disaster Reduction, the following issues should be addressed: participation of persons with disabilities in these processes for planning and implementation of policies, plans, and standards; collection of

data classified by disability as well as age and gender; investment in innovation and technological development around disability and other issues; response, reconstruction, and recovery from disasters. The importance of empowering people with disabilities in the approach is included, but many challenges remain in implementation. It is important to clearly state in the General Comments the participation of organizations of persons with disabilities based on the Sendai Framework for Disaster Reduction.

The participation of disabled people's groups in administrative meetings on disaster reduction has been extremely slow. Disability is still under-appreciated in the section in charge of disaster prevention.

This is due to the fact that the handling of disabilities is still underestimated in disaster management divisions. Policies in the disability field are not only a matter of welfare and medical care. Due to the large administrative organization, there is a problem of difficulty in cooperation across areas of responsibility. This problem is by no means limited to the area of disaster management, but it is also important to indicate it to each country as a matter of note from the perspective of implementation.