

I am Sadam Hanjabam, a member of Transforming Communities for Inclusion (TCI) and I lead an organization called Ya All based in Manipur, which is North East India's first LGBTQI+ Youth led and focused organization working towards achieving Sustainable Development Goals since 2017.

My state Manipur is in a conflict zone. As I speak today, more than 100 people have died and 50000+ people displaced in the last 45 days. There has been a total internet shut down since 3rd of May by the government and we are living in isolation from the world where more and more countries and organizations are moving towards health technologies, digitisation and online innovations to achieve SDGs.

So on the outset I would like to draw all of your attention to Article 11 of the CRPD focusing on "Situations of risk and humanitarian emergencies" and intervene on peace building and safety of the rights of persons with disabilities in our state.

June is Pride Month. Let me share my own story with you as we speak on the intersections of sexual health and disability. I grew up closeted in my state fearing the conflict and the military my whole childhood. In 2007 I migrated to a different state for higher education and lived in three different states till 2017. It gave me the freedom to explore my own sexuality in a safer zone. But one thing that kept bothering me was the effect of living with intergenerational trauma and as a gay migrant for 10 years. It affected my mental health and I slipped into severe depression during my college days and started depending on drugs..

But in 2017 I overdosed on meth, a popular drug among gay men and was taken to a hospital. Unfortunately, instead of providing care and support, I was ridiculed and they refused to admit me in the hospital without registering a criminal case against me. Only after the police arrived, they started my treatment; I was sedated, chained and put in an isolation ward. The trauma of that day still lies with me. I felt guilty of coming out as gay, I felt guilty of opening up about my mental health, I felt guilty of seeking help from the hospital

Unfortunately I relapsed within 3 months. I was only provided with more medicines for treatment but no health care providers wanted to talk about the intersections of sexuality and mental health, even after I opened up to them. As a young gay man who survived two drug overdoses and lives with Post Traumatic Stress Disorder, the torture, isolation and the shame while availing services related to my sexual, reproductive and mental health were inhuman and was neither affirmative nor inclusive. So for the majority of young people like me who live in the margins and belong to communities which had been historically marginalized, the question of equity and equal access in healthcare settings is a far away dream."

The most unfortunate issues that we face even today are the beliefs and lack of interventions on the intersections of Sexuality and Disability Rights where policy makers and persons without disabilities fail to acknowledge our choices, desires, consent, freedom and autonomy to our bodies, right to independence or companionship or parenthood. The neglect in understanding our rights and abilities cancels equal access to sexual and reproductive policies and services but more importantly limits our access to legal rights for our body, mind and society.

The stigma based on one's gender identity, sexual orientation, sex characteristics, health conditions, class, caste, region & religion largely affects the access to health services which are mostly centralized, medicalised and heteronormative. Unfortunately institutionalization, criminalisation and isolation further leads towards discrimination.

These first hand experiences of social exclusion and trauma further question the guiding principles of CRPD. The idea of institutionalization as the sole mechanism for rehabilitation is a challenge to the United Nations's Mechanisms itself. It must be reiterated that Institutionalisation is not just a form of discrimination violating the CRPD but a form of violence itself that dehumanizes the community in the name of recovery.

This cycle of violence, discrimination and social exclusion robs our dignity as a person and further exploits the rights to live in the society.

I request The government and state parties to take appropriate actions against institutional torture and instead focus on integrating services for sexual and reproductive facilities and psychosocial support in community settings. They should also take in consideration the discrimination due to their intersectional identities such as LGBTQI+, People living with HIV, racial identities and ethnicity. The worst experiences during emergencies that we are facing now are the abuses, mishandling and sexual assault towards children, women, queer and transgender persons.

Additionally we have learnt through our grassroots experiences that we could bring some changes by engaging more young population meaningfully, creating more diverse options for recovery, redesigning Structures and spaces for inclusion in healthcare settings,, decentralization & localisation of services and Building capacities and awareness around SRHR and its intersection with disability.

We, at Ya_All have widely used sports and football to talk about our inclusion and well being, even leading to the creation of Asia's first all transgender football team and a shelter space for LGBTQI + individuals facing crisis and homelessness.

Last but not the least, we have talked a lot on “Nothing about us without us” and “Leave no one behind since the adoption of Sustainable Development Goals; unfortunately we have been left way behind without proper resources and support from our own people and community. So my question to all of you is “ how will you ensure equity and social justice for young persons and communities like us in the margins in the next half to the target of Sustainable Development Goals 2030?.

Thank you.