Charity or rights? The UN Refugee Compact at the intersection of disability and forced migration

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Abstract.
The article retraces the perspective on disabled refugees that is currently employed by United Nations’ refugee policies. Applying the ‘What’s the Problem Represented to be’ approach, the recently adopted Global Compact on Refugees is analyzed with a focus on the position of disabled refugees therein. Taking the shift from the medical model to the social model of disability as a backdrop, this article tries to answer the question of whether disabled people are seen as recipients of charity or rights holders, and considers possible consequences for disabled refugees.

Key-words.
disability, forced migration, refugees, human rights, United Nations

Resumen.
Este ensayo trata de figurar la perspectiva de los refugiados discapacitados que actualmente trabajan en el marco de la política de refugiados de las Naciones Unidas. Utilizando la aproximación “What’s the Problem Represented to be”, el recientemente adoptado Compact on Refugees se analiza con un enfoque en la posición de refugiados discapacitados. Usando el cambio desde el modelo médico hasta el modelo social de la discapacidad como trasfondo, el ensayo intenta responder la pregunta si las personas con discapacidad son vistas como receptores de caridad o como personas con derechos. Además trata de considerar posibles consecuencias para los refugiados discapacitados.

Key-words.
discapacidad, migración forzada, refugiados, derechos humanos, Naciones Unidas

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1. Introduction

The United Nations Global Compact on Refugees (GCR) that was adopted by the UN General Assembly in December 2018 has been celebrated broadly as a major success for the protection of refugees worldwide. UN member states agreed to collaborate and take responsibility for the millions of people who were forced to leave their home countries due to war, persecution or other humanitarian crises. While necessary and needed, the impetus to provide help and protection is also based on the assumed victimhood of refugees to their circumstances and the notion that refugees depend on external help. This perspective on refugees, however, is quite contrary to what disabled people have been fighting for for decades. The United Nations Convention on the Rights of Disabled People (CRPD) materialized the shift from disability as an individual problem to a understanding of disability as a socially constructed form of oppression characterized by barriers that disabled people face. It embodies the shift from a perspective that rendered disabled people victims and recipients of charity, towards an understanding that acknowledges disabled people as subjects with agency and, most significantly, as right-holders. Disabled refugees positioned at the intersection of forced migration and disability also appear to find themselves at the intersection of these two differing perspectives on human beings – both of which are invoked in different UN policies and bodies.

This essay will thus take a more thorough look at the current perspective of the UN on disabled refugees on the example of the UN Global Compact on Refugees. How are disabled refugees represented in the GRC, as holders of rights or recipients of charity? Are they visible at all? And what could that mean for disabled refugees in reality?

The article starts out with a short outline of the transformation of the way disability was understood that lead to the definition of disability as it is applied in the CRPD. This definition of disability then serves as a backdrop for the following analysis of the GCR. After an introduction to the context of the GCR, different aspects that were identified through the analysis are described. The ‘What’s the problem represented to be’ approach is applied to put the agreement between UN member states under further scrutiny and to better shed light on underlying assumptions. These results are then set into relation with broader discussion in the field in a last part leading to the final conclusions.

2. From charity to rights to the CRPD

The medical model of disability, for centuries, had subjected disabled people to abuse, oppression, social exclusion and disfranchisement. It is a perspective that views disability as a problem of the individual, an individual deficit, abnormality, restriction or lack of ability. According to this model, disability is understood as a consequence of impairments, resulting in responses to disability being treatment and care by medical means. (Rioux, 1997) In this way, the medical model is based on the assumption that individuals need to be fixed in order to be able to participate in society, that there is ‘something wrong with you’ (Oliver, 1996: 30). Impairments are removed from what is perceived as normal and disabled people become ‘an object of pity, of comedy, of charity, of fear or hostility’ (Cameron, 2014: 100).
As a result of self-organized protest movements of disabled people and a critique of the oppressive nature of the medical model, the social model of disability was introduced. The social model of disability makes a distinction between impairment and disability. Disability ceased to be regarded as something people have, but as an oppressive social relationship. As the Union of Physically Impaired Against Segregation explained in 1976: ‘In our view, it is society which disables physically impaired people. Disability is something imposed on top of our impairments by the way we are unnecessarily isolated and excluded from full participation in society’ (ibid: 14). This perspective makes clear that neither treatment, care nor charity will improve the lives of disabled people. Instead, political action is required to remove the physical and social barriers and practices of exclusion that disabled people face (Colin, 2014: 138). Dependency was exposed not to be a necessary consequence of impairment, but a result of the social, economic and political system (Oliver, 1996). However, the social model of disability has also been criticized, for example for not taking into account the realities of impairment and the ‘pain’ of both impairment and disability (Oliver, 2004: 8).

By attempting to include these points of critique, the human rights model of disability (Degener, 2014) that is employed in the CRPD is suggested to offer an improvement of the social model. While acknowledging the central success of the CRPD being that it manifests the paradigm shift from the medical model to the social model of disability, the human rights model further adds practical tools and measures for implementation that are formulated in the CRPD. As Quinn and Degener (2002) explain in a background study to the CRPD: ‘The human rights model focuses on the inherent dignity of the human being and subsequently, but only if necessary, on the person’s medical characteristics. It places the individual centre stage in all decisions affecting him/her and, most importantly, locates the main “problem” outside the person and in society.’ (Quinn and Degener, 2002: 14).

This struggle and development towards a rights-based perspective on disability will inform the forthcoming analysis of the GCR, as a snapshot of the UNs current approach to disability and forced migration. The analysis will examine how disabled people who were subjected to displacement are represented, analyze underlying assumptions related to the models of disability and thereby attempt to determine to what degree the CRPD and the rights of disabled persons are adequately respected in current UN refugee policies.

3. The UN Global Compact on Refugees (GCR)

Acclaimed as an outstanding step in the global advancement of the rights of refugees and asylum seekers, the GCR was the result of a long process. Before analyzing the actual agreement itself, some background information should thus help to situate the agreement.

In September 2016, the General Assembly of the United Nations adopted the New York Declaration for Refugees and Migrants. In the unanimously accepted non-binding declaration member states affirmed their commitment to protecting refugees, to fully protect their human rights and promised to support the countries that are most affected by large movements of refugees and migrants. Also, the states agreed to the Comprehensive Refugee Response Framework (CRRF), the formulation of the global compact for safe, orderly and regular migration, as well as the Global Compact on Refugees (UNHCR, 2018a).

In the CRFF, states agreed on the following aims:
1. “Ease pressure on countries that welcome and host refugees.


3. Expand access to resettlement in third countries and other complementary pathways.

4. Foster conditions that enable refugees voluntarily to return to their home countries” (UNHCR, 2018b).

By “helping refugees thrive, not just survive” the New York Declaration shifted the common representation of refugees as needy victims. Instead, it explicitly acknowledges and highlights the potentials and capacities of asylum seekers and refugees. The declaration advocates for inclusion of refugees in the communities from the beginning through access to the labor market and education in order to avoid situations of protracted dependency on humanitarian aid. (UNHCR, 2018b) At the time of the research for this essay in February 2019, the CRRF was applied in Afghanistan, Belize, Chad, Costa Rica, Djibouti, Ethiopia, Guatemala, Honduras, Kenya, Mexico, Panama, Somalia, Rwanda, Uganda and Zambia (UNHCR, 2019a).

Following the New York Declaration, the GCR was presented to the General Assembly by the UN High Commissioner for Refugees where it was affirmed in the annual resolution on the work of UNHCR in December 2018. The adoption was preceded by an 18-months process of extensive consultation with UN member states, civil society, experts and refugees including thematic discussions, formal consultation and almost 500 written statements by states, International Organizations, NGOs and individuals (UNHCR, 2019b).

Regarding the issue of disability only two contributions were made. In the first statement from November 2017, the Chairperson of the Italian Network on Disability and Development – RIDS and the Advisor of the Italian Association Raoul Follerau-AIFO called for the inclusion of persons with disabilities in the GCR. They point to the obligation of disability mainstreaming in humanitarian responses to armed conflict, humanitarian emergencies and natural disasters as laid out in the CRPD and highlight the reality that persons with disabilities were the ones hit hardest due to a lack such measures. First aid and accommodation for disabled persons subjected to forced migration were mostly inadequate to provide access to the rights enshrined in the CRPD, such as mobility, health services, access to toilets and water, personal care and nutrition. The statement calls for the participation of Disabled People Organizations (DPOs) in the process of developing the measures of the GCR, to guarantee the provision of necessary support, carry out measures in an appropriate form and account for accessibility for persons with disabilities. Additionally, they stress the importance of empowerment and participation of disabled persons in the delivery of humanitarian support (Griffo and Falavina, 2017).

In their statement from May 2018, the International Disability Alliance –a network of 14 organizations representing 1,100 organizations of persons with disabilities worldwide– urges the UN to include a stand-alone paragraph for refugees with disabilities in the GCR. They call for the inclusion of DPOs in the needs assessment, design, implementation, coordination and evaluation of a comprehensive refugee response and for this participation in all stages to be guaranteed in the agreement’s text. The proposed paragraph should comprise the introduction of measures to enhance data collection regarding disability and provide for the inclusion of refugees with disabilities in early-warning and preparedness-systems. Also, disabled peoples’ access to reception and admission, as well as policies and programmes including the ones concerning the areas of education, work, health, habitation, food security and civil
registries should be ensured (International Disability Alliance, 2018). However, as the following analysis will show, in how far these demands by advocacy organizations were adapted in the formulation of the final document of the GCR is another question.

4. Analysis of the GCR

In order to examine the final GCR more deeply, the ‘What’s the Problem Represented to be’ (WPR) approach developed by Carol Bacchi (Bletsas and Beasley, 2012: 21ff.) was employed. It is a tool to critically interrogate public policies by deconstructing implicit representations of what is considered the problem. Therefore, a set of six questions is applied interrogating the representation of the ‘problem’, underlying presuppositions, how the representation of the problem came about and what is left unproblematic. Furthermore, it looks at the effects of the representation of the problem, how it has been produced, defended, questioned and disrupted (ibid: 21). Guided by the objective of researching the UN’s perspective on disabled refugees, these questions will be directed towards aspects relevant to disability within the GCR.

The central aim of the GCR, as it is described in the document, is to ‘[share] the burden and responsibility for hosting and supporting the world’s refugees’ in a more equitable and predictable way between states (GCR, 1). Additionally, it aims to achieve the same objectives as the CRRF of easing the pressure on host countries, especially low- and middle-income countries, increase refugee self-reliance, enhance access to third countries and contribute to creating conditions for a safe return to the country of origin (GCR, 7).

In order to tackle these issues, the compact suggests strengthening cooperation between states with the aim of increasing the capabilities for humanitarian responses to refugee situations, creating more flexible forms of resettlement as well as enabling repatriation of refugees. Safeguarding the right to return and creating conditions for a safe return to one’s country of origin appears to be the prioritized solution, followed by an intensification of efforts for resettlement. Integration into the local society is included in the agreement only as a voluntary possibility for states to pursue, but not an obligation. Similarly, other nationally defined forms of resettlement, for example through humanitarian or work visas, are presented as a voluntary option for states. In general, it should be noted that the document is a non-binding declaration of intent.

4.1. Disabled people in the GCR

On first sight, and in agreement with Art. 11 CRPD and Art. 32 CRPD, disability mainstreaming appears to be applied in the compact. In particular, disabled people are taken into account at various points in the concrete measures that are proposed in the GCR; reception arrangements and transit areas for refugees should be established in a way sensitive to age, gender, disability and other specific needs.

Access to national health systems for disabled people should be improved, equally for refugees and host communities. Regarding food security, disabled persons’ needs and access are explicitly mentioned. Disabled people should be considered concerning the creation of economic opportunities, jobs and vocational training for refugees. Also, obstacles to enrollment and attendance of female and disabled refugee children should be overcome, including through flexible learning programmes. Furthermore, it is noteworthy that the compact aims at avoiding parallel structures and favors national service providers instead.

1 Translated by the author. Original in German: Behinderung ist im Asylwesen ein Thema, weil es kein Thema ist.
Additionally, disability – besides age and gender – is mentioned as one attribute of data to be collected in the registration process. The Compact therefore calls for measures to close the gap of data that has been raised as an issue by DPOs and disability studies scholars repeatedly, and is given as a reason for the invisibility of refugees with disabilities, as well as for the barriers and disfranchisement disabled refugees face (Pisani and Grech, 2015: 431).

The standalone paragraph on disability that the International Disability Alliance had demanded was not realized. However, the paragraph headed ‘addressing specific needs’ mentions persons with disabilities as one group besides children, youth, older persons, survivors of torture, violence and human trafficking (GCR, 60). Even though disabled people were not granted a standalone paragraph, intersectional perspectives are reflected in the paragraphs on refugee women (GCR, 74-75) and on refugee children (GCR, 76-77): The access of disabled refugee women to social and health measures should be improved. Also, the needs of refugee children with disabilities should be catered for, and their mental health and psychosocial needs be addressed.

Regarding the assessment of the requirements for international protection, disability is not mentioned explicitly in the GCR. Accessibility is also not named among the criteria for asylum determination procedures. These are fairness, efficiency, adaptability and integrity. The problem that many disabled asylum seekers cannot access a fair procedure and, as a consequence, are denied status as a refugee (Straimer, 2010: 10) is thus not addressed in the compact.

Also, barriers disabled people face concerning refugee accommodation are not addressed explicitly. States are only urged to ‘facilitate access to appropriate accommodation’ (GCR, 78) in general terms. One central achievement of the CRPD that has been of great importance for many DPOs has thus been omitted in the GCR.

Additionally, disability is not considered in resettlement procedures, nor is it in alternative forms of resettlement such as visas or scholarships. Whereas gender mainstreaming is advocated to be applied in the design of such instruments, disability stays invisible in these regards. Segregation, due to not being eligible for resettlement, and the risk of exclusion due to not meeting the requirements of an ideal work force are not addressed, paving the way for discrimination on these grounds to continue.

4.2. Participation of disabled refugees

The human rights based approach to development in the CRPD depicts disabled people as holders of rights whose voice should be taken into account in the distribution of resources and the assessment of needs. Accordingly, for Degener (2014), participation of disabled people and DPOs is an essential step in order to stop and prevent discrimination against disabled people in developmental and humanitarian programmes.

The GCR suggests a multi-stakeholder approach, involving refugees and host communities as relevant actors and points to the need of ‘diversity considerations’ including ‘meaningful participation of persons with disabilities’ (GCR, 4). States and other stakeholders are encouraged to explore ways to include refugees and members of the host communities, particularly persons with disabilities. Civil society organizations, including DPOs, shall ‘contribute to assessing community strengths and needs, inclusive and accessible planning and programme implementation, and capacity development’ (GCR, 40). Additionally, the participation of disabled people and DPOs should be facilitated at the Global Refugee Forums that will take place every four years, as well as in...
the digital platform to be created. Reflecting the central demand of the Italian Network on Disability and Development and Italian Association Raoul Follerau, the GCR provides several possibilities for participation of disabled people and DPOs in the areas of assessments, consultations, designing and planning, as well as research, evaluation and exchange. While it is debatable if DPOs have been partners in the process of formulating the compact, it cannot be denied that the document includes several specific occasions for partnerships.

4.3. Representation of (disabled) refugees

The GCRs objectives mentioned above illustrate quite clearly how refugees are viewed: as a ‘burden’ and responsibility, that no one wants to – but someone has to – take care of. The whole document is based on the assumed problem that the costs for delivering the humanitarian aid that refugees need are distributed unequally between states, with low-to-middle-income countries in the Global South facing the biggest challenges and relative spending. In this way, refugees are also seen as a cost factor.

The compact is an arrangement to handle ‘refugee situations’ (GRC, 1,2). At no point does the agreement speak of refugees as holders of rights. Instead, all proposed measures are footed on a voluntary commitment by states in the fields of humanitarian aid and development cooperation. Refugees are defined by attributes of neediness, victimhood and dependency, whose survival and well-being depends on state’s benevolence and acceptance of taking responsibility for them.

Equally, ‘integration’ of refugees into the host society is not an obligation, but a path states can take as a sovereign decision. In this regard, integration is defined as ‘a dynamic and two-way process, which requires efforts by all parties, including a preparedness on the part of the refugees to adapt to the host society, and a corresponding readiness on the part of host communities and public institutions to welcome refugees and to meet the needs of a diverse population’ (GCR, 98; emphasis by author). This definition conveys that refugees are generally incompatible with local communities and that they have to change as a condition to become part of the local community. In other words, there is something wrong with refugees they way they are. The hosting state and population, on the other hand, are assigned a superior position defined by the actions of allowing refugees to enter and to provide help.

The signatory parties of the compact agreed to cooperate in order to support countries that decide to provide local integration concerning language and vocational training, documentation processes, access to the labor market and programmes fostering respect. Even though gender-based discrimination is addressed in this regard, reducing barriers of disabled refugees, such as access to language courses or the labor market, are not mentioned.

Furthermore, the concept of inclusion is only touched upon very vaguely and concerning aspects of minor relevance. Inclusion was introduced and promoted by the disability movement, and later invoked in the area of migration, as a substitute for the concept of integration that was criticized for its inherent patronizing attitude. In the GCR, inclusion is only referred to concerning the positive role of sports and cultural activities in the inclusion of disabled people and other marginalized groups (GCR, 9).

Noticeably, disabled refugees are subsumed under the label ‘persons with specific needs’ (GCR, 59-60) or ‘those with diverse needs and potential vulnerabilities’ (ibid) in the GCR. Concurrently, they are invited to meaningfully engage and contribute input to the proposed measures. Whereas it is rightly explained in paragraph 51 that ‘meeting the specific needs’ of disabled people requires additional resources and
targeted assistance, the section does not refer to barriers, exclusion or discrimination disabled people face. Taking into account the general framing of burden-sharing, this point makes disabled people and other ‘persons with specific needs’ appear as even more of a burden.

4.4. No rights, no commitments

The GCR should not be confused with a rights declaration. It is a non-binding declaration of intention by the signatory states to cooperate regarding the protection of refugees. The agreement should be ‘guided by international human rights instruments’ (GCR, 5) including the Convention on the Rights of Persons with Disabilities. Apart from this introductory note, human rights, however, seem to play a subordinate role.

Safety and security considerations appear to outweigh the need to protect refugees’ human rights. Whereas the member states’ responsibility for national security and their security concerns are rendered valid, the protection of refugees and their human rights is presented as a potential option that states could benefit from, only if they decide to respect them. Support shall be provided for capacity training for security screenings, on issues such as human trafficking, gender-based violence and refugee protection, but not on human rights. The only group whose human rights are explicitly requested to be protected in the GCR are women (GCR, 74).

Remarkably, the section on addressing root causes of flight acknowledges disability as a possible reason for flight. In order to eradicate causes of forced migration, exploitation, abuse and discrimination on the base of disability also have to to end. This aspect is especially interesting because discrimination or exclusion of people with impairments mostly does not fit the definition of a refugee in the Refugee Convention, and is not sufficiently acknowledged in national refugee protection laws and policies so far (Crock, Ernst and McCallum, 2013). Refugee status determination and the resulting protection is, however, not the main solution that is proposed in the compact. Instead, the primary strategy and goal to deal with refugees is voluntary repatriation.

In several instances, the sovereignty of host states is safeguarded and reaffirmed. The ‘composition and working methods of national arrangements would be determined by host States’ (GCR, 20). Even though states are encouraged to sign rights conventions, it is only certain conventions related to the elimination of statelessness. Signing the CRPD appears to be considered of subordinated relevance to the issue of refugees.

The role of the private sector is not a central one but is nevertheless worth mentioning in this regard. Public-private partnerships are proposed to be pursued for the creation of business and employment opportunities for refugees and host communities, whereas the private sector is encouraged to ‘advance standards for ethical conduct in refugee situations’ (GCR, 8). In contrast to states, private companies are generally not bound to respect human rights (so far). Accordingly, the GCR asks private companies to apply self-defined ethical standards only, not to respect human rights. Thus it will be likely that economic exclusion of disabled people will continue as usual on the base of the perception of not being ‘profitable’ enough.

5. What or who is the problem?

Overall, the GCR reflects the tension between the perspective on human beings as holders of rights and needy ‘others’. The solutions that are proposed reflect these tensions and are based on different, somewhat opposing, assumptions.

First of all, it should be highlighted that disabled refugees are explicitly mentioned in the GCR at various
points. After a long-lasting invisibility in the context of forced migration (Straimer, 2010: 5) disability has been acknowledged as an important issue and is addressed by international refugee policy.

Refugees are portrayed as a problem to be solved, a burden or a cost factor, but at the same time are invited to contribute to processes as active agents. The same contradiction is reflected in the portrayal of disabled people: DPOs are encouraged to participate in various forms, but disabled people are also presented as particularly in need of help. While disabled refugees are mostly subsumed under the general representation of refugees, shaped by the need for assistance, disabled refugees are portrayed as even more needy, as having ‘special needs’ that should be responded to with humanitarian aid and special support. The word ‘special’ in this regard raises problematic implications. It invokes the central component of ableism, that disabled people are seen as abnormal and incompatible with the norm of society (Köbsell, 2015).

Similarly, the GCR represents refugees as inherently incompatible with host societies. In this view, refugees do not and cannot fit the local norm – regardless of the manifold characteristics of potential host communities and the backgrounds of refugees themselves. Refugees are demanded to make an effort to change themselves in order to be allowed to become part of the local community. The power relation in this conceptualization of integration is evident: assigning the host state and community the power to define and be the norm, as well as to judge who has adapted themselves enough to be socially

Mural by disabled asylum seekers depicting challenges they face.
Disabled people are not mentioned explicitly regarding this concept of integration. Thereby the compact ignores the additional barriers disabled people face when it comes to being included in host societies. The intersection of racist and ableist discrimination remains unaddressed – a problem that has also been raised in academic contexts (Gummich, 2015).

The way disabled refugees are represented in the GCR appears to be far from a notion informed by the social model of disability, which would locate the problem in society that creates and sustains barriers. Instead, disabled refugees themselves are implicitly presented as the problem, thereby reflecting the medical model of disability. This representation has – at least partly - been challenged by the two statement of DPOs that were mentioned in the preceding section on the background of the compact. These organizations demanded more and meaningful participation of disabled people and DPOs, tried to introduce a rights-oriented approach and referred to the concept of inclusion rather than integration. As it turns out, however, their suggestions were only included in certain aspects.

The focus on vulnerability concerning disabled people, which becomes evident where disability is mentioned explicitly in the GCR, has also been criticized in more general terms. Regarding recent policy debates in the disability movement, activist and scholar Jenny Morris points out that a struggle for human and civil rights is incompatible with the notion of ‘vulnerability: ‘By using the terms “vulnerable” and “most vulnerable”, we are voluntarily taking ourselves back to those days when to be disabled was to be shut out, shut away from society, the object of pity, not part of mainstream society.

The words are as far removed from defining disability as a civil rights issue as it is possible to be’ (Morris, 2015). She explains, that in current political debates being ‘most vulnerable’ renders people worthy of support, but also requires one to place oneself in a passive and helpless position and in need of benevolence (ibid).

6. Possible effects on disabled refugees

In order to identify possible effects of the Compact on Refugees for disabled refugees, it is useful to take a short look the current state of analysis of existing problems. Straimer (2010) points out five areas of where disability and asylum intersect.

First, disability can be a cause for forced displacement. Disability-specific forms of persecution can include, for example, the systematic denial of socio-economic rights. However, disabled people – so far – were not regarded as members of a particular social group as defined in the assessment of asylum claims (Kanter and Dadey, 2000). The GCR however, does indeed acknowledge discrimination of disabled people as a reason for flight. Even if the document is non-binding and does not result in a legal claim, its mention should be viewed as progress towards the acknowledgment of the issue.

Second, disabled people face specific barriers to accessing protection. The lack of awareness of disability among staff involved in the process of refugee status determination renders barriers invisible (Straimer, 2010: 10). The GCR will most likely not have the potential to change much in this regard. Professional training to improve the access of disabled people to a fair asylum procedure are not foreseen. Due to their invisibility it is unlikely that the barriers disabled people face will be addressed in the measures concerning asylum
procedures in general terms. Also, the GCR does not offer anything to tackle disability-related barriers concerning opportunities for resettlement. Notwithstanding, the UNHCR is currently lobbying for these barriers to be considered more (UNHCR, 2019, 'Resettlement').

Third, the needs for assistance upon reception of asylum seekers have to be met. (Straimer, 2010: 10) The GCR mentions several points in this regard, including the access to food, medical care and work. Even though it can be regarded as a success that the barriers disabled refugees face might be tackled, the needed assistance is still based on the assumed general ‘vulnerability’ of disabled people and dependent on the benevolence of the hosting states. Still, disabled people are not granted a right to appropriate nutrition, medical care etc. Also, safe and accessible housing for disabled refugees is not included in the GCR. Nevertheless, a member of UNHCR staff had already explained in 2010 that there was a tendency to move away from general assumptions about vulnerability and special needs and that individual needs assessments are pursued instead. (Straimer, 2010: 8)

Fourth, disability can be a consequence of displacement. An impairment can be the result of persecution or torture, but can also stem from or be aggravated by stress in detention or prolonged waiting periods (Laban et al 2008). The GCR points to the need of disabled refugees’ access to the medical care. In regards to children, the need to cater for psychological and psychosocial needs is highlighted. Consequently, and despite no explicit mentioning, the GCR might lead to certain improvements. Impairments resulting from the refugee determination process, however, are not acknowledged and stay unaddressed.

Fifth, cumulative barriers can be at work at the intersection of disability and asylum and other forms of discrimination. Belonging to an ethnic minority (Harris, 2003: 393) or speaking in a foreign language (Vernon, 1996) can interact with exclusion due to disability. Asylum seekers face the additional barrier of being excluded from citizenship and respective rights (Straimer, 2010: 5). As has been explained above, the GCR partly addresses barriers that result from intersectional discrimination but has a focus on gender-based and age-based forms of discrimination. Nevertheless, certain improvements could be generated. The crucial aspect of being excluded from citizenship is an ever-present thread running through the GCR. It is reflected in the apparent tension between the repeated invocation of national sovereignty and the need for the protection of refugees -as non-citizens- that the agreement is based on. Further, the omnipresent view of refugees as subordinate ‘others’ in the GCR is curbing the growing demand for a rights-based approach.
7. Conclusion

This article started out by asking how disabled refugees are viewed and represented in the UN Global Compact on Refugees that was adopted by the UN General Assembly at the end of 2018. Disabled refugees and disability as an issue are remarkably present in the agreement between UN member states. Furthermore, disabled people and DPOs are presented as viable partners and encouraged to participate in processes to design responses to refugee situation. In this way, the CRPD has clearly found its way into the UNs refugee policies.

On the other hand, disabled refugees are mostly presented as defined by special needs and vulnerability. The way in which the provision of resources for disabled refugees is legitimized is, in this way, rather based on a medical model than a social model of disability. However, this approach might be due to the general perspective on refugees in the compact. Refugees are viewed as a burden, if not as a problem to be solved, whose fulfillment of needs depends on benevolence by states, not rights.

Disabled refugees are set in a field of tension between being seen and treated as holders of rights and recipients of benevolent charity that reflects the tension between state sovereignty and human rights. The aspiration of human rights and the rights comprised in the CRPD to be universal is undermined by the fact that countries can exclude persons from having access to these rights on the base of their citizenship. In fact, the GCR represents a regress from the impetus of the 2016 New York declaration in this regard. An analysis of the political circumstances leading to this development could be of interest for further research.

The GCR gives disabled people and DPOs the possibility to actively engage in this field of tension. It is an arena where disabled people have become visible through the workings of disability studies scholars and activists, but also where the struggle for the implementation of human rights of disabled people is still ongoing. The analysis of the GCR shows that the struggle for human rights of disabled people cannot be separated from the struggle for human rights of refugees. It leads us back to the very core idea of human rights, to the idea of universal rights for all human beings.
Literature


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