



Alliance Autiste^{.org}

Autistic Alliance

Autistic NGO for the freedom
and defence of autistic people
and for the implementation of the [CRPD](#) in France

AllianceAutiste.org

contact@AllianceAutiste.org



CRPD

Explanation of the flaws in France's responses to the Committee's oral questions of 20/08/2021 (540th meeting of the CRPD)

in the framework of the **French State review**
at the **25th session of the**
Committee on the Rights of Persons with Disabilities

(16/08/2021 – 23/08/2021)

- Publication : 23/08/2021 -

French --- English

*As a reminder, links to **our Shadow Report:***

FULL REPORT (in French with automatic translation)

EXCERPTS (in French) --- **EXCERPTS** (in English)

Table of contents

0/ Government strategy.....	2
1/ The avoidance strategy regarding "de-institutionalisation"	3
2/ "without the need to modify existing texts".....	5
3/ The examples that represent the whole, and the "approach" that "demonstrates".....	6
4/ The "anti-discrimination" "reporting" platform which in reality only informs	7
5/ Confusion over discrimination for refusal of reasonable accommodation	7
6/ Further evidence of confusion and collusion in the representation of disabled people, with Mr Annereau	7
7/ Lack of accessibility for autistic people	10
8/ The "very, very strong ambition" to stop packing	10
9/ Abuse in institutions	11
10/ School bullying.....	12
11/ Mortality in medico-social institutions.....	15
12/ "360° Platform" and "0 800 360 360".....	15
13/ Autistic children in school.....	18
14/ Children separated from their families	18
15/ The "possibilities" of accommodation for a deaf person.....	19
16/ The absence of a ban on coercive measures for full psychiatric hospitalisations (according to L.3211-2-1, I, 1° of the CSP).....	19

o/ Government strategy

The French government **can NOT be sincere** in this review.

Usually he just spreads his misleading propaganda, and when questioned, he just does not answer.

In front of the Committee, he cannot remain silent, so he uses the subtleties of the French language to manipulate, making it seem, through the choice of words and the construction of sentences, that he is answering the questions correctly.

The government cannot admit that it is permanently deceiving everyone, that it is in collusion with the medical-social and pharmaceutical industry, that the representation of disabled people is completely distorted, that the delegation of the "management" of disability to the private sector allows all kinds of abuses and favours many economic interests, that "justice" does what it wants and that - even worse - public psychiatrists have an even greater power, which even judges cannot contest, etc.

Here are some **clues to** help you realise what seems incredible in the "land of human rights":

- A **day** (24 hours) in a **psychiatric hospital** is charged at about 800 to **1000 € per day!** (and almost nothing happens there...)
(And of course, it is automatically paid by the "social security", i.e. by the taxpayers: it is an organised racket.)
- The prices of "psychiatric" **drugs** are insanely high.
(Same remark: obligation to take them, automatic payment...)
- A **day** (24 hours) in a **medico-social** "institute" (and other centres) costs between 100 and 300 €, often between **200 and 300 €**.
(Same remark: it is automatically paid by the "social security" and/or by the departments.)
- Despite the organised confusion and opacity, it is easy to see that the medico-social lobby is well infiltrated at the level of the public authorities, which is obviously opposed to de-institutionalisation.

For example, the former Deputy Ombudsman in charge of discrimination told us on 23/03/2020: ([Audio evidence](#))

- "[**deinstitutionalisation**], that's a word I don't use";
- "we are lectured about inclusion" (= "we are always told about inclusion");
- "**our sector** needs flexibility, adaptability, and rigour"

(And the recording makes it clear that he is talking about the medico-social sector, i.e. the "institutions", and that he is defending them, it is very clear.)

→ "our sector"? By being Deputy Ombudsman?

In reality, these two simple words (at the end of the recording) prove that he was still working for the lobby (where he was the head of the most important "association" (UNAPEI) from 1981 to 2002, and moreover he is now the president of another management association, LADAPT).

This [officialpage](#) explains that he was Inter-ministerial Delegate for the Disabled from 2002 to 2009, and then, for 3 years, President of the National Consultative Council for the Disabled (CNCPH).

It also explains that he participated in the drafting of the 2005 law...

And also that he has been

Inspector General of Social Affairs since 2009!

And in 2020, he defends "our sector" by arguing against "inclusion"...

What more proof do we need to show that in reality, it is indeed "our sector" (the medico-social sector) that influences everything, and that all these high officials "navigate" between the public and private sectors, and defend their "sector"?

1/ The avoidance strategy regarding "de-institutionalisation"

In France, the public authorities never use this word, which allows them to avoid tackling this problem.

But when faced with the Committee, they are obliged to use it.

This is why the Secretary of State used a "trick", stating **"France's choice, as regards its institutional model, should not be understood in the light of institutionalisation or de-institutionalisation, it is the choice to go towards people, as close as possible to their life choices..."**

This translates into :

- We do not want to talk about de-institutionalisation;
- Our choice is the "people's choice".
That is to say:
 - We have chosen to give priority to the choice of people;
 - The choice of people guides our policies;

And since the freedom of choice of individuals is "superior" to everything else (even to the Conventions), this trick makes it possible to suppress the discussion, because one cannot oppose the "choice of individuals", in the name of "fundamental principles", especially if, precisely, in defending deinstitutionalisation, our main argument is the freedom of choice. This is very clever.

But what we are defending is not the freedom to choose between the "ordinary environment" and the "segregated environment" (because that is how the government statement should be understood), but the choice to do what you want and live where you want (on the basis of equality with others), which is very different.

So, as usual, the government is playing with words.

This strategy is misleading in words, but also in substance, because :

- How can you choose a 'mainstream' environment that is not inclusive?
- How can people who have always lived under a bell be expected to prefer ordinary life and a freedom they don't even know?

It is the same principle as the dictator-presidents who get elected after suppressing any serious opposition...

Reminder of our analysis of 19/08/2021 on this subject

Sophie Cluzel's response: blah blah blah.

She uses the logic of "**life choice**" to avoid talking about de-institutionalisation.

But there can be no real possibility of "choice" when there is no inclusion in society, AND when people have been conditioned to live in institutions and know only that.

Moreover, it is often the parents who insist on sending their children to these institutions (imagining that it is beneficial) because the "system" as a whole is not designed for children (or adults) to live with their families (no autism education for the parents, no help in organising themselves at home, no "proper consideration of autism everywhere" (in society), etc.)

In a (single) meeting we had with the representative of the Collectif Handicap (i.e., more or less the medico-social lobby), he started by using this "people's choice" argument. Sophie Cluzel is doing exactly the same.

This is their common strategy (politicians and the medical-social sector), to avoid the difficult issue of de-institutionalisation.

Instead of using the fundamental principles and the CRPD, they prefer to use "people's choice".

It's very clever...

But as usual it's vicious because the whole system in France currently forces one choice, and parents are so conditioned and believe in it that they themselves "cry" for more centres to be built.

The "best dictatorship" is when people themselves demand their own enslavement. (cf. <https://naturedefenders.org/about-the-obsolence-of-man/>)

This problem is not only related to disability, it is general.

But disabled people themselves do not have and have never had the choice to make comparisons and therefore informed choices.

How can we choose freedom (something we can discover in other countries, such as Brazil), when we don't know what it is?

This "freedom of choice" strategy is in fact like in all semi-dictatorial countries, where the citizens elect their president, but everything has been done to eliminate the opposition, and finally they are given the "choice" to elect a single candidate.

It's a bit of the same deception.

2/ "without the need to modify existing texts".

Sophie Cluzel said this at around 00h 07' 19"...

This means that there is no legal text to be modified concerning universal accessibility, in particular, and she implies in her argument that there is no need to change the 2005 law.

→ This causes a state of "mental collapse"...

Impossible to comment...

Let's hope that other associations will do so.

3/ The examples that represent the whole, and the "approach" that "demonstrates"...

In the same sentence, she says that the positive examples she cites *"clearly demonstrate the (full?) (incomprehensible) and complete integration of the environmental approach in all fields of public action, without the need to modify the texts"*.

→ It cites some examples of positive action in a few "fields of action",

From there, two "magic amalgams" are operated:

- the statement is supposed to imply that the "environmental approach" is "fully" integrated into "all" policy areas, whereas it did not mention them all (and, of course, it is not true that this approach is "integrated" everywhere;

- the statement is supposed to imply that the "environmental approach" is "integrated" "completely" within a field of action, e.g. transport, where therefore all the issues of all disabilities would be taken into account (which is not true, e.g. autism);

But there are additional vices:

- She talks about "all fields of public action"... but this only describes the fields where public action actually exists...

There may very well be fields where public action does not exist...

So this sentence is quite different from "in all fields of citizens' lives"...

- Moreover, and above all, this sentence only describes "an integration of the environmental approach"... but it is only an "approach"...

And indeed, for a simple "approach", there is no need to change texts...

We can see that all language is permanently perverted, they play with words, these sentences are often correct in the literal sense, but they are misleading because we believe one thing (what they want us to believe) whereas if we analyse the sentences more closely, it is much more restricted.

4/ The "anti-discrimination" "reporting" platform which in reality only informs

From 00h 07' 20", Sophie Cluzel talks about a new (telephone) "platform" that will be open in February 2021.

The terms 'reporting' and 'anti-discrimination' suggest preventive action, or the possibility of direct and rapid intervention, but in reality [this platform](#) only provides information and guidance.

Moreover, in the field of autism, discrimination often comes from public services (for example, absence or refusal of reasonable accommodation in school or elsewhere), and it has been noted that the services of the Defender of Rights are not very dynamic when complaints are directed at public services or the State.

5/ Confusion over discrimination for refusal of reasonable accommodation

From 00h 12' 03", Mr Salvigny (?) explains that in the event of a complaint of discrimination, the judge "*will verify whether there is an objective and reasonable justification for this discrimination, he will verify that the appropriate measures have been taken, he will verify that the refusal to take them would be linked to a disproportionate or undue burden*".

But this is not the same as 'the refusal of reasonable accommodation constitutes discrimination'.

Indeed, how can a complaint be made about a refusal of reasonable accommodation (or lack of it) 'as discrimination', *per se*, if this refusal or lack of it is NOT considered discrimination?

6/ Further proof of the confusion and collusion in the representation of disabled people, with Mr Annereau

00h 13' 15"

Here, we discover with astonishment that a person who is NOT (or not yet?...) in the government comes to answer on behalf of the French governmental delegation.

There is no *ad hominem* or *ad personam* criticism here of this person, whom we do not know, apart from the fact that he is the director or president of an association for the inclusion of disability in public policy.

We had in fact contacted this association to join, not to participate in political life in general, but to ensure that all disabilities are properly taken into account in all public policies, which is quite different from promoting the inclusion of disabled people in "political life" (a subject which is undoubtedly interesting but which is not one of our objectives)

This person was quite pleasant when we talked about membership.

Dear Mr Lucas, good morning,

Thank you for your email, and we would indeed be delighted if Alliance Autiste joined us by joining APHPP!
Please find enclosed the membership form "association" for this purpose.

As President of the APHPP I am at your disposal to discuss this matter.

Yours sincerely

Matthieu ANNEREAU

President of APHPP
Substitute Member
Municipal Councillor of Saint-Herblain
Metropolitan Councillor of Nantes Métropole

Then we explained, in detail, that we really can't afford the €100 annual fee (which is very high), we offered to pay an individual fee (much cheaper), and we even offered to advertise on their site, as compensation, but we never got the honour of a reply.

We would really like to know in what capacity this person, who seems to be a "representative of a disabled people's association", is answering on behalf of the French State

Moreover, he is a member of the ruling political party...

Given this, and the incredible and incomprehensible exception made, it is impossible to claim that there is no collusion, favouritism or cronyism (as we explain in our report).

The website of this association states that it is supported by a Minister and two Secretaries of State... (one of whom is Honorary President - <https://aphpp.org/equipe-aphpp>)

How is it that the president of this association, during the UN review, is "in front" of us, and not with us?

And why does he come to the defence of the government, contradicting our words (or more precisely, attempting to do so), which are almost unanimous on the "representation scam"?

(In this regard, we are the first to have denounced the "central flaw" of Article 1 of Law 2005-102, which was so huge and obvious that no one saw it.)

This looks like a "manoeuvre" by the government, which in order to make the Committee believe that there is no problem with representativeness, would have chosen a disabled person as an unofficial spokesperson on the issue.

A move that seems very clumsy...

Moreover, this speaker started by defending the government on Article 29, which was not on the agenda.

He even says "*we don't have any statistical elements*", whereas he was introduced simply as "Mathieu Annereau", and he does not speak on behalf of his association. He is therefore speaking on behalf of the government (?).

Further on, he says "*we take advantage of this hearing to ...*", which seems to mean that he speaks on behalf of his association... The confusion is total...

But in both cases, it has no business being there...

Concerning the participation of disabled people (Article 4.3), he cites the [Senate's participatory space as an](#) example, but this does not correspond at all to the spirit of Article 4.3, these are simple consultations for citizens (not associations) and do not allow representation to be exercised in an active way.

"...on which we still need to make progress in terms of native accessibility": here he is clearly speaking for the government...

But if he was part of it, he would have been presented as such...

He published [an article in the newspaper](#) announcing his "hearing"...

And it is a hearing that consists in saying that almost everything is fine... Which is not very logical when you claim to defend disabled people, especially in France...

We have never seen this association in the context of advocacy...

7/ Lack of accessibility for autistic people

At around 00h 25', Mrs Gueschi talks about the disparities in terms of accessibility for establishments open to the public and transport, but we recall that for autistic people there is no disparity since there is absolutely no effort planned for this. This service (the DMA) does not seem to be interested in knowing what it is about, and the SEPH even less so...

Accessibility for autistic people requires an understanding of the notion of sensory and mental impairment, but the French public authorities (very stupidly) refuse to listen to our explanations.

8/ The "very, very strong ambition" to stop packing

Claire Compagnon:

"Practices such as "packing" must stop, and we are working to identify all areas of resistance to these practices in order to, um, intervene, and, um, get professionals to change their practices towards these autistic children. "

This clearly means that in reality "packing" is not banned, that it continues, and that doctors do absolutely what they want (as we have already explained).

In any case, the HAS recommendations are not binding, so one wonders how the government or the public authorities could *"bring professionals to change their practices"* (especially when we know how arrogant they are).

This declaration is therefore a kind of "incantation", which guarantees nothing at all, and which still does not explain why France is not able to ban this abomination. ([See this article](#))

In 2015, we made an Alternative Report to the Committee on the Rights of the Child, which resulted in a condemnation of "packing" by the Committee.

(In fact, one wonders what doctors are not allowed to do, since they can quietly do much worse than "packing").

She added, "So there is, in this area, a very strong ambition on the part of France for strict application of good practice recommendations blah blah blah.

So in summary, against packing, France :

- Declares that this must stop (but this is not new, she has been saying it for years);
- Identifies where packing is practised, to "intervene" and "get professionals to change" (but without any coercive means to do so)
- And "therefore" she has a "very very strong ambition" etc.

This is typically a perfectly "empty" statement.

Moreover, if there had been a result, it would have been said, citing this example.

So these are "just words", to put the Committee to sleep, as "France" is so good at doing.

9/ Abuse in institutions

At 00h 35' 25", Mr Jumel quotes Article 7 when it is Article 16, and explains without laughing:

"France fights against violence within institutions by identifying and reporting, uh, immediate, uh, such violence, and systematically investigating it by the authorities or the courts, and putting in place measures to protect and support the victims.

More specifically, concerning violence within institutions, it should be noted that the law of 29/12/2015 on the adaptation of society to ageing introduced the obligation for institutions (...) to report any event or malfunction (...) the health, well-being of the persons supported.

Following a report, the public prosecutor, the magistrate responsible for conducting the investigation in complete independence, immediately proceeds to ensure the safety of the persons (...) and inspection and control measures are systematically implemented by the public authorities who have issued authorisations to the structures concerned.

Graduated sanction mechanisms are put in place (...).

First of all, he only answers about "violence", but the Committee's questions are about "abuse", which is much broader.

So already he is only partially answering.

Then he tells us that the violence is "spotted" and "reported"...

But by whom??? Everyone knows very well that there is an omerta!

(See the report of Zone Interdite: <https://autileaks.org/reportage-censure-zone-interdite-ime-moussaron-ames-sensibles-s-abstenir/#extraits>)

It is difficult to see how an institution could denounce itself...

Give examples of cases and sanctions!

When we see that in a case as sinister as that of the IME Moussaron, the Public Prosecutor closes the case by declaring that "each fact observed is explained by a therapeutic necessity" (which is revolting), we can have doubts!

The only rare cases that reach the courts are those where a hidden camera was used (and then the whistleblowers are punished, sometimes by the courts, like Céline Boussié).

In addition, the only known news report showing this abuse is itself unavailable, except on this website.

This is all very grossly misleading and revolting.

This gentleman recited "the theory", but this almost never happens in practice.

This is a lie by omission (because he failed to mention the omerta) because it makes people believe that there is an *effective* fight against abuse, whereas it is only theoretical.

This is not a "fight", it is a theoretical obligation that cannot be enforced because opacity and collusion are the rule.

10/ School bullying

From 00h 37' 00" (Isabelle Brion)(?)

She does not say the word "disability", let alone "autism".

It is difficult to see how this serious problem can be tackled effectively without specific approaches to certain disabilities or particularities such as autism, i.e. without "Proper Autism Mainstreaming".

11/ A platform against suicide not adapted to autism (and therefore potentially aggravating), and non-existent

00h 40' 26" (Claire Compagnon)

Article 10 - Suicide of people with autism

"(...) One of the difficulties we are facing (...) is the evaluation of this excess risk of suicide, especially among autistic people, and in particular autistic people with high potential.

(...) France has adopted a national strategy for suicide prevention, with the systematisation of a re-contact system for people who have attempted suicide, a national training plan for professionals who work with people, and a national suicide prevention number (...), and to compensate for a lack of resources, the French government has set up a national strategy for suicide prevention.), and to overcome a difficulty relating to the accessibility of this national suicide prevention number for people with a disability, um, an axis, um, of this um, has been set up, which is piloted by "Santé Mentale France", intended for these most vulnerable people, um, by reinforcing the, um, the, the levels... of accessibility."

Again, as with bullying, there is nothing specific to autism here.

To begin with, if we really and seriously want to do prevention, we must first ask ourselves why there is a high risk of suicide among autistic people.

To do this, we need to understand the problems related to "self-esteem through judgement by others" (which we can explain but the authorities refuse to listen to us).

Secondly, we must stop denigrating autism, as is done in the media and on certain more or less official websites.

For example (as explained in our full report), the CRA Alsace mentioned a "[National Strategy against Autism](#)" and it took several months of insistence to get them to correct it.

Worse: Autisme Info Service, an information platform recommended (and subsidised) by the public authorities, and supported by Mrs Compagnon and Mrs Cluzel, is an association presided over by a person who presents autism as a catastrophe or a plague, and another person who has written a book "[Un bonheur que je ne souhaite à personne](#)" ([A happiness that I wish to no one](#)), in connection with his autistic daughter, which means that he does not wish to have an autistic child to anyone...

Even Ms Compagnon has used the term "autistic" in recent days in front of the Committee.

It is obvious that all these "self-esteem attacks" increase the risk of suicide.

What is being done about the source of the problems (i.e. the flawed and 'catastrophic' approach to autism)? Nothing is being done. And our explanations are superbly ignored.

Secondly, what Ms. Compagnon explains is vague, and a (telephone) "platform". But she does not specify whether this platform is autism-friendly. If it was, she would say so.

A telephone platform is communication, and communicating with autistic people requires some preparation.

Without "Autism Correctness" in this service, it is bound to be inaccessible to autistic people, so misunderstandings happen very quickly, which increases frustration and despair, which is the opposite of what is intended, and which can increase the risk of suicide, when you see that you cannot even make yourself understood through a "last chance solution" (this platform).

You have to think about it, things are not "magic", it is not enough to give money to an association to solve the problems.

She talks about an accessibility measure for disabled (or "vulnerable") people, but in France when we talk about (remote) accessibility for disabled people it is *never* for autistic people (but for deaf, dumb, blind people...).

But by drowning us with words, hesitations, and broken sentences, she tries to make this "axis" (for "accessibility") and the expression "vulnerable persons" "magically" include a consideration of autism (which she does not explicitly mention, which therefore proves that there is none)...

"(...) to overcome a difficulty relating to the accessibility of this national suicide prevention number for people with a disability, um, an axis, um, of this um, has been set up, which is piloted by "Santé Mentale France", intended for these most vulnerable people, um, by reinforcing the, um, the, the levels of... accessibility"

Finally, we looked for this national number on the Internet, and found nothing (apart from that: <https://solidarites-sante.gouv.fr/prevention-en-sante/sante-mentale/la-prevention-du-suicide/article/que-faire-et-a-qui-s-adresser-face-une-crise-suicidaire>)

If you look harder, you will find this measure, but it has not yet been implemented in reality!

<https://solidarites-sante.gouv.fr/prevention-en-sante/sante-mentale/la-prevention-du-suicide/article/le-numero-national-de-prevention-du-suicide>

Here are the specifications of the call for projects for this service:

https://solidarites-sante.gouv.fr/IMG/pdf/annexe_2_cahier_des_charges.pdf
This document does not contain the word "autism" or "ASD", or even the word "disability"!

As for the mysterious "*uh, an axis, uh so, uh*" that is "led by Santé Mentale France", the words "santé mentale France" are so common that it is impossible to find this on the Internet.

Finally, what are the "flaws" that lead any listener to believe that this service already exists and that Ms Compagnon is describing a reality that is currently operating?

*"France has adopted a national **strategy** for suicide prevention, **with** (1) the systematisation of a re-contact mechanism for people who have attempted suicide, (2) a national training plan for professionals who work with people, (3) and a national suicide prevention number (...),*

→ Even assuming that 1 and 2 are functional, this does not mean that 3 is functional.

*and to overcome **a difficulty relating to the accessibility of this number**".*

→ This is where the main flaw lies.

This part inevitably suggests that difficulties would have arisen in accessing this issue, because this wording describes a difficulty that exists, so if it exists, it means that the issue is functional.

In reality, it should say "to reduce the risk of difficulties", or "to alleviate **likely** difficulties".

The description of this platform suggests that it describes an existing reality, whereas if you analyse it very carefully, you can see that it is only a project, and that the "difficulties" that are imagined to be "current" are in fact "probable" or "foreseeable".

This is very clever.

11/ Mortality in medico-social institutions

From 00h 42' 14" (Jérôme Jumel)

It only talks about the Covid 19 crisis.

It should be ascertained whether questions have been asked about deaths in institutions as a direct result of abuse, medication, neglect etc., i.e. habitually.

12/ "360° Platform" and "0 800 360 360

00h 44' 42" (Sophie Cluzel)

"A single, national number, **0 800 360 360**, was **set up as a matter of urgency** in June 2020, so that people with disabilities and their carers without solutions could quickly find local contacts to help them: access to care, need for respite, all subjects were covered."

*To begin with, we note that "**en urgence**" is **three months**, for disabled people. This is France.*

Here is the official page (published on 10/06/20, and updated on 27/04/21) describing this issue:

<https://handicap.gouv.fr/les-aides-et-les-prestations/numeros-de-telephone-utiles/360>

Title:

"0 800 360 360: a **crisis** support number for people with disabilities and family carers"

"Are you a person with a disability? (...)

The COVID-19 is causing a health and economic **crisis** that impacts your daily life. If you are in great difficulty or without an immediate solution within the **framework of the crisis**, call 0 800 360 360: teams near you will answer you and give you the necessary information. "

"Don't hesitate to call the support hotline set up for disabled people and carers as **part of the Covid-19 crisis.**"

"It aims to answer all the questions you may have about your rights, in **this period of crisis of the COVID-19.**"

"For you, carers, the 0 800 360 360 can facilitate access to care for the disabled person you are supporting, in the **face of the Coronavirus crisis.** "

"When to call 0 800 360 360?

- You have a disability, you **no longer have** a support or care solution **due to the crisis**

- You are a carer, you need support, and you can't find a relay?

- Do you need support to **resume** your **usual** activities?

- You are the guardian of a disabled child entrusted to child welfare, and the situation has deteriorated during the **reconfinement period?**

- None of your **usual contacts** can help you with your problems? "

This system is also called "360 communities". It is clear that it is designed for the "coronavirus crisis".

But last time (18/08/2021), Sophie Cluzel praised the merits of "360° platforms", which are supposed to solve all the difficulties.

On the 18th, she did not mention a telephone number, and she did not mention "Covid" or "crisis" to introduce us to these miraculous "360° platforms"...

But it is the same thing!

The word "degrees" (or "360°") does not appear on this page...

So it is clear that everything was done on the 18th and 20th to mislead the Committee by using one and the same thing, but presenting it in such a way as to make it look like two different services.

- 18/08: "360 degree platforms
- 20/08: "a telephone number, 0 800 360 360

Admittedly, this page states "*This call number will be perpetuated after the Covid-19 health crisis, following the waves of confinement, to become the single point of entry for people with disabilities and their family carers, without a solution or needing support*", but the government should not have presented this as two different things, which is what it did, through a clever choice of words (as always).

But there are other problems, as we explain in great detail in our (full) Report (see 1a-5[AA(Com.)] here: https://allianceautiste.org/docs/AA_OrgIntl/ONU-CDPH/Rapport_2021/20210805_Alliance-Autiste_Rapport-application-CDPH-France.htm#_Toc79073909):

- This "platform" is not accessible by email, which is a big problem for some people with autism.
- If you want to try to dialogue in writing (as indicated with the "TXT" icon), it is ULTRA-complicated! -
You have to install a very complicated and not very "universal" or "standard" software called "Acce-o";
 - After having gone through the obstacle course of installing the software, you arrive at a page (<https://www.acce-o.fr/map/?Windows=3.0.11>), which is visible even without this software;
 - This page lists all sorts of establishments (public, private, commercial...), so you don't know what to do. Should we look for an MDPH in the list? (If you select an MDPH, you will see an Acce-o service, but it only works a few hours a day...

Why make it simple when you can make it complicated?

While billions of people communicate by text (instantaneous or delayed), no, in France, if you are disabled, it's super complicated!

- Today, in the list of businesses and establishments, you can still see an icon "0800360360"... But if you click on it, it is incomprehensible, there is an orange button 0800360360, which does not produce anything if you click on it...

If we wanted to complicate life, we could hardly do worse...

But we went further, we investigated the prices of this Acce-o "solution", and after several attempts during 3 weeks (where our request for clear and simple information was always avoided, by trying to invite us in a "video-conference" or by asking us questions), they finally gave us price examples:

For the MDPH of a department with 1 million inhabitants, the ACCEO subscription would be 2900 euros excl. tax per year.
We often include MDPHs in full departmental contracts so that citizens can access all departmental services and not just those of the MDPH.

In any case, even if all these obstacles were overcome, the most important one would still remain: the lack of adaptation to the autism of the person with whom one would try to communicate...

13/ Autistic children in school

00h 48' 06" (Claire Compagnon)

"(...) We always take a rights-based approach, trying, as far as possible, to enable children to be **treated** and cared for and accompanied like all French children (...)"

Here, it is not clear in what sense she uses the word "treat". We must assume that it is not in the "medical" sense.

"more than 42,000 children with autism who attend mainstream schools

➔ Perhaps, but how many of them are in "off-the-wall arrangements", i.e. after school they return to a nearby IME or ITEP (or other "establishment") where they reside?

14/ Children separated from their families

00h 51' 42" (Philippe Romac)

What he says does not address at all the fact that institutionalisation separates children from their families...

15/ The "possibilities" of accommodation for a deaf person

00h 56' 34" (Marc Salvini)

He confuses "CRPD committee" with "monitoring committee".

(case of a deaf person)

"The ex officio appointment of a sign language interpreter is..., is **recommended**" (...)

Three other **possibilities**:

"He **can** name..."

"He **can** resort to..."

"And it **can** also..."

"There are other techniques"...

"The blah blah blah **wanted to** bring up good practices".

→ He only talks about *possibilities*...

So these are not obligations...

16/ The absence of a ban on coercive measures for full psychiatric hospitalisations (according to L.3211-2-1, I, 1° of the CSP)

00h 58' 08" (Bellivier)

It still has a problem with the sound being cut...

(Or is it someone who cuts him off because he says too much nonsense?)

So we don't know what he said before "stigmatisation"...

"Answer to the question (Article 14): "When does France plan to abolish involuntary hospitalisation?"

1/ "**Legally**, there is no such thing as **forced hospitalisation** in France.

→ **This is a triple fallacy.**

1.1/ It is fundamentally misleading, because it suggests that there are no forced hospitalizations in France, although everyone knows that there are many.

1.2/ It is deceptive in form, as it is constructed in such a way as to mitigate the fact that it describes a legal concept and not a concrete reality.

Indeed, the word that changes the whole nature of the sentence is the adverb "legally".

This statement actually means :

"A legal concept called +hospitalisation under duress+ does not exist in France."

This may be true.

But in this case, it's like saying "Institutionalisation does not exist legally in France"...

Furthermore, a distinction must be made between the "legal notion" and "common language".

For example, the official website

<https://www.demarches.interieur.gouv.fr/particuliers/hospitalisation-troubles-mentaux> states "(...) we speak of *hospitalisation under constraint*: this is hospitalisation by order of the court (HO) or hospitalisation at the request of a third party (HDT). "

And then

it has a big heading "Hospitalisation sous contrainte".

But this is only a common

name or description, it is not necessarily a precise legal term.

Therefore, if it turns out that "A legal concept called "hospitalisation under constraint" does not exist in France", which is highly probable (*we have not found it*), then this gentleman's assertion is particularly vicious, especially as he

does not specify that there are indeed, legally, "measures of constraint" (see below).

1.3/ This claim is also fallacious in that it is based on legislation that is itself fallacious.

Indeed, we must now look at the law, which is itself particularly mischievous and even perverse:

https://www.legifrance.gouv.fr/codes/section_lc/LEGITEXT000006072665/LEGISCTA000006155032/#LEGISCTA000024316521

In L.3211-2-1, it reads:

I.- A person undergoing psychiatric care in application of Chapters II and III of the present title or of [Article 706-135](#) of the Code of Criminal Procedure **is said to be in psychiatric care without consent.**

The person is cared for:

1° Either in the form of full hospitalisation in an establishment mentioned in [Article L. 3222-1](#) of this code;

2° Or in any other form, which may include outpatient care, home care provided by an establishment mentioned in the same Article L. 3222-1, part-time stays or short-term full-time stays in an establishment mentioned in the said Article L. 3222-1.

II - When the care takes the form provided for in 2° of I, a care programme is drawn up by a psychiatrist from the host establishment and may only be modified, in order to take account of changes in the patient's state of health, under the same conditions. The care programme shall define the types of care, their frequency and the places where they are to be carried out, under conditions determined by decree of the Council of State.

For the establishment and modification of the care programme, the psychiatrist of the receiving institution shall obtain the patient's opinion during an interview during which he shall give the patient the information provided for in [Article L. 3211-3](#) and inform him of the provisions of III of this article and those of Article L. 3211-11.

III - No coercive measure may be implemented with regard to a patient who has been taken into care in the form provided for in 2° of I.

III implies that "coercive measures" can be implemented for 1° of I (in red), as there is nothing prohibiting it...

Otherwise, III would have specified that it is prohibited for 2° and for 1° as well.

This text implies that the notion of "measure of constraint" exists legally (since it is written), but it is not synonymous with "hospitalisation under constraint", a term that does not seem to exist legally...

"Hospitalisation under constraint" is one thing.

And a "measure of constraint" in the context of hospitalisation is quite different. But it produces the same result: one is forced (via "measures") to be hospitalised or to stay in hospital.

All these constructions, vices, manipulations and artifices are incredibly perverse...

It is as if this law had been conceived and drafted precisely to allow a Mr. Bellivier (or others) to (falsely) defend this system. Bellivier (or any other) to (fallaciously) defend this system.

So the answer to the triple fallacy "There is no such thing as involuntary hospitalization" could be :

Perhaps there is no such thing, but there are forms of hospitalisation in which restraint is not expressly prohibited.

For if coercive measures are expressly prohibited for 2°, this implicitly means that they are permitted for 1°.

If a doctor wants to use coercion in case 1, there is nothing to prevent him from doing so (and this is what reality unfortunately shows), even if this does not exist "legally"...

Moreover, if it does not "legally" exist, it is probably to hide this reality. By avoiding naming it.

This is the same technique used to hide the problem of institutionalisation, by declaring that things should not be seen in terms of institutionalisation or de-institutionalisation, but by "magically" pulling out another concept instead (the "freedom of choice").

Here, the "magic trick" is that it is explained that coercive measures are not prohibited for 2°, which is a perverse and roundabout way of authorising them

for 1°, but without saying so, and thus without creating a "legal concept" of hospitalisation with coercive measures.

So if we follow this reasoning, in fact the Committee's questions should rather refer to "**the absence of a ban on coercive measures for full psychiatric hospitalisations (according to L.3211-2-1, I, 1° of the CSP)**".

2/ "**There is care without consent**, which is very different. Indeed, in French law, **no care is possible without the informed consent** of the person. "

→ He explains that there is non-consensual care because the law forbids non-consensual care...

The mysteries of psychiatric legalism...

And this is the person who is at the top of the government, concerning mental health and psychiatry: imagine the others...

3/ "Also, it is not the person's refusal that is the basis of the non-consensual care approach, which would then be **coercion, and this is prohibited** in France."

→ Coercion is not prohibited by law for the first case above.

There are many refusals! One can even cry for months or years that one wants to get out of psychiatry, but the "medesinges" do absolutely what they want, even here at the highest level, by coming to talk nonsense! It's even "out of competition", with this gentleman!

4/ "What underlies the approach is the need for **urgent care** to which a person is temporarily incapable of consenting, due to the alteration of his or her discernment, *as a result of mental disorders*".

→ Here he seems to be saying that everything he explained above is for emergencies only...

5/ "And this refers to the fundamental **right** to health preservation.

→ A "right"? Or an "obligation"?

6/ "This therefore excludes, and this is very important, **non-emergency** situations and situations of stabilised psychosocial disability, for which recourse to care without consent is prohibited. "

→ However, almost all non-consensual care is not urgent and lasts for years, even a lifetime!

7/ "The procedure of care without consent must remain the exception. And its use is very strictly regulated by French law. "

→ Pff...

8/ "Care without consent nowadays constitutes a minority of hospitalizations without psychiatry, 17%, and a minority of patients, 5% of the 1.7 million people followed in psychiatry. "

→ 17% and 5% are much more than "exceptions"...

9/ "France has **therefore** no plans to abolish these provisions, which, for a limited number of cases, will remain necessary. "

→ The "therefore" refers to what?

It is possible that in very exceptional cases these "provisions" are necessary, but the problem is that they are applied very abusively!

10/ "On the other hand, it **wants to** considerably limit the use of this system, which it still considers too high, particularly for prolonged hospitalizations of more than three months. "

→ She "wants"... (blah blah blah)

11/ "And it **wants to** restrict as much as possible, with the **aim of** eventually eliminating the deprivation of liberty practices of seclusion and restraint. "

→ She "wants"... (blah blah blah)

A "goal"

12/ "This is why we have launched and are reinforcing an **action plan** to **support** institutions in reducing these practices. "

→ Plans, strategies, roadmaps, ambitions, blah blah blah...

13/ "France **wants to** assert its **ambition** and commitment at the international level, which is why France is organising a global inter-ministerial summit on mental health rights entitled "mind our rights now" on 5 and 6 October in Paris.

This will be a major mobilisation of political leaders, but also of representatives of civil society and NGOs in favour of the rights of people with mental and cognitive disabilities. "

- ➔ Another superficial and fallacious operation to lure and "hide the misery". And on top of that, it will cost money, and these kind of characters will come to make speeches to describe in all seriousness the new clothes of the emperor...
We know...

14/ "And at the same time, we are in the process of further strengthening the legal **control** of these practices.

Finally, and in response to an assertion that has been made on this point, it is incorrect to claim that France is permissive with regard to the **control** of situations of deprivation of liberty.

All these practices are carried out under the **control** of the liberty and detention judge, who **can** be seized by the persons themselves or their representative, who **can** lift these measures at any time.

- ➔ Controlling means above all checking, it is not synonymous with having the power to change things. In any case, doctors always have the last word.
- ➔ The judge "may" be seized.
This is not what is being asked.
We say that the judge must SYSTEMATICALLY (and quickly) DECIDE on the measure of deprivation of liberty (which is not "under constraint".....), and not only "control" it only if someone asks for it, which, moreover, is very difficult for the people in this situation.
It is not for doctors to decide about people's freedom!
And all this talk about "controls" that "can" be done is completely superficial and hypocritical!!!

15/ "In the coming months, this **control**, following a decision by our Constitutional Council, will be made even more **systematic** than it already is. "

- ➔ Blah, blah, blah... Clarification!
"More systematic"? How ??...

16/ "In addition, other bodies exercise a very vigilant and effective **control**, the Contrôleur Général des Lieux de Privation de Liberté, an independent body which is specific to France, and which few countries have. "

→ The CGLPL looks good, but it has no power to change things.
It makes "controls" and reports...
And then what?

17/ "And, on the other hand, the Defender of Rights, which any citizen **can** refer to for any question of infringement of rights, is also an important body.

→ The DoD has no binding power either, and in any case it only deals with the issues it wants to deal with, and it **can** ignore whoever it wants to: we know this only too well...

Sorry, impossible to continue due to lack of time and terrible need to sleep (Monday 23/05/2021 at 8:26 am Geneva time, and there is still the translation to do)

Jumel

identifying and combating abuse

national commission against abuse....

lexicon... vocabulary....

blah blah blah

I'm falling asleep, he has a headache

Chicken

violence against women

Cluzel

theoretical blah blah

Jonas Ruskus

Article 12

decision support

Article 13

access to justice (autism)

Article 18

?

Article 14

degrading inhuman conditions hospitals etc without consent

how to make a complaint

Article 19

sound problems (autism)

(impossible to follow)

medical treatment to modify the behaviour of autistic children (?)

Article 16

?

and Article 13 and

Mara Gabrili

Deinstitutionalisation

Moratorium

Inclusive housing projects

Ms. Kayess Kayess

welcomes the decision to extend the moratorium (???)

Salvini

access to justice - experts - autism

Bellivier

non-consensual care

ah finally he talks about "endangerment"

fff

we have to get it out of them

pathetic blah blah blah

Companion

medication - autism

HAS

(to be repeated)

Jonas Ruskus

children with disabilities in segregated settings psychosocial disability

schooling children

G. O. Fefoame

deaf - blind - intellectual disability

access to information

Mr Schefer

Article 22

file problem (terrorism)

privacy

Art 33

follow-up Convention

GoD

formal participation of civil society is not assured

Kim Miyeon

....

housing, assistant...

Amalia Gamio

- remote from the information provided by civil society

- article 27 - sheltered workshops (problems) -

women with disabilities unemployment - CAP emploi confidential information

Mara Gabrielli

Article 28

full integration beyond social protection (?) ensure that it does not conflict with de-institutionalisation

pbm poverty line despite AAH 900€ - guaranteeing standard of living for very marginalised disabled people

