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Report of the UN Special Rapporteur on Extreme Poverty and Human Rights

During the Commission's 2017 reporting year, the UN Special Rapporteur on extreme poverty and human rights issued a report that assessed whether the Chinese government's poverty alleviation efforts, many of which dovetail with public health and the right to health,¹ "have ensured full respect for human rights in China."² The report, based on the Special Rapporteur's official mission to China in August 2016, commended the government's massive scale of poverty alleviation in China over the past three decades,³ noting improved mortality rates and greater access to healthcare and health insurance.⁴ The Special Rapporteur, however, observed that the government has overly emphasized development goals,⁵ and highlighted fundamental challenges, including:

• the Chinese Communist Party's "leading role" over government, civil society, and public participation, which is difficult to "reconcile" with individual rights protection and accountability mechanisms;⁶

the government's top-down approach, which leaves "marginal" space for non-governmental organizations and affected individuals to participate in policymaking and advocacy;⁷ and
the lack of publicly available, accurate data,⁸ such as on the employment of persons with disabilities⁹ and the number of children completing compulsory education.¹⁰

Developments in Mental Health Policy and Law

The government and Party continued to prioritize mental health in public health policymaking.¹¹ Despite implementation of the PRC Mental Health Law (MHL), which became effective in 2013,¹² significant challenges in the treatment of mental health disorders include the shortage of psychiatrists, psychiatric nurses, and community-based rehabilitation services.¹³ According to a psychiatric expert at Shanghai Jiao Tong University, resources are concentrated primarily in urban, developed areas in eastern China; rural areas and less developed areas of central and western regions "lag far behind in availability of services."¹⁴ A senior health official reported in April 2017 that more than 50 percent of individuals with severe mental illness live in poverty.¹⁵

INVOLUNTARY AND FORCED PSYCHIATRIC COMMITMENT

The MHL provides protections against wrongful involuntary admission and treatment,¹⁶ which are intended, in part, to prevent the forced commitment to psychiatric facilities of individuals without mental illness (*bei jingshenbing*).¹⁷ In June 2017, a district court in Zhumadian municipality, Henan province, reportedly invoked these provisions in a lawsuit against a psychiatric hospital for having involuntarily committed a man for 19 days in 2015 to undergo "conversion therapy" at the direction of his wife and her family.¹⁸ The court found in favor of the plaintiff, noting that his hospitalization "infringed on his personal liberty" as he did not meet the MHL's standard of dangerousness to himself or to others

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under which an individual may be involuntarily committed.¹⁹ News media, moreover, reported a positive outcome for a case in Shanghai municipality known as the first under the MHL.²⁰ In July 2017, the plaintiff in that case, after 15 years in a psychiatric facility, obtained approval to discharge himself following a psychiatric evaluation that found the plaintiff "possessed full competence in civil matters."²¹ Prior to that evaluation, the plaintiff remained subject to his guardian's refusal to allow discharge ²² ever since his initial involuntary commitment due to schizophrenia.²³

The Commission continued to observe reports of official use of forced psychiatric commitment in response to activities the govern-ment deemed to be "troublemaking" or politically sensitive,²⁴ in-cluding petitioning the government over legal grievances and rights violations. Reports of petitioners and others whom public security officials temporarily committed to psychiatric facilities this past year included Sheng Lanfu,²⁵ Ren Naijun,²⁶ and Zhu Liangqun.²⁷ In January 2017, authorities reportedly released petitioner Li Jiafu after more than two years' detention at a Zhejiang province psychiatric facility.28 The Paper-a state-funded news outlet-continued to cover the case of Xu Xueling, a petitioner sentenced to four years in prison in April 2016 by a court in Shandong province on the charge of "picking quarrels and provoking trouble." 29 Media coverage of her case linked her petitioning to her grievances over two instances of *bei jingshenbing* imposed by authorities for "sta-bility maintenance,"³⁰ which a news outlet described as a form of extrajudicial detention.³¹ The December 2016 arrest³² of Liu Feiyue-founder of the human rights website Civil Rights & Livelihood Watch (CRLW)³³—may have consequences for grassroots reporting of forced psychiatric commitment given CRLW's regular coverage of the topic.³⁴

Health-Based Discrimination

Health-based discrimination in access to employment, welfare, education, and medical treatment, as well as difficulties in accessing legal relief or accountability, reportedly remain widespread,³⁵ despite prohibitions to prevent it under Chinese laws and regulations.³⁶ Contributing factors, according to rights lawyers, include a lack of compliance with the law and inconsistencies among laws and regulations.³⁷ The Special Rapporteur on extreme poverty and human rights also cited "access to basic services and . . . problems of exclusion" due to the multidimensional character of poverty³⁸ as factors that create barriers for persons with disabilities, ethnic minority groups, and the rural poor.³⁹ The following reports from this past year illustrate aspects of these challenges.

• **Employment.** Two HIV-positive men—one in Guangdong province ⁴⁰ and the other in Jiangxi province ⁴¹—pursued legal remedies after being deemed ineligible for employment following physical examinations that disclosed their health status to their employers. In June 2017, the plaintiff in the Guangdong case won his case on appeal in China's first-ever judgment that held an employer-defendant violated Chinese law by discriminating against a plaintiff because he or she was HIV positive.⁴² The court, however, rejected the plaintiff's re-

quest to be reinstated to his job.⁴³ The plaintiff in the Jiangxi case appealed the trial court's dismissal of his claims in October 2016,⁴⁴ but withdrew the appeal in June 2017 after settlement.⁴⁵ In a November 2016 letter to the central government, a group of lawyers cited the Jiangxi case, asserting the Civil Servants' General Recruitment Physical Eligibility Standards—which designate HIV/AIDS a disqualifying factor for government employment ⁴⁶—are the "most significant systemic obstacle" for persons living with HIV/AIDS in accessing equal employment opportunities.⁴⁷

• Welfare. In March 2017, the Beijing News reported on the death of an autistic teenager in Shaoguan municipality, Guangdong,⁴⁸ that raised concerns about the oversight of care centers and government accountability in providing welfare to those in need.⁴⁹ Poor quality food and negligence by a care center in Shaoguan and additional negligence on the part of police and a homeless shelter in Dongguan municipality, Guangdong, contributed to the boy's death.⁵⁰ Coverage of the case, moreover, revealed that at least 20 individuals had died at the Shaoguan care center between January 1 and February 18, 2017.⁵¹

• Education. In a positive development, the government revised the regulatory framework on access to education for students with disabilities, including revised Regulations on Education for Disabled Persons (Regulations)⁵² that stipulate local governments should provide funding in official budgets for the education of disabled students,⁵³ and revised provisions on reasonable accommodations for students with disabilities who take the college entrance exam (gaokao).⁵⁴ In June 2017, news media reported education authorities in Shanghai municipality and Guangxi province provided accommodations for a few dozen students with disabilities taking the gaokao.⁵⁵ Human Rights Watch cautioned that the revised Regulations were not sufficient to ensure inclusive education standards at mainstream schools.⁵⁶ A research survey released in March 2017 found that nearly 30 percent of children with disabilities are asked to leave mainstream schools due, in part, to a shortage of teachers with special education training.⁵⁷

Notes to Section II—Public Health

¹Office of the United Nations High Commissioner for Human Rights and World Health Orga-nization, The Right to Health, Fact Sheet No. 31, June 2008, 1–4. See also State Council Infornization, The right to Health, Fact Sheet No. 31, othe 2008, 1–4. See also State Council infor-mation Office, "National Human Rights Action Plan of China (2009–2010)," 13 April 09, secs. I(2)–(4), III(3); State Council Information Office, "National Human Rights Action Plan of China (2012–2015)," 11 June 12, secs. I(2)–(4), III(2)–(5); State Council Information Office, "National Human Rights Action Plan of China (2016–2020)," August 2016, reprinted in Xinhua, 29 Sep-

²UN Human Rights Council, Report of the Special Rapporteur on Extreme Poverty and Human Rights on His Mission to China, Philip Alston, A/HRC/35/26/Add.2, 28 March 17, para.

Human Kights on His Mission to China, Philip Alston, A/HRC/35/26/Add.2, 28 March 17, para. 15; Office of the United Nations High Commissioner for Human Rights, "End-of-Mission State-ment on China, by Professor Philip Alston, United Nations Special Rapporteur on Extreme Pov-erty and Human Rights," 23 August 16. ³ UN Human Rights Council, Report of the Special Rapporteur on Extreme Poverty and Human Rights on His Mission to China, Philip Alston, A/HRC/35/26/Add.2, 28 March 17, paras. 12–14, 56 (achieving "almost universal health coverage"), 76 ("strong and genuine commitment to building a 'moderately prosperous society").

⁴Ibid., paras. 13, 56. ⁵Ibid., para. 45; Human Rights in China, "UN Expert: Chinese Government Needs 'Genuine Accountability," 23 August 16. ⁶UN Human Rights Council, Report of the Special Rapporteur on Extreme Poverty and Human Rights on His Mission to China, Philip Alston, A/HRC/35/26/Add.2, 28 March 17, para.

16. ⁷ Ibid., paras. 6(b)-(g), 7, 8, 30, 32, 36. The Special Rapporteur censured this "top-down" approach as manifested in the Chinese government's intrusive control over his meeting schedule in China, which prevented and obstructed a variety of non-governmental stakeholders from meeting with him. He stressed that the Chinese government's control over his schedule was con-trary to the level of access that is expected during Special Rapporteur missions. Additionally, the Special Rapporteur pointed out that the China Federation for Persons with Disabilities, which facilitated some of the meetings during his mission, is led by government officials and performs government functions; thus "it hardly qualifies as a civil society organization."

⁸Ibid., para. 29.

⁹Ibid., para. 35.

¹⁰ Ibid., paras. 54, 55.

¹¹National Health and Family Planning Commission, "Text Transcript of Regular News Con-¹¹National Health and Family Planning Commission, "Text Transcript of Regular News Con-ference in April" [Guojia weisheng jishengwei 4 yue lixing xinwen fabuhui wenzi shilu], 7 April 17; National Health and Family Planning Commission, Propaganda Department, et al., Guiding Opinion on Strengthening Mental Health Services [Guanyu jiaqiang xinli jiankang fuwu de zhidao yijian], issued 30 December 16; State Council, "13th Five-Year' Hygiene and Health Plan" ["Shisan wu" weisheng yu jiankang guihua], 10 January 17, 3(1, 7, 11, 12); State Council General Office, "National Mental Health Work Plan (2015–2020)" [Quanguo jingshen weisheng gongzuo guihua (2015–2020 nian)], 18 June 15. See also Bin Xie, "Strategic Mental Health Planning and Its Practice in China: Retrospect and Prospect," Shanghai Archives of Psychiatry, Vol.

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¹⁴ Bin Xie, "Strategic Mental Health Planning and Its Practice in China: Retrospect and Prospect," Shanghai Archives of Psychiatry, Vol. 29, No. 2 (2017), 116.
¹⁵ National Health and Family Planning Commission, "Text Transcript of National Health and Family Planning Commission Review for April" [Guoia weisheng iishengwei

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