Protect Rights of People with Disabilities During COVID-19

Ensure Access to Information, Essential Services For Those Most at Risk



Karen McCall, who is legally blind and is self-quarantining at her home in Ontario, Canada, said she faced obstacles in accessing information from Ontario's Ministry of Health. © Karen McCall



A man using a wheelchair is pictured washing his hands in a public water tap in Nairobi, Kenya, as a preventive measure against COVID-19, March 22, 2020. © 2020 Dennis Sigwe/SIPA via AP Images

(New York) – COVID-19 presents particular risks for many people with disabilities around the world, Human Rights Watch said today. Governments should make extra efforts to protect the rights of people with disabilities in responding to the pandemic.

"People with disabilities are among the world's most marginalized and stigmatized even under normal circumstances," said Jane Buchanan, deputy disability rights director at Human Rights Watch. "Without swift action by governments to include people with disabilities in their response to COVID-19, they will remain at serious risk of infection and death as the pandemic spreads."

Globally, more than 1 billion people – roughly 15 percent of the world's population – live with some form of disability. People who are older, people with chronic health conditions, or people with disabilities – that, for example, affect their respiratory capacity – may be at particular risk of serious illness or death from COVID-19 infection.

For others, having a disability does not by itself put them in at higher risk of infection, but they are in danger due to discrimination and barriers to information, social services, health care, social inclusion, and education.

In a rapidly evolving pandemic, information is essential for people to make decisions about how to protect themselves and how to access necessities and services during quarantine and self-isolation. Governments at all levels should be providing accurate, accessible, and timely information about the disease, prevention methods, and services.

To ensure that people with disabilities are not deprived of lifesaving information, communication strategies should include qualified sign language interpretation for televised announcements, websites that are accessible to people with different disabilities, and telephone-based services that have text capabilities for people who are deaf or hard of hearing. Communications should use plain language to maximize understanding.

Human Rights Watch interviewed Karen McCall who is legally blind and is self-quarantining at her home in Ontario, Canada after potentially coming into contact with someone who tested positive for COVID-19. She said she faced obstacles in accessing information from Ontario's Ministry of Health, as an online slideshow about staying healthy during the COVID-19 outbreak was not compatible with screen reading or magnification technology she relies on.

Governments should also consider the specific needs of people with disabilities when developing prevention strategies. For example, additional guidelines on hand washing should be developed for people with disabilities who are not able to wash their hands frequently or on their own or lack access to sufficient water for hygiene.

COVID-19 spreads rapidly and is especially dangerous to people living in close proximity to others in closed settings. Millions of adults and children with disabilities live in segregated and often overcrowded residential settings where they can face neglect, abuse, and inadequate health care. Human Rights Watch has documented abusive treatment and poor conditions in private and state institutions in Brazil, Croatia, Kazakhstan, India, Russia, and Serbia. Tens of thousands of others are shackled and locked up in faith-based or state-run facilities in Ghana, Indonesia, Nigeria, and Somaliland.

Governments should take urgent steps to move people with disabilities (who can be moved safely) out of closed institutions and similar settings and stop new admissions. Children with disabilities in residential institutions should be reunited with families wherever possible.

Governments should provide adults with disabilities with social support and services to live in the community. Inside institutions, authorities should follow strict hygiene and physical distancing and should develop visitor policies that balance the protection of residents and staff with needs for family and connection.

A man using a wheelchair is pictured washing his hands in a public water tap in Nairobi, Kenya, as a preventive measure against COVID-19, March 22, 2020.

People with disabilities who live at home often rely on community-based social services to meet their basic daily needs, including for meals and hygiene. There are serious concerns among disability rights groups about interruption of these services. Support aides do not have personal protective equipment to minimize exposure or the spread of infection or are becoming infected themselves and require quarantine.

With policies requiring social isolating to stem the spread of coronavirus, people with psychosocial disabilities, such as anxiety or depression, may be in particular distress and may benefit from additional mental health support services. Indeed, self-isolation and quarantine could be distressing for most people in general. Government policies should ensure community-based services continue and crisis counseling programs are accessible to all. Disruption of community-based services should not result in the institutionalization of people with disabilities and older people.

Children with disabilities in many countries face barriers to accessing a quality, inclusive education. As governments close schools, many are implementing online instruction. Children with different disabilities may be excluded if online instruction is not made accessible to them, including through adapted, accessible material and communication strategies. Governments should also ensure accessible material and lesson plans are also available to students who do not have access to the internet. Without government support, parents or caregivers may struggle to provide the full range of services their children may receive in schools.

In Lebanon, for example, public and private schools have closed down and classes have moved online. Amer Makarem of the Youth Association of the Blind told Human Rights Watch that online classes and distribution of lessons are generally not accessible for students who are blind or have low vision.

COVID-19 could be catastrophic in settings such as refugee camps or other temporary camps, where people live in close proximity and often lack access to basic services. People with disabilities in places like this face severe obstacles to basic services such as shelter, water, sanitation, and medical care, including in countries like Bangladesh, Cameroon, Central African Republic, Greece, Syria, and Yemen.

Under the International Covenant on Economic, Social, and Cultural Rights and the Convention on the Rights of Persons with Disabilities (CRPD), governments must guarantee the rights to information, health, education, and basic standard of living. The CRPD requires governments to ensure accessibility and reasonable accommodation for people with disabilities and that they can live independently in the community, with support as necessary.

“One of the most important things governments can do to protect people with disabilities during the coronavirus pandemic is to consult with them regularly to make sure policies meet their needs,” Buchanan said. “Other catastrophes loom if millions of people are left out of the COVID-19 response.”

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