Statement on the rights of persons with disabilities during COVID-19 crisis

7th April 2020

We welcome the ongoing work by the National Public Health Emergency Team, the Department of Health, HSE services, Department of Housing, Planning and Local Government; and the Department of Rural and Community Affairs during this pandemic. We are calling on all state actors to adhere to their obligations under the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), which Ireland ratified in March 2018. The UNCRPD articles which warrant specific consideration during the current crisis in Ireland are discussed below. The authors recognise the use of the terms ‘disabled people’ by some disability activists in Ireland. However, this paper uses ‘persons with disabilities’ in line with the text of the UNCRPD.

Article 5 enshrines the right to equality and non-discrimination. Emergency measures and legislation enacted during this crisis must ensure that persons with disabilities are not discriminated against in any aspect of their lives. Intersectional discrimination experienced by persons with disabilities during this crisis along race, age, gender, sexuality, refugee and socio-economic identities must also be addressed.

Article 10 obliges the state to protect the right to life of persons with disabilities. Decisions based on the distribution of life-saving resources must not be based on the presence of a disability. The World Medical Association ethical guidance for provision of life-saving treatment must be followed. ‘*In selecting the patients who may be saved, the physician should consider only their medical status and predicted response to the treatment and should exclude any other consideration based on non-medical criteria*[[1]](#footnote-1).’

Article 11 obliges the state to ensure the safety of persons with disabilities in situations of risk, conflict, humanitarian emergencies or natural disasters. States must ensure that laws, policies, and resource allocation measures are carried out in a way that protects persons with disabilities from the risk of infection and death.

Article 19 provides for the right to exercise choice and control over where and with whom to live, to participate in the community on an equal basis as other and to have access to any supports needed to enable them to live independently. Without adequate planning and resources, the current social distancing requirements will disproportionately impact persons with disabilities living in health and social care residential settings.

Article 25 enshrines the right to the highest attainable standards of health for persons with disabilities. Health facilities available to the general public must be equally available and accessible to persons with disabilities.

While the current pandemic is impacting on all members of society The UN Rapporteur on Disability has identified persons with disabilities as vulnerable during this global health pandemic[[2]](#footnote-2). We call on the Government to ensure:

* Accurate and up to date information on testing and access to health and public services must be available in a wide variety of languages and accessible formats. Information must be easily accessible on public platforms for individuals and service providers. This includes availability of health passports for persons with diverse communication needs and making information available through assistive technology, Irish Sign Language and Easy to Read formats.
* Adhere to the World Medical Association guidance on equal treatment within triage health services. Healthcare needs, including mental health, which are not related to COVID-19, must continue to be met. Where possible services such as counselling should be conducted remotely.
* Persons with disabilities must be involved in decision making around their own healthcare.

It may be critical for some people who have disabilities to have either paid or unpaid support with them during a hospitalisation as these people would have the ability to best support someone during a hospital stay. Where appropriate persons with disabilities should be supported to recover from any COVID-19 related illness in their own home, on an equal basis with the non-disabled population.

* A coordinated approach must be taken to ensure supports can be provided to families of children with disabilities, including adult children. This includes the provision of education materials and social supports in the home where education, employment and day services have ceased operation during the crisis.
* Person-centered planning should govern the activities of disability service providers to promote the autonomy of the individual and to minimise disruption to routine which could be distressing for some persons with disabilities. Community supports for provision of vital supplies and social connections must be accessible to persons with disabilities.
* Social welfare supports for loss of income must be available to persons with disabilities and recognise any increased costs connected to disability during the pandemic. Remote working technologies should be utilized to ensure continued employment for persons with disabilities where possible.
* Advocacy services must be made available to individuals detained under the soon to be enacted Health (Preservation and Protection and Other Emergency Measures in the Public Interest) Bill 2020. Risk control measures must be in place to ensure no one is subjected to deprivation of liberty without proper legal procedure and safeguards.
* Extend the role of HIQA to risk assess for outbreaks of COVID-19 infection in nursing homes to include other congregated settings.

Signed by:

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1. World Medical Association, Statement on medical ethics in the event of disasters, Section 8.3.1, <https://www.wma.net/policies-post/wma-statement-on-medical-ethics-in-the-event-of-disasters/> [↑](#footnote-ref-1)
2. # UN News, ‘Preventing discrimination against people with disabilities in COVID-19 response

 <https://news.un.org/en/story/2020/03/1059762> [↑](#footnote-ref-2)