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The COVID-19 and Human Rights of persons with disabilities in Korea

We Research Institute of the Differently Abled Person’s Right in Korea(RIDRIK) express our deep sorrow and mourning for many deaths caused by the worldwide spread of the COVID-19. Especially concerning about the safety of the persons with disabilities facing greater risks and difficulties, we express the following opinions on human rights issues for the persons with disabilities in Korea caused by the COVID-19.

First, although the Korean government’s rapid and effective response has become a good example globally, it was not disability-inclusive. And persons with disabilities in Korea were more isolated and discriminated. We could not find any disability-inclusive perspectives on the ‘INFECTIOUS DISEASE CONTROL AND PREVENTION ACT’ and the action plan of the government. Also, there was no provision concerning disability in response to infectious diseases.

Secondly, the closed wards of psychiatric hospitals were the beginning of the tragedy occurred in Korea and caused the biggest disaster. Early in the spread of the COVID-19, in Daenam Hospital, a psychiatric hospital located in Chengdo, southeastern area Korea, all 103 inpatients in the closed ward were infected with COVID-19, and 8 of them died. Korea’s first death of COVID-19 has been hospitalized in the Daenam Hospital for over 20 years and his weight was only 42kg because of severe nutritional deficiency. 6 to 8 inpatients were living on the floor without beds in a small room and all the windows were covered with gratings. There were not enough medical staffs, no environment for proper treatment, no humanitarian care. Moreover, management for the safety of non-infected people were insufficient until the virus spread to all inpatients.

When people died under panic in the Daenam Hospital, We RIDRIK filed an emergency appeal to the National Human Rights Commission of Korea. We required transferring patients to other hospitals where immediate treatments are possible, providing the same medical services as other patients in different regions, and humanitarian treatment. Accordingly, the National Human Rights Commissions immediately dispatched an investigation team and the government started to transfer patients to other hospitals and the environment inside the hospital was improved. However, there have been already many deaths and the reality of human rights in psychiatric hospital revealed that one can only come out after death.

Third, social isolation for the persons with disabilities became even more serious under the COVID-19. Even though there were no infected people or suspected people of infection, the government gave an administrative order the extensive ‘preventive cohort quarantine’ to disability facilities without any legal basis. It was clearly discriminatory and excessive measure compared to persons without disabilities. Still, the government maintains a policy of separating the persons with disabilities from society and regards the persons with disabilities as risks to society or only being who must be isolated and protected from the dangers of society.

Fourth, enough information considering disability did not have been provided. Information provision such as countermeasures and the situation of COVID-19, available support services in the region for blinds, deafens, autistic persons, persons with intellectual disability were insufficient, not active, and not government-leaded. Meanwhile, the private sector has created and distributed plain language manuals considering intellectual disabilities, and some local autonomy has made and provided the tools including pictures and letters for communication, but those were only partial measures.

Fifth, the service interruption status caused pain to many persons with disabilities and there was a lack of consideration for disability in various support and medical measures. As service providers stopped work due to COVID-19, people with disabilities living in the community had to just stay at home. Although the family burden for caring was increased so much, the support was lacking. There have been constant reports of cases that persons with disabilities who are self-isolated suffer from difficulties due to lack of personal assistant. People with severe disabilities, multiple disabilities, and certain types of more vulnerable disabilities had suffered more difficulties.

In Korea, the number of daily confirmed patients has greatly reduced and it seems that the COVID-19 is under controlled, however, we can never feel relieved because it continues to spread all over the world continuously. The spread of the COVID-19 can begin again in Korea anytime and as the COVID-19 is now epidemic following SARS and MERS, new epidemics could threaten life and human rights of the persons with disabilities any time. Therefore, we require that the government take immediate action to ensure the life and human rights of the persons with disabilities in the epidemic of infectious diseases even before the COVID-19 is over and we express our opinions as following.

First, plans and policies of the government for preventing and responding to infectious diseases should be disability-inclusive. The government should revise ‘INFECTIOUS DISEASE CONTROL AND PREVENTION ACT’ as disability-cognitive and include considerations of disability in the ‘Basic Plans for Prevention and Management on Infectious Disease’.

Second, once again it has been proved that the institutions, including the closed wards of psychiatric hospitals, are extremely vulnerable to collective infections, and that isolating the persons with disabilities from society is never a means to protect them. The government must abolish the isolation policy, close the institutions and expand community-based services. Also, the human rights situation of institutions including psychiatric hospitals should be thoroughly investigated.

Third, measures for prevention, treatment, isolation, and support of infectious disease consider disabilities, persons with and without disabilities should be equal substantially. All information and facilities should accessible and isolation should be minimal when needed on the same basis with the persons without disabilities. More intensive support needs to be provided to persons with multiple disabilities, severe disabilities, and more vulnerable types of disabilities to infectious diseases, and individualized support plans should be established for them. Every support and measure should consider women and girls with disabilities.

Fourth, the government should expand services that can be provided in the community and home. And should prepare practical measures for persons with disabilities who cannot go out from home. Food, health and hygiene products and relief supplies should be given primarily to persons with disabilities who have urgent needs, and constraints of movement, activity, and communication should be considered. Assistant staff should be practical, such as the expansion of manpower and the support of additional benefits. Also, persons with disabilities who need support in the home should not be neglected. Local government and organizations for persons with disabilities such as Independent Living Center should establish individual support plans for the persons with disabilities in the community and give more support to more vulnerable people.

Fifth, all information should be accessible to all people with disabilities and sufficient information about prevention of infectious diseases, current status and responding status, service provision, and local infrastructure and resources should be provided actively. The government should consider the persons with disabilities who cannot access the internet and mass media, information and supporting staff should be placed in hospitals, containment facilities, and service providing centres. Access to media and education or meetings replaced online under isolation should be equally accessible to both the persons with and without disabilities.

Hoping to overcome this unprecedented global crisis situation with the wisdom of all mankind, and hoping the safety and human rights of people with disabilities in disaster situations will be once again reminded and strengthened, calling for full observance of the principles of the Convention on the Rights of Persons with Disabilities, especially Article 11.

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