Statement on the Impact of the Global COVID-19 Pandemic on Persons with Disabilities from Minority, Indigenous and other Marginalised Communities

The Covid-19 pandemic presents a serious threat to persons with disabilities within marginalised communities around the world, including religious, ethnic, and linguistic minorities, refugees and internally displaced persons, and Indigenous communities. Multiple and intersecting identities of these individuals overlap, intensifying existing issues, excluding them from COVID-19 response strategies and placing them in the most vulnerable position in their nations. Furthermore, the lack of quality collected and reported data on marginalised groups means that their needs are unaccounted for in disaster and emergency response strategies; worse, undermined by the interests of elite classes and governments of their nations. In order to support the full inclusion of all communities in the monitoring and protection of rights during the fight against Covid-19 respect for ancestral systems of governance and indigenous knowledge is vital.

This document draws attention to some of the specific issues facing persons with disabilities from minority and Indigenous communities and call upon stakeholders at the local, national and international levels to consider their experiences and situations during the Covid-19 pandemic response. In providing this information, the intention is to complement other information provided by disability rights, minority rights and Indigenous peoples' rights organisations.

1. Accessible Information

There exists limited to no access to quality and culturally respectful information for persons with disabilities from minority and Indigenous communities, leaving them without knowledge or awareness about Covid-19 and how to protect themselves. In addition, there has been limited to no attention on how people with disability can access disability support services in a safe manner that protects them and the agencies from COVID-19 infection. Indigenous communities in Nepal, India and Papua New Guinea have reported that there is a lack of Covid-19 information in accessible and culturally appropriate formats, that is available in mother-tongue languages, especially in local and minority languages, avoids jargon and provides an explanation of terminology. Most of the government statements and information are only available in one majority language and shared via the mainstream media which does not always reach minority, Indigenous or marginalized groups. The Australian Government release of information resources that cover the hundreds of Indigenous languages were developed and released too late. Furthermore, there was a high rate of misleading information about COVID-19 on the many news media outlets and social media pages, leaving people with disabilities very vulnerable to infection or harming themselves in attempts to protect themselves.

Recommendations:

- Covid-19 communications need to be available in accessible formats, minority languages including sign languages and using culturally appropriate terminology. Translations of complex terms such as 'social distancing' and 'quarantine' need to be culturally defined so that indigenous peoples and linguistic minorities can understand.

- Accessible information needs to be available via a variety of channels including digital, mass media and other targeted communications.
- Communications aimed at minority and indigenous communities should include information specific to persons with disabilities and be developed in consultation with organisations of persons with disabilities and representatives of specific communities.
- New media and social media companies must be held accountable to managing misleading information about virus pandemics.
- Governments must have as a matter of priority health and medical information be distributed in Indigenous languages as part of their communications strategies.

2. Access to Personal Assistance and Medical Care

Demands on health systems and restrictions on mobility during quarantine are having a disproportionate effect on persons with disabilities from minority and Indigenous communities, who are at greater risk of infection and complications. Reports indicate that lack of personal protective equipment and restrictions on mobility is affecting access to carers and personal assistants and increasing risk of infection. In Indonesia, persons with disabilities from the Batubassi and Karaeng Bulu Indigenous Communities in South Sulawesi are unable to access personal protective equipment and other basic necessities, which is exacerbated for those living more remotely. In the USA, Australia and New Zealand such equipment is in scant supply in Indigenous controlled local health organizations that already have an under resourced health system, resulting in many workers choosing to not support or care for persons with disabilities due to the risk of being exposed to contracting and spreading the virus. Others have lost access to essential medical equipment and health care due to the quarantine measures and the resulting unsafe, physically inaccessible, gender inappropriate and culturally inappropriate environments. In Nepal, people who rely on medical equipment such as catheters, urine bags, diapers, and regular medicines are struggling to access or buy them. This is particularly impacting people with spinal cord injuries, people with psychosocial disabilities, women with disabilities who experience chronic illness, people with hemophilia, and those from Dalit and other marginalised communities. Quarantine centres created by local authorities have been reported to be inaccessible to people with disabilities.

Recommendations:

- Properly resource local community health organisations so Indigenous people and those belonging to minority communities can fulfil family duties of caring and support for persons with disabilities.
- Develop methods of distribution of personal protective equipment and medical equipment to reach all persons with disabilities and their carers and personal assistants, including those from minority and indigenous communities in remote areas.
- Apply gender, disability and culturally friendly approaches to provide effective measures during self-isolation, quarantine, and lock down and in all hospitals and other service providing spaces.

3. **Economic Impact**

The Covid-19 pandemic is impacting those with precarious livelihoods, and particularly persons with disabilities from minority and Indigenous communities. However, lack of local government coordination with organisations of persons with disabilities and local community leaders and bureaucratic barriers have prevented this group from being counted and included in relief efforts. The Covid-19 response in many countries has meant that many have lost their livelihoods and are unable to buy food and other necessities. For many Indigenous families who are traditionally nomadic for reasons including cultural and family business, hunting, herding and farming, self-isolation and physical distancing measures can result in starvation and prevention of passing on intergenerational knowledge. Furthermore, there are Indigenous communities whose shopping centres have been raided by outsiders during the pandemic. Dalits with disabilities in Nepal and Bangladesh are experiencing difficulty accessing food due to loss of livelihoods during lockdown but many are unable to access disability or Covid-19 financial support due to lack of information or lack of documentation. The Covid-19 cash transfer programme provided by the Ministry of Social Justice and Empowerment in India and relief packages provided by local government in Nepal has excluded peoples with disabilities from marginalised groups such as single, poor, Indigenous women and women with severe disabilities. The packages are inaccessible to many who are unable to get a certificate proving their disability and who cannot argue logically to ensure access to relief programs. This is particularly affecting ethnic and religious minorities, refugees and internally displaced persons who face barriers to getting documentation. In the Indian state of Manipur, which has a majority indigenous population, as many as half of the 50,000 persons with disabilities do not possess disability registration and therefore cannot access benefits. Barriers to registration include lack of information and availability in minority languages, lack of accessible education, lack of proper road transport and lack of health centres where disability certificates can be obtained. There is also concern that in India there will be unsurmountable barriers for persons with disabilities from religious minorities to be able to obtain documentation. In general, there are additional barriers for women with disabilities from minority and Indigenous communities to access financial support due to cultural practices and higher prevalence of domestic abuse. For Indigenous women with disabilities in Guatemala, loss of livelihoods in the informal sector during lockdown has increased economic vulnerability.

Recommendations:

- Remove barriers to registering disabilities for people from minority and Indigenous communities.
- Ensure information about social and financial support programmes, safety materials and relief packages are made available and accessible to all groups including women with disabilities from minority and Indigenous communities.
- Enlist community leaders, volunteer networks and organisations of persons with disabilities to help identify and coordinate relief to include persons with disabilities.

4. Racial Discrimination, Disablism, and Domestic Violence

The Covid-19 pandemic has seen an increase in racial discrimination, disparaging remarks, violence and mockery directed at persons with disabilities from Indigenous and minority communities. Racism and disablism often occur simultaneously, which oppresses people for their cultural/ethnic heritage and their experience of disability. In Papua New Guinea and Fiji there has been a backlash against the Deaf community and Deaf culture after sign language interpreters appearing on Covid-19 television broadcasts

were mocked. Racism directed at people from the Chin community in Myanmar and Asian minorities and scheduled tribes in Northeast India has affected persons with disabilities as they have been accused of carrying the virus from China. Domestic violence and rape of women with disabilities from minority and Indigenous communities is exacerbated due to restrictions on mobility during quarantine and lockdown. In Guatemala Indigenous women with disabilities who were already in violent situations are experiencing an escalation in violence during the lockdown but have limited access to help due to the social distancing measures and lack of access to communication devices. During lockdown in Nepal, the rape of a 10-year-old girl with disabilities from a marginalised group was reported in Rautahat district.

Recommendations:

- Ensure that discrimination and violence reporting mechanisms are accessible to persons with disabilities from minority and Indigenous communities.
- Reinforce efforts to combat racial, gender and disability discrimination, whilst recognising intersectional discrimination through the law, education and national advocacy campaigns.
- Ensure assistance and quarantine exceptions for those experiencing domestic violence that are accessible to women and girls with disabilities from minority and Indigenous communities.

This statement and recommendations are based on information collected from the following individuals and organisations, which have offered their endorsement:

1. Indigenous People with Disabilities Global Network (IPWDGN), Asia Region
2. Minority Rights Group International (MRG), United Kingdom
3. National Indigenous Disabled Women's Association Nepal (NIDWAN)
4. Nepal Indigenous Disabled Association
5. Protibandhi Kallyan Songstha (PROKAS), Bangladesh
6. Ngorik Uddyog, Bangladesh
7. National Association of the Physical Disabled, Nepal
8. Dwarf Association of Nepal
9. All Tribal Disabled Union Manipur, India
10. T. C. Koren Official, India
11. Nepal Disabled Association, Kavre, Nepal
12. Development Association of the Disabled, Udayapur, Nepal
13. Narok South Disability Network, Kenya
14. Empuan Organization for the Disabled, Kenya
15. Indigenous Association of Persons with disabilities, Pakistan.
16. Disability Development Initiative (DDI), Myanmar
17. The International Scientific Committee on Archaeological Heritage Management (ICAHM), Chile
18. Association of Women with Disabilities South Sulawesi, Indonesia
19. Mujeres Con Capacided de Sonãr a Colores, Guatemala
20. Associate Professor John Gilroy, The Centre for Disability Research and Policy, The Faculty of Medicine and Health, The University of Sydney, Australia
21. Red Latinoamericana de Organizaciones no Gubernamentales de Personas con Discapacidad y sus Familias (RIADIS), Latin American Region
22. National Indigenous Disabled Youth Association
23. Independent Media Organisation in Kurdistan, Iraq