

Safeguarding the Rights of People with Disability

Thank you for the opportunity to provide input into the Government's Response to the COVID-19 Pandemic. Further information is provided in group submissions.

This submission examines the Commonwealth Government's response to the COVID-19 pandemic, with a primary focus on the challenges faced by people with disability in Australia. The analysis is guided by a human rights framework, particularly the Convention on the Rights of Persons with Disability (CRPD). The submission delves into key areas, such as governance, health response measures, broader health supports, international policies, industry and business support, financial assistance, and community supports. It emphasises the need for a more inclusive and ethical approach, considering the rights and safety of people with disability in public spaces. It incorporates statistical data, international comparisons, and recommendations for future pandemic responses, aligning with the principles outlined in the UNCRPD.

1. The UNCRPD and Rights-Based Approach:

The UNCRPD, ratified by Australia in 2008, is the guiding framework for the rights of persons with disability. It emphasises equality, non-discrimination, and the right to participate fully in all aspects of life. Despite this, the pandemic has unearthed systemic shortcomings in upholding these rights, particularly concerning the prioritisation of disabled individuals in public health responses, including triage, prioritisation of vaccination and other COVID safeguards. In 2020, I was President of People with Disability Australia – our organisation headed up the DPOA response to healthcare discrimination in triage settings. You can read our paper [here](#).

2. Governance and Representation:

The Inquiry must scrutinise the effectiveness and transparency of governance structures, especially National Cabinet, in considering the unique needs of people with disability. The representation of disabled individuals in decision-making bodies is crucial to ensuring that our voices are heard, and our specific concerns addressed. I would encourage you to examine the experiences of the members of the expert disability group, [REDACTED] who repeatedly and consistently raised written objections throughout the COVID response to the dismissal of concerns about COVID safety for people with disability.

I would encourage you to revisit the efficacy and appropriateness of the response by the then leadership to [international relations](#), the efficacy of messaging at the commencement of the response and since that date, the lack of accessibility in both communications and the overall response and the failure to ensure people with disability were actively involved in the initial pandemic planning process.

3. Health Response Measures:

A comprehensive review of health response measures is necessary to evaluate the equitable access of people with disability to COVID-19 vaccinations, treatments, medical supplies (including PPE and antivirals) and disability care and support.

Statistics from both national and international contexts should be examined to highlight discrepancies in access and emphasise the need for a rights-based approach. Excess mortality should be examined carefully – [REDACTED] is an expert in this area and has provided valuable advice to our sector in a disability context – to provide insight into the deaths of disabled people since the beginning of 2020, compared to previous years. The self reporting mechanism with NDIS Quality and Safeguarding should not be solely relied on – cross matching should be carried out between NDIS, DSP, Jobseeker and COVID mortality data to assist with understanding the impact of COVID on the mortality of disabled Australians.

4. Broader Supports:

There were specific challenges faced by people with disability, including people with psychosocial disability in accessing mental health treatment and suicide prevention supports. The impact of disruptions to routine healthcare services on individuals with pre-existing conditions or impairments should be thoroughly examined, as should the restrictions imposed on those living in congregate settings. In 2020, a position paper was authored by DPOA (in conjunction with PWDA) which discussed segregation in a non-COVID context – as we now know, segregated and congregate settings are settings where COVID has most negative impact. Disabled people (including people disabled as a result of age) are far more likely to die from COVID, but those in aged care and hospital settings are dozens of times more likely to acquire COVID. In 2023, NSW has dropped COVID precautions in hospitals, including use of respirators by staff; as a result, there has been an escalation of hospital acquired COVID in hospital settings. Many disabled people are refusing hospital treatment for fear of contracting the condition, often with negative health outcomes.

5. International Policies:

The effectiveness of international policies in safeguarding the rights and well-being of Australians with disability must be assessed, especially in regard to compliance with the UNCRPD. (Articles 10,12, 25, 11 and 4(3)). Specific attention should be given to securing vaccine supply deals that considered the unique needs of the disability population, in line with the UNCRPD's emphasis on non-discrimination. The number of vaccines which have been ordered will not meet the needs of the current population, with many at risk Australians unable to secure a suitable vaccine and others choosing [not](#) to vaccinate. There has been little effort to counter the disinformation around vaccination which is rife on social media and which is also being promoted through a number of political campaigns waged by currently serving Australian politicians and Senators. Attention should also be given to procurement of vaccines and how processes were carried out during the COVID response, especially around the areas of quarantine and vaccine procurement. Some transactions and proposed transactions should potentially be referred to the NACC.

6. Disinformation and Misinformation:

A crucial aspect to examine revolves around the rampant spread of misinformation by anti-vaxxers. This misinformation campaign has contributed to instilling fear of the

vaccine among the general population, encouraging people to refrain from vaccination and refusing to follow COVID precautions. Of particular concern is the targeting of vulnerable individuals, exploiting their uncertainties and fears. In one case, a disabled mother and daughter took their lives in a murder-suicide; in another, a man carried out a murder. These tragedies highlight the detrimental impact of anti-vaccine rhetoric on public health efforts, emphasising the urgent need for counteractive measures to safeguard the well-being of vulnerable populations and promote informed decision-making regarding vaccination.

7. Financial Support for Individuals:

An examination of the adequacy of income support payments for people with disability should be conducted. Statistics should be examined to demonstrate the potential financial strain exacerbated by the pandemic and the need for targeted financial assistance. For many people with disability, the cost of disability (including for essential medications, PPE and other protective measures) are ongoing; issues such as having to attend mutual obligations with Centrelink for Jobseeker mean that clinically vulnerable people have to endanger themselves in order to meet their contractual obligations with government to receive income support.

8. Community Supports:

There should be an examination into the effectiveness of community support measures for people with disability in areas such as education, employment, housing, and domestic violence prevention in the context of COVID responses. A rights-based lens should be applied to ensure that these measures are not only accessible but also inclusive for all. Recommendations should include flexible work and education choices which do not force at risk populations to expose themselves to COVID in order to receive basic supports. In addition, people with disability must be able to receive safe, effective supports from the NDIS and other support mechanisms.

9. Mechanisms to Better Target Future Responses:

Recommendations should highlight the need for tailored responses addressing the intersectionality of disability with other factors. Disabled individuals and our representative organisations should be actively involved in decision-making processes, consistent with the UNCRPD principles of participation and non-discrimination.

10. The Safety of People with Disability in Public Spaces:

The lack of prioritisation during the pandemic has left people with disability unsafe in public spaces, breaching Australia's obligations under the CRPD. Australians with disability have the right to be part of the world – Australia's Disability Strategy should be updated to reflect the impact of natural disasters, including the global pandemic, and to ensure that our right to access public spaces is enshrined in all domestic legislative measures. This should include a review of the Disability Discrimination Act.