

COVID-19 and the Vulnerabilities of Persons with Disabilities in Kashmir.¹Tania Farooq²**Introduction**

In December-2019, Covid-19 began in Wuhan, China (Roberts,2020) and owing to its catastrophic effects, it was declared a pandemic in March-2020 by the World Health Organization. Since then, it has affected the countries disproportionately. On 14th April, there was a news by a leading daily in Kashmir which cited that one dead body was found near Chest Disease Hospital, Dalgate presumably of a “deaf and dumb” beggar who used to be encircled by dogs as he used to feed them. (Note that, I personally don’t subscribe to the use of such terminology). It is presumed that he might have died of CoronaVirus (COVID-19) while his samples were taken for test posthumously. This report and many such (unreported) cases expose the vulnerabilities of persons with disabilities in the time of a crisis. COVID-19 has been declared as a pandemic by the World Health Organization (WHO). This means that the threat is real and it has been reiterated by the Global Think Tanks that this pandemic can engulf people directly or indirectly, may have a devastating effect on the world economy and also the marginalized and the vulnerable sections of society shall not remain untouched. With lockdowns seeming the only possible intervention, people who are living in poor conditions, the migrants, refugees, and the other vulnerable sections of society like the persons with disabilities may face additional liabilities. The recent report by the WHO on the “Disability Considerations during the COVID-19 Outbreak”

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mentions that the persons with disabilities are likely to be more vulnerable and are at a greater risk of contracting the virus because they can face:

Risks and Vulnerabilities

- 1.“Barriers to implementing basic hygiene measures, such as handwashing (e.g. handbasins, sinks or water pumps may be physically inaccessible, or a person may have physical difficulty rubbing their hands together thoroughly).
- 2.Difficulty in enacting social distancing because of additional support needs or because they are institutionalized.
3. The need to touch things to obtain information from the environment or for physical support
4. Barriers to accessing public health information.
- 5.The pre-existing health condition underlying the disability and
6. Barriers to accessing health care”P.1

Additionally, this may also be due to “COVID-19 exacerbating existing health conditions, particularly those related to respiratory function, immune system function, heart disease or diabetes”.

People living with disabilities have different and special needs during the time of disasters, crisis or an epidemic as they are more vulnerable. Now, why are they more vulnerable at this point when all of us may think that we are equally exposed and stand an equal chance of being infected? It is because at the onset, they can face challenges in accessing reliable information about this virus. People with hearing impairment and visual impairment are more likely to have information scarce about the risk and prevention of this virus. In these times, information is rendered inaccessible to them, as providing information on Braille or Sign Language would be the last thing that would come to our minds.The recent

interview details of GVS Murthy who is the Director of Indian Institute of Public Health Dept, Hyderabad as cited by Perappadan (2020) draws my attention to a very important aspect. He notes that “For the hearing impaired, especially those who are not literate, they cannot hear the message or read it. Since many depend on lip-reading, they are compromised when person giving a message is wearing a mask”. Also, the persons with visual impairment are dependent upon “touch”; they usually touch surfaces and things in order to cater to their needs. This can make them more susceptible and may increase their risk of getting infected. If we discuss the severely disabled who require assistance for their Activities of Daily Living (ADL’S), then social distancing would pragmatically be not an option for them. There are also a considerable number of persons with physical impairment who need assistive devices or rehabilitative services on a day-to-day basis.

There is also another important aspect to this discussion which relates to the inaccessible environment that Kashmir has. The inaccessible roads, ambulances, hospitals, toilets, banks that we have all around can exacerbate the problems for them particularly for those who have a physical impairment. One practical example here can be the instance where there is a need to quarantine a person with physical disability. Given the inaccessible infrastructure including the hospitals that we have, it would definitely be a difficult task for the person and the family members to ensure his/her safety. Similarly, a person with hearing or visual impairment would face same problem, particularly due to the lack of sign language in the former case. It also becomes important to understand the range of other disabilities and their vulnerabilities like “Blood disorders” which includes Thalassemia, Sickle Cell Disease, and Hemophilia. Persons suffering from such conditions can face extreme difficulties in managing their visits to hospitals and getting required assistance.

The government has been trying to mainstream the vulnerable population by providing cash assistance which obviously is insufficient. Under National Social

Assistance Programme the Centre has decided to provide three months advance pension to the senior citizens, widows and person with disabilities. It has also “announced an ex-gratia of Rs 1000 over two months in two installments” for the vulnerable including the persons with disabilities. Though, the administration has been working by enforcing the lockdown or ensuring the home delivery of essentials or by dedicating help lines. But the measures have to be stepped up when it comes to the vulnerable sections of the society, particularly the persons with disabilities. They have already been living an invisible life, and their situation at the time of this crisis would definitely demand a greater intervention.

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