Committee: Executive Board 1: Human Rights

Issue: Tracking the issue of violation of human rights and discrimination in healthcare during the coronavirus outbreak.

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Introduction:

The outbreak of coronavirus has had negative impacts on human rights. Many people have faced discrimination during the pandemic, which has led to inequalities in healthcare. People have been subject to discrimination of many kinds including race, disability, age, sex, and health. Certain demographics have been denied or discouraged from proper healthcare. People that have been infected have also been discriminated against by medical staff and often the stigma around coronavirus has caused patients to not receive treatment properly. These discriminations surrounding the pandemic and healthcare are, to this day, deeply affecting the lives of many people around the globe.

Definition of key terms:

Discrimination: the unjust or prejudicial treatment of different categories of people.

Xenophobia: the extreme fear, dislike, and in serious cases, violence toward anything or anyone who is not from one's own country.

Person of colour: any person that is not "white", this changes depending on context but refers primarily to the colour of skin; Africans, Asians, Latinos, and Indians are broad examples of people of colour.

Arbitrary arrest and detention: when an individual is arrested and detained by the government without a fair trial or any legal basis.

Background information:

Discrimination and abuse of pandemic measures have been major issues that have been growing since early 2020.
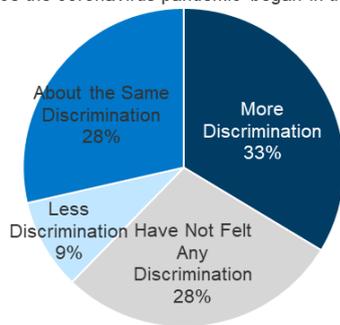
Due to the virus's origins in Wuhan, China, people of Asian origin have been facing an increased level of discrimination. This holds for all Asian ethnicities and not only Chinese. Since the start of the

pandemic, people of Asian origin have been suffering discrimination in healthcare, xenophobia, beatings, insults, and violent threats. These discriminatory beliefs have been held up by large organizations, social media, and even governments themselves- most notably the United States of America. The US government and others shifting the blame of the pandemic on China and attacking Chinese or Asian populations have fueled discrimination greatly.
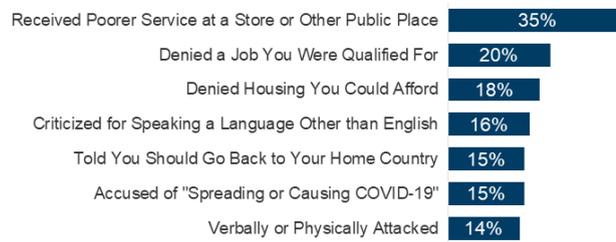
Graph 1: Reports in Asian-based discrimination since the pandemic began.

1 in 3 Asian Health Center Respondents Have Felt More Discrimination Since the Coronavirus Pandemic Began

Have you personally felt more discrimination or less discrimination based on your racial or ethnic background since the coronavirus pandemic began in the U.S?

- About the Same Discrimination 28%
- More Discrimination 33%
- Less Discrimination 9%
- Have Not Felt Any Discrimination 28%

In the past 12 months, have you experienced any of the following because of your racial or ethnic background?

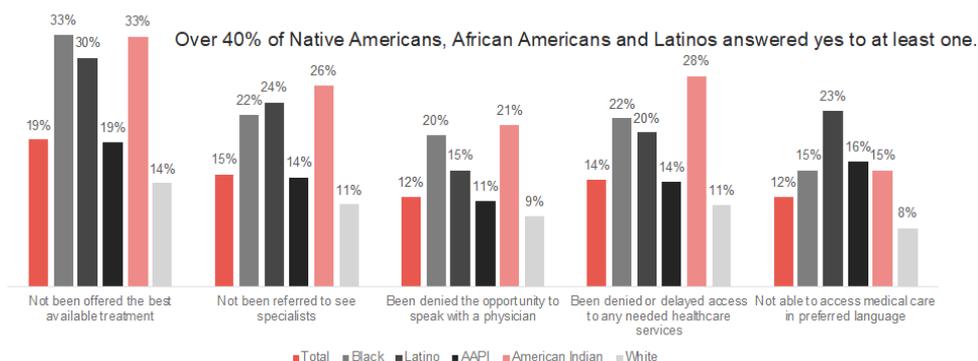|	
Received Poorer Service at a Store or Other Public Place	35%
Denied a Job You Were Qualified For	20%
Denied Housing You Could Afford	18%
Criticized for Speaking a Language Other than English	16%
Told You Should Go Back to Your Home Country	15%
Accused of "Spreading or Causing COVID-19"	15%
Verbally or Physically Attacked	14%

SOURCE: 2021 KFF Survey of Asian Community Health Center Patients.

In many countries including the United States of America, not only the Asian populations but all people of color have faced increased discrimination. Xenophobia and white supremacy are common occurrences in many places. Some forms of health-related discrimination people of color face at higher levels are not being offered proper treatment, not being referred to specialists, having their healthcare services delayed or canceled, and even not having medical care available in their language.

Graph 2: Experiences with health-based discrimination

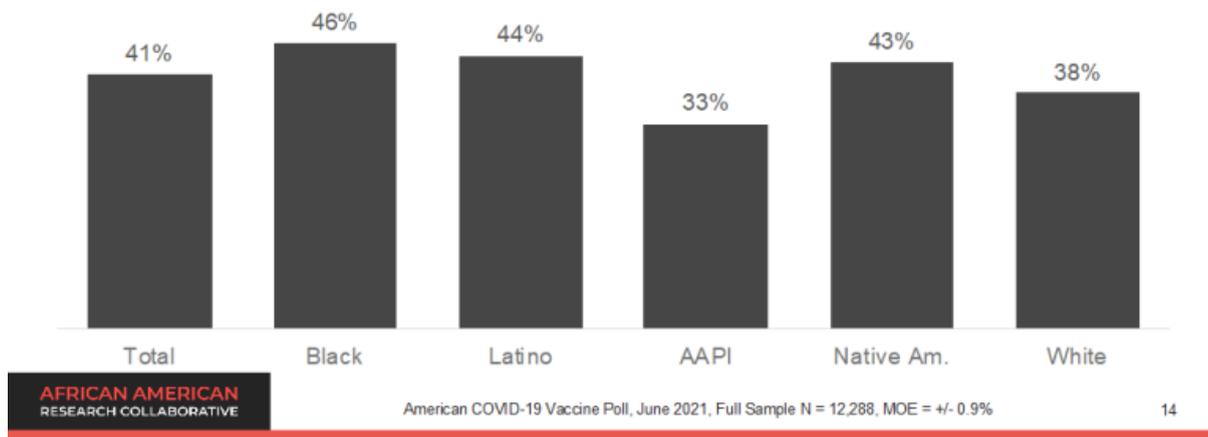## Experiences with health-based discrimination

Think about your past experiences with the medical profession. Do you believe that you or anyone living in your household has had any of the following happen because of their race, ethnicity, or language?

Over 40% of Native Americans, African Americans and Latinos answered yes to at least one.

Not been offered the best available treatment: 19%, 33%, 30%, 19%, 33%, 14%

Not been referred to see specialists: 15%, 22%, 24%, 14%, 26%, 11%

Been denied the opportunity to speak with a physician: 12%, 20%, 15%, 11%, 21%, 9%

Been denied or delayed access to any needed healthcare services: 14%, 22%, 20%, 14%, 28%, 11%

Not able to access medical care in preferred language: 12%, 15%, 23%, 16%, 15%, 8%

Total Black Latino AAPI American Indian White

AFRICAN AMERICAN RESEARCH COLLABORATIVE

American COVID-19 Vaccine Poll, June 2021, Full Sample N = 12,288, MOE = +/- 0.9%

One of the most destructive products of this discrimination is vaccine hesitation. People who have faced discrimination in healthcare often feel hesitant to get vaccinated, weakening their protection from the virus. Vaccine hesitation due to discrimination widely affects people of color.

Graph 3: Vaccination hesitancy and discrimination experiences

Vaccination hesitancy among respondents who have faced at least one discrimination experience in the health care system

Total	Black	Latino	AAPI	Native Am.	White
41%	46%	44%	33%	43%	38%

AFRICAN AMERICAN RESEARCH COLLABORATIVE

American COVID-19 Vaccine Poll, June 2021, Full Sample N = 12,288, MOE = +/- 0.9%

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The issue of violation of human rights has been discernible during the pandemic. Governments have abused their authority as a way to control the public. Lockdowns have interrupted education, healthy socialization, cognitive development, economic growth, healthcare (especially of cancer patients), and people receiving correct information. Countries have not sufficiently supported mental health and development during the pandemic.

Children especially have been affected by authoritarian limitations. Education has been interrupted and schools have been closed in many countries which took the right of education away from children. Some countries, such as China, have regulated children's outdoor activities to a point where children's mental and social health begin to deteriorate.
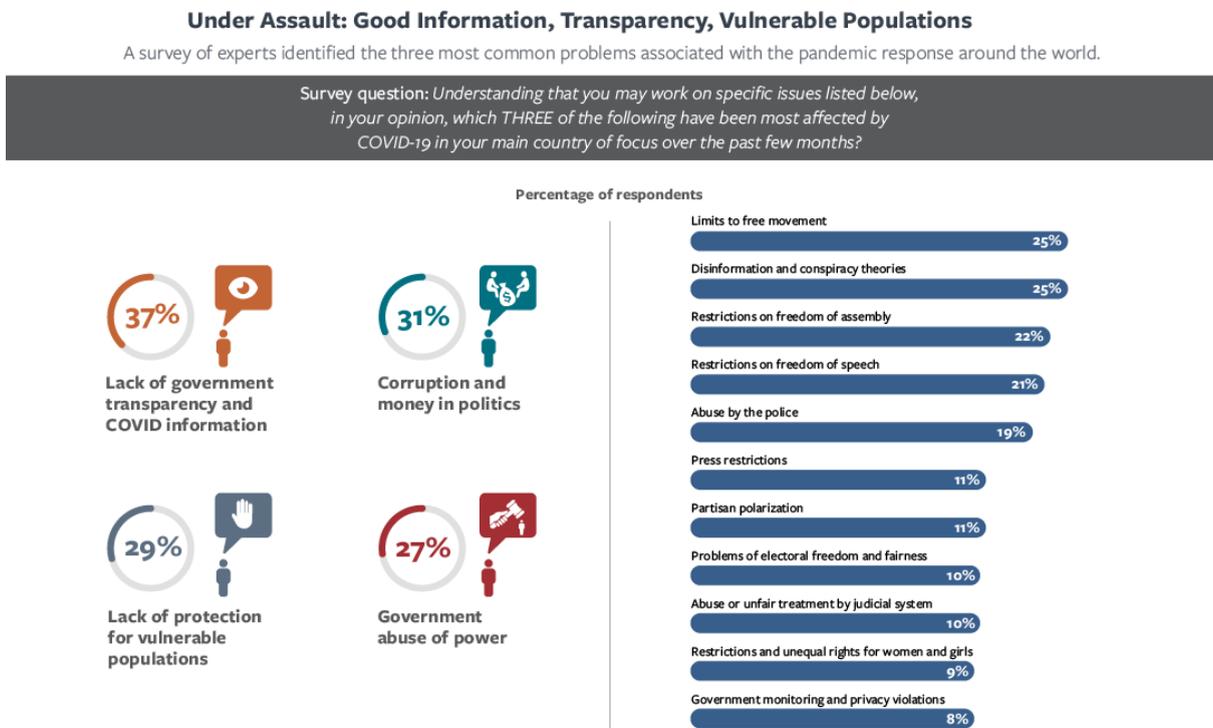
However, the elderly population, out of fear for their weaker immune suppression, has also been heavily limited from public spaces to a degree that stripped them from mental and health care.

Human rights of individuals are valuable and dismissing these rights is, simply put, inhumane. Mental health and development is a fundamental right of all people, especially children, and it requires governments to prioritize it.

Cases of arbitrary arrest and detention have also been prominent during the pandemic. Over 66 governments have been exploiting the pandemic response to arrest human rights defenders, journalists, and broadcasters without a legal basis or even a just trial. Many states have also been unjustly detaining refugees

who have a right to seek asylum and flee war, as well as neglecting the human rights of their prisoners. Populations report that free speech and the press are being suppressed as well.

Graph 4: Opinion on democratic restrictions during the pandemic

Under Assault: Good Information, Transparency, Vulnerable Populations

A survey of experts identified the three most common problems associated with the pandemic response around the world.

Survey question: *Understanding that you may work on specific issues listed below, in your opinion, which THREE of the following have been most affected by COVID-19 in your main country of focus over the past few months?*

Percentage of respondents

37% Lack of government transparency and COVID information

31% Corruption and money in politics

29% Lack of protection for vulnerable populations

27% Government abuse of power

Limits to free movement	25%
Disinformation and conspiracy theories	25%
Restrictions on freedom of assembly	22%
Restrictions on freedom of speech	21%
Abuse by the police	19%
Press restrictions	11%
Partisan polarization	11%
Problems of electoral freedom and fairness	10%
Abuse or unfair treatment by judicial system	10%
Restrictions and unequal rights for women and girls	9%
Government monitoring and privacy violations	8%

Freedom House

This infographic is from the *Democracy under Lockdown* report by freedomhouse.org

Involved countries and organizations:

USA:

During the COVID-19 outbreak, USA has been one of the leading countries of discrimination in terms of treatment and service. Especially the prejudiced and biased approach towards Asian and African originated people, has been affecting the quality of life for many by also causing privileges in healthcare to White- American citizens of the country.

Italy:

Due to the high volume of patient inflow in Italy, doctors were forced to decide on whether or not to treat the elderly, or leave them to die.

Russian Federation:

Specialized hospitals were transferred for patients with respiratory infectious diseases. This has worsened the availability of medical care for patients with various serious diseases. According to the team of experts, this caused an increase in mortality that was many times higher than the death rate from pneumonia.

Australia:

After the outbreak of Covid-19, a spate of instances of racial violence, assaults, and vandalism against individuals of Asian origin have been recorded in Australia. For instance, in late March in Sydney, there were stories of cases in which "Death to dog eaters," was painted in front of the house of an Asian man and of people yelling racial abuse at two women, calling them "Asian dogs." Also in late March, near Melbourne, the suburban home of a Chinese-Australian family was attacked three times in the span of a week by racial vandalism: on March 20, the family discovered the words "COVID-19 China Die" spray-painted on their garage door. An unnamed man hurled a big rock through one of their windows late the next night. The door of their garage was spray-painted again on March 29, this time with the words "leave and die." Two women in a party assaulted two Chinese female students at Melbourne University on April 15, screaming derogatory comments such as, "Go back to China." The increase of racial attacks has also been widely condemned by Alan Tudge, Australia's acting Minister for Immigration and Multicultural Affairs, and a member of the Labour Parliament, Andrew Giles, and other opposition leaders have called on the government to restart a nationwide movement against racism.

India:

In conjunction with the spread of Covid-19, hate speech against Muslims, already a significant and rising issue since the election of the Hindu nationalist Bharatiya Janata Party (BJP) in 2015, has increased. Social media and WhatsApp groups were overwhelmed in April with demands for Muslim social and economic boycotts, including by members of the BJP. There have also been many physical assaults on Muslims, including the distribution of relief material by volunteers, despite falsehoods accusing them of intentionally spreading the virus. The hate speeches had become so intense that even some BJP-supportive news media have used words such as #CoronaJihad, prompting the hashtag to go viral on social media. The crisis became so bad that a note of warning was released by the World Health Organisation (WHO), stating that "it is very important that we do not profile cases based on racial, religious, and ethnic lines." Prime Minister Narendra Modi did not specifically denounce hate speech against Muslims, but tweeted "COVID19 before striking does not see race, faith, colour, caste, faith, language, or borders." Our reaction and action should attach primacy to peace and brotherhood afterwards. Together, we are in this.' However, at national

and local levels, the Indian authorities have not taken sufficient measures to curb the highly toxic environment or, where necessary, to initiate adequate inquiries into attacks.

United Kingdom:

Many surveys have been conducted on mental health during the pandemic. Due to poor mental health support by the government, 18% of respondents on a survey have replied they have had suicidal or self-harm thoughts in the first months of the pandemic. Due to public discrimination, this percentage is even higher among women, people of Asian, African, Latin origins, people with socioeconomic disadvantages, chronically ill people, unemployed people, and people with mental illness or Covid-19 diagnosis.

Pakistan:

There have been severe economic hardships during the pandemic, with little no to support for the people. 24% of people live under the poverty line while 20.5% of people are undernourished. Economic recession due to lockdowns has caused a large majority of the suicide cases in this country.

China:

People who formerly had Covid-19 in this country report having faced considerable stigma, which has been shown to worsen the mental health of these people. Furthermore, the strict lockdown measures in this country have negatively impacted the mental health of its citizens, especially children. Strict bans on social gatherings have redacted social interactions and the development of children. The interruption of education further increased stress on students.

Timeline of events:

December 31st, 2019

WHO's Country Office in the People's Republic of China picked up a media statement by the Wuhan Municipal Health Commission from their website on cases of 'viral pneumonia in Wuhan, People's Republic of China.

January 11th, 2020

Chinese media reported the first death from novel coronavirus. Covid-19 started to become known as names such as "Chinese virus" that is xenophobic to Asian people.

January 30th, 2020

WHO declared the novel coronavirus outbreak a pandemic.

May 28th, 2020

Protests against the killing of George Floyd started in New York City, starting a strong Black Lives Matter movement to strengthen human rights activism during the pandemic.

July 27, 2020

IACHR adopted resolution no 4/2020 on 'Human Rights of Persons with COVID-19'

October 2nd, 2020

(Former) American president Donald Trump tested positive for the coronavirus.

December 31st, 2020

United Nations General Assembly passes a resolution on the elimination of racism, xenophobia, and racial intolerance, mentioning the effects of the pandemic on these issues.

March 2, 2021

A panel was held in OHCHR to discuss the effects of COVID-19 on racial discrimination and xenophobia.

Previous attempts to solve the issue:

Since the COVID-19 pandemic is believed to be originated from Asia, it has fueled anti-Asian racism and xenophobia worldwide. This evidently led human rights movements to focus on Asian minorities when combatting xenophobia. The UNDP, OHCHR and GANHRI also led a collaborative study regarding human rights institutions in 2021, which concluded that the demands of protection directed to NHRIs (National Human Rights Institutions) have increased rapidly parallel to the pandemic's scale. To increase NHRI engagement and benefit from the efforts, the study stated some factors to be taken into consideration:

1. "*Contextualization:* in the sense that NHRIs are deeply embedded in a profound understanding of their society. In the context of COVID-19, NHRIs are in tune with the impact of the pandemic at the national level and understand its ramifications in a broad perspective and with perspectives on those which may

otherwise go unnoticed by other external observers. This also includes formation of strategic alliances with relevant stakeholders.

2.   *Responsiveness:* NHRIs have a mandated ability to respond to and address the needs identified based on fact-based situation analysis. This includes the identification of groups or individuals particularly at risk as the pandemic evolves and identifying ways of ensuring that their needs are addressed, both through aspects such as monitoring and complaints handling.

3.   *Articulation:* of the challenges identified through the first two points, in terms of framing needs and requirements under applicable human rights normative and institutional frameworks at the national, regional and global levels. This involves the harmonisation of domestic law and policy in conformity with applicable international standards and applying both for leverage and direction.

4.   *Taking Action:* including with the competence to autonomously set in motion initiatives and efforts that effectively and concretely address the human rights challenges identified through the context analysis in view of the need for protection and promotion of the rights and freedoms of those particularly vulnerable to the impact of COVID-19."

Since migrants are the ones who suffer the most from xenophobic activities, in 2020 the IOM had called for:

● "Public communications based on facts and scientific data so as not to contribute to xenophobia or racial discrimination. Political leaders, the media, community and religious leaders, and civil society groups all have roles to play in this regard. Individuals can only make sound choices if they have accurate information about how the disease is spread.

● Awareness-raising campaigns and policies that foster social cohesion. Everyone is entitled to be treated with dignity and respect. Non-nationals who are under a State's jurisdiction, including those stranded due to border closures, are entitled to see their rights respected and be allowed access to necessary services without fear of reprisal.

● Measures to prevent and address discrimination and stigmatization in States' COVID-19 response plans, must include efforts to prevent violence and hate crimes

against migrants and other groups based on nationality or ethnicity. Those responsible for such crimes must be held accountable.

- Policies regarding the entry and stay of foreign nationals meet international obligations and are not based on intolerance and fear."

After the worldwide distribution of COVID-19 vaccines, the IOM once again stepped in to call launch a vaccination campaign for migrants, since migrants are one of the biggest groups who have been put under extreme pressure because of the pandemic and are generally considered "hard-to-reach" when it comes to education on ongoing crises or distributions of vaccines.

Possible Solutions:

-Introducing the involvement or supervision of organisations such as but not limited to GANHRI, NAACP and OHCH.

-Forming campaigns to educate citizens about COVID-19, the xenophobia caused by it.

-Educating the national police force and if possible/needed, open a police force that will combat issues regarding xenophobia and racism.

-Enhancing the school curriculum with education about the pandemic and its violent effects such as racism.

-Encouraging supervised youth groups to be created and set up meetings in schools or other public places for them to debate the situation of their area on the topic of racism and xenophobia.

-If present, enhancing the laws about xenophobia and racism, if not, implementing new ones according to the UN's recommendations.

Useful links:

- [A study featuring mental health and human rights reports from various countries.](#)
- [NPR: When xenophobia spreads like a virus](#)
- [HHR: Human rights must guide a pandemic treaty](#)

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