

Call for Papers: Special Issue (Submission Deadline: 19 January 2021)

Pandemic, humanitarian crisis, disability and human rights

The COVID-19 sociosanitary crisis has disrupted daily life of the population around the globe. Since its beginning in January 2020, it has spread from China to all continents. Each country reacted in accordance with its own specific culture, expertise and anticipation on this matter, in relation to the World Health Organization (WHO) and medical or public health authorities.

Societies have come to a standstill, confined to private space. The spotlight is turned to the curves, the trends and their interpretations constantly evolving. Biomedical sciences and epidemiology have emerged as core values. Like a human being sinking into quicksand, the medical field represents the branch to hang on to to get back onto dry land.

Paradoxically, this return into the private and cellular space, auspicious to proximity, intimacy and slowness makes the singular individual invisible and agglomerated to categories defined by the population health management.

This historical period reveals resurgences of the denial of human rights, exclusive and discriminatory measures, new avatar of the neoliberal universal, based on sociocultural representations influenced by the biomedical model of the urgency of normality, of what it is normal to judge as risky.

These representations have blind spots which place the ordinary marginalized people into invisibility by forgetfulness and negligence. As actuaries, epidemiologists draw, by their criteria of risks estimation, the boundaries which delimit what is insurable and what is too costly to save or even to take into account. With this reconfiguration of boundaries imposed by the medical and sanitary power, the question of sharing, or conflicts, of responsibility between health, political, educational, economic fields arises.

This sociosanitary crisis places, for the first time at a global scale, entire populations in a position where it is impossible to carry out their current activities and their regular social roles by the establishment of prohibitions, physical and social obstacles instituted for the protection of the populations' health. Elderly people have been particularly affected by this crisis, some of them have incidentally become aware that they are "older".

AEQUITAS and the committee of this issue composed of Catherine Barral, Patrick Fougeyrollas and Mélanie Levasseur consider this pandemic as a long term process that particularly brings to light the effects and impacts on people of all ages who present significant and persistent impairments. The functional and behavioral differences can be motor, visual, auditory, of language and speech, intellectual, cognitive, related to mental health or addiction problems, related to the consequences of chronic diseases or aging.

People with disabilities have generally been forgotten, invisibilized and neglected in terms of their vital requirements for specific compensation and support. This invisibilization process leads to an increased number of disabling situations and have effects on health, functional limitations and behavioral disorganizations whose manifestations and consequences must be observed, documented, analyzed and understood in the long term.

The crisis has revived dormant questions and practices, sheltered from the restrictive consideration of the UN's *International Convention on the Rights of Persons with Disabilities* (CRPD). One can thus question the rights conflicts caused by this crisis. In the name of the right to health, public health emergency laws have been voted, without taking into account the endangerment by these laws themselves of the health of people living disabling situations, or the effects of stigmatization and marginalization of elderly people by their exclusion from public places, for example.

These sanitary logics take, for example, the form of grids or assessment tools likely to hierarchize segments of the population according to an estimated projection of the value of certain human lives on the basis of identity traits such as attributed diagnoses, age, degree of dependency (cf. the AGGIR¹ grid in France), the extent of the compensation and support required, or even their legal capacity. Logics of triage have been revealed, anchored in an ableist, ageist, elitist or productivist reasoning. They essentialize the “heaviness” of functional limitations or the fragility profile as personal characteristics legitimizing, if necessary, “natural” collateral victims.

Thus, for example, according to what criteria (cost? social utility? equity?) were the decisions taken whether to treat people over the age of 70 in France or not, of whom it is known that they represent more than 70% of deaths due to COVID-19 and that residents of retirement homes represent half of the deaths recorded (*Public Health France via INED, 05/08/2020*)?

The global astonishment in the face of the pandemic has revealed the unpreparedness of many states, not only to contain the epidemic itself (shortage of care, screening and protection equipment), but more generally in the capacity of States to deal with disaster risks (whether of natural origin, linked to human activity or to environmental, technological or biological hazards); disasters of which, proportionally, the greatest number of victims are among people with disabilities³ whatever their age.

What memories, what learning will we take into account to build future societies that are more inclusive and above all better prepared for health, social, economic and humanitarian crises through periodic action plans of the public and private actors concerned, co-constructed with people living disabling situations and their rights organizations⁴?

¹ The AGGIR (*Autonomie, Gérontologie Groupe Iso Ressources*) grid is a tool allowing to evaluate the dependency level of elderly people (<https://www.catretraite.fr/prevenir-dependance/perte-d-autonomie-et-maintien-a-domicile/grille-aggir/>)

² https://www.ccne-ethique.fr/sites/default/files/reponse_ccne_-_covid-19_def.pdf

³ -During the 11 march 2011 tsunami in Japan, the mortality rate with among people disabilities registered with the government was twice higher than the one of the rest of the population (<https://ideas4development.org/les-personnes-handicapees-parmi-les-premieres-victimes-des-catastrophes-naturelles/>).

- 75% of those who died in Hurricane Cathrina in the US (2005) were aged 60+
http://www.didrrn.net/home/files/9713/9987/7146/DiDRRN_vulnerability_primer_130314_1.pdf

⁴ *United Nations Office for Disaster Risk Reduction (UNDRR), 2015.*

But the crisis has also highlighted the astonishing opportunities and still to be discovered creative, innovative, practical solutions, sometimes claimed for thirty years and more, by the Independent Living Movement of people with disabilities to reduce or remove obstacles to their social participation and through collective solidarity measures transformed into inclusive facilitators.

What feedback, what learning, what lessons can we draw from this event? Will it allow us to question or confirm the importance of territoriality as a biopolitical regulation mechanism of a phenomenon that has no borders as revealed by active geolocation practices, which have become a new arsenal within a security and control system?

It is in this exceptional context that we invite you to submit articles on one of the subjects mentioned so far or on any other subject combining the field of disability and the context of a global pandemic linked to COVID-19 or to other humanitarian crises.

This call for articles and testimonies is aimed at any person concerned, willing to contribute, whether as a person with a disability or living disabling situations, a family caregiver, a professional, manager or community worker, a researcher, a disability rights activist, a government or private actor.

Contributions expected for this special issue may fall into any of the following categories:

- Scientific articles according to the journal's usual standards and subjected to the classic peer review process.
- Contributions from community actors shedding light on aspects of the theme: *pandemic, humanitarian crisis, disability and human rights*. These contributions can be testimonies, field observations and analyzes, opinion pieces, prospective visions, best practices, technological creations, supports for social and cultural ties. These contributions will not be subject to peer review, but selected and evaluated by the issue's Steering Committee. They will be published in the "Echoes from the community" section of the **Aequitas** journal.

The scientific and informational content published in this special issue will be contributed to the Informational monitoring project on the pandemic impact on people living disabling situations, carried out in a France-Quebec partnership by the International Network on Disability Creation Process (INDCP-RIPPH), funded among other by the International Foundation for Applied Research on Disability (FIRAH).

This call for articles and other contributions is in effect from June 1, 2020 to January 19, 2021.

The complete issue will be published in 2021.

You can send your article proposal to:

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For more information on instructions to authors, you can consult our website:

<https://ripph.qc.ca/revue/appel-darticles/>