





# An undignified disaster reality for Australians with disability

Kelsey Chapman<sup>A,B,\*</sup> (BPoliSci, Research Fellow), Michael Norwood<sup>A,B</sup> (MSc, Diamond Project Senior Research Assistant), Camila Shirota<sup>A,B</sup> (PhD, Research Fellow), Dinesh Palipana<sup>A,C,D</sup> (LLB, GradDipLP, MD, Senior Lecturer, Doctor) and Elizabeth Kendall<sup>A,B</sup> (PhD, Director)

For full list of author affiliations and declarations see end of paper

### \*Correspondence to:

Kelsey Chapman
The Hopkins Centre, Griffith University,
Southport, Qld, Australia
Email: k.chapman@griffith.edu.au

#### **ABSTRACT**

The United Nations Convention on the Rights of Persons with Disabilities and the Sendai Framework for Disaster Risk Management establish the importance of ensuring the equitable protection of human rights in disaster planning, relief, and recovery. However, internationally and within Australia, the reality is one of indignity, human rights violations, and corruption. Australia is living in a perpetual state of crisis, following 3 years of environmental and health disaster events. Vulnerable Australian citizens, especially people with disability, are at a great risk of human rights violations and may have restricted access to resilience-building resources that would enable them to recover. Embedding dignity into disaster management and recovery can safeguard human rights and improve outcomes for people with disability.

**Keywords:** Australian disasters, dignity, disability, disaster recovery, disaster risk management, inclusive disaster management, resilience, vulnerability to disaster.

### Introduction

Australia has been subjected to 3 years of environmental and health disasters. The Black Summer Bushfires of 2019–20 led straight into the COVID-19 pandemic, which saw a peak at the end of July 2022. Communities in Northern New South Wales and Southeast Queensland experienced catastrophic flooding in 2022 and the Bureau of Meteorology confirmed a third La Niña event for Summer 2023. While still recovering, Australians are told to prepare for the next disaster. Health systems, insurance systems, and the Australian people are all experiencing simultaneous disasters, but the impacts are most heavily felt by marginalised and vulnerable members of the community, particularly those receiving services from the aged care and disability sectors.

### Received: 10 May 2022 Accepted: 7 November 2022 Published: 1 December 2022

#### Cite this:

Chapman K et al. (2022) Australian Health Review **46**(6), 710–712. doi:10.1071/AH22212

© 2022 The Author(s) (or their employer(s)). Published by CSIRO Publishing on behalf of AHHA. This is an open access article distributed under the Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International

**OPEN ACCESS** 

## Dignity, disaster and disability

Australia is a signatory to three United Nations conventions and frameworks that specifically outline the dignified and inclusive protection of human rights for people with disability during crises. The Universal Declaration of Human Rights (1948) establishes dignity as central to the realisation of human rights, stating that all humans are 'born free and equal in dignity and rights', which must be afforded to all people 'without distinction of any kind'.<sup>3</sup> The Sendai Framework for Disaster Risk Management (2015) establishes the importance of engaging and partnering with marginalised populations to protect human rights by managing disaster risk. The framework also recognises the importance of 'inclusive, accessible and non-discriminatory participation' by people who are disproportionately affected by disasters.<sup>4</sup> Finally, Article 11 of the United Nations Convention on the Rights of Persons with Disabilities (2006) declares that states must ensure the safety of citizens with disability in situations of crisis and risk, taking 'all necessary measures' to maintain human rights and dignity.<sup>5</sup>

Dignity is, therefore, central to the realisation of human rights during disaster for people with disability. Dignity is the acknowledgement of people with disability as www.publish.csiro.au/ah

Australian Health Review

human beings with value, agency and preferences. It requires the respectful delivery of human rights in ways that are responsive to those preferences. Dignity is a determinant of health and well-being outcomes for people with disability and as such, is critical to emergency relief and to longer-term recovery efforts.

### The reality of dignity in recovery

Despite recognition of the importance of dignity in disaster risk reduction, the current reality for Australians with disability during crises is likely to be dominated by indignity. During recent disasters, people with disability were stranded and isolated in their homes without access to essential support workers, <sup>7,8</sup> and had restricted access to medications and lifesaving health services. <sup>9</sup> They were vulnerable to loss of power and displacement <sup>10</sup> and were up to four times more likely to be injured or die during disasters than people without disability. <sup>11,12</sup> People with disability experience pervasive barriers that preclude their access to risk reduction techniques. <sup>13</sup> They also experience abandonment during evacuation and prolonged displacement due to inaccessible, unaffordable housing and lack of timely financial support. <sup>13</sup>

Inequitable emergency management protocols compound the pre-existing marginalisation and inequality experienced by people with disability. Discriminatory attitudes towards people with disability, both deliberate and unconscious, during crises ensure Australians with disability remain 'isolated and exposed to risks of abandonment, neglect, and exploitation'. For example, disability service providers are not currently mandated to maintain services during emergencies. Services for Australians with disability continue to 'remain on the periphery of humanitarian responses'. At best, Australian policymakers are ambivalent to the undignified experiences and impacts of disasters on people with disability, but at worst, are intentionally mistreating and marginalising. 15

### **Building resilience through dignity**

Australian disaster responses traditionally emerged from a history of charity or humanitarian relief. The charity model of relief and recovery places vulnerable people in an inferior position where they need to take what they can get or are given. <sup>17</sup> In March 2020, Australia released the National Disaster Risk Reduction Framework, with a renewed focus on resilience in risk reduction and management. <sup>8</sup> Resilience is a complex phenomenon <sup>18</sup> which may skew benefit toward people who are already in privileged positions and have access to the resources needed to be resilient. <sup>18</sup> Resilience places the onus on people to improve their individual circumstances and when treated as a 'competence', continues to marginalise

people with disability.<sup>17</sup> The inclusion of specific reference to people with disability in disaster risk reduction and the development of tools is important, but does little to address entrenched ableism.

Embedding dignity into disaster relief and recovery places greater emphasis on a human rights response, whereby communities have a shared duty of care to ensure all people, especially those who are more vulnerable, are supported prior to, during and after disasters. It also ensures that disaster resilience efforts enable people to do more than simply recover to pre-disaster levels, but build back stronger and with more sense of belonging in their communities. 10 Grounding disaster preparedness, relief and recovery efforts in the concept of dignity acknowledges that people and communities have differing levels of access to resilience resources for disaster risk reduction during health, environmental and national disasters.<sup>17</sup> Embedding dignity into disaster planning and management implies inherent consideration of inclusion and accessibility and attention to the diversity of human experience in designing risk reduction and preparedness plans, evacuation responses, information and communication mechanisms, and recovery tools. Embedding dignity involves a redistribution of power to privilege marginalised voices in ways that can accommodate and encompass both duty of care and human rights.

Given the recurring and increasingly severe levels of disasters in Australia, we have a moral obligation to generate better long-term health and wellbeing outcomes for communities experiencing disaster, particularly for those who are already vulnerable and may not have resources to support recovery. Embedding dignity in disaster relief and recovery requires practitioners, policymakers, and first responders to acknowledge the right for people with disability to be safe from harm and suffering. <sup>19</sup> Acknowledging this right in turn enables a more accessible and inclusive approach to both disaster risk reduction and disaster management.

### References

- 1 Johnson S. Australia's COVID-19 winter wave has eased. Here's how households are managing as spring arrives. *ABC News*, 3 September 2022. Available at https://www.abc.net.au/news/2022-09-03/covid-winter-wave-passed-spring-outlook/101394466 [verified 16 September 2022].
- 2 Doyle K. BOM declares La Niña, increasing flood risk for third year in a row. *ABC News*, 13 September 2022. Available at https://www.abc.net.au/news/2022-09-13/bom-declares-third-la-nina-summer-weather-flood-risk/101424100 [verified 16 September 2022].
- 3 United Nations. Universal Declaration of Human Rights. 1948. Available at https://www.un.org/en/about-us/universal-declaration-of-human-rights [verified 16 September 2022].
- 4 United Nations. Sendai Framework for Disaster Risk Reduction 2015-2030. 2015. Available at https://www.undrr.org/publication/sendai-framework-disaster-risk-reduction-2015-2030 [verified 16 September 2022].
- 5 United Nations. Convention on the Rights of Persons with Disabilities (CRPD). 2006. Available at https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html [verified 16 September 2022].

K. Chapman et al.

Australian Health Review

- 6 Davis AM. Dignity is the bedrock for workplace belonging. Stanford Social Innovation Review. 2021. Available at https://ssir.org/articles/entry/dignity\_is\_the\_bedrock\_for\_workplace\_belonging [verified 16 September 2022].
- 7 Richards S. South-east Queensland flood emergency posed particular and urgent problems for people with disabilities. *ABC News*, 15 March 2022. Available at https://www.abc.net.au/news/2022-03-15/queensland-flood-disaster-impact-people-with-disabilities/100904664 [verified 21 April 2022].
- 8 Royal Commission into National Natural Disaster Arrangements. Report of the Royal Commission into National Natural Disaster Arrangements. Canberra: Commonwealth of Australia; 2020. Available at https://naturaldisaster.royalcommission.gov.au/system/files/2020-11/Royal%20Commission%20into%20National%20 Natural%20Disaster%20Arrangements%20-%20Report%20%20%5 Baccessible%5D.pdf [verified 21 April 2022].
- 9 Kendall E, Ehrlich C, Chapman K, et al. Immediate and long-term implications of the COVID-19 pandemic for people with disabilities. Am J Public Health 2020; 110: 1774–79. doi:10.2105/AJPH.2020. 305890
- 10 Villeneuve M, Abson L, Pertiwi P, *et al.* Applying a person-centred capability framework to inform targeted action on Disability Inclusive Disaster Risk Reduction. *Int J Disaster Risk Reduct* 2021; 52: 101979. doi:10.1016/j.ijdrr.2020.101979
- 11 Fuji K. The great east Japan earthquake and persons with disabilities affected by the earthquake why is the mortality rate so high?—Interim report on JDF support activities and proposals. Tokyo: Japan Disability Forum; 2012.
- 12 United Nations Office for Disaster Risk Reduction. UNISDR 2013 Survey on living with disabilities and disasters: key findings. New York: United Nations Office for Disaster Risk Reduction; 2014.

- Available at https://www.unisdr.org/2014/iddr/documents/2013 DisabilitySurveryReport 030714.pdf [verified 21 April 2022].
- 13 Ito A. Disability, natural disasters, conflict, humanitarian emergencies: the work of the United Nations. In: Mitchell D, Karr V, editors. Crises, Conflict and Disability: Ensuring Equality. Routledge; 2014. pp. 19–24.
- 14 Kailes JI, Lollar DJ. Disasters and Disability: Rhetoric and Reality. In: Lollar DJ, Horner-Johnson W, Froehlich-Grobe K, editors. Public Health Perspectives on Disability. New York: Springer; 2021. pp. 251–268.
- 15 Hallahan L. Disability in Australia: Shadows, struggles and successes. Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. Canberra: Commonwealth of Australia; 2021. Available at https://disability.royalcommission.gov.au/system/files/2021-11/Research%20Report%20-%20Disability%20in%20Australia%20-%20Shadows%2C%20struggles%20and%20successes.pdf [verified 21 April 2022].
- 16 Buscher D, Pearce E. Bridging the humanitarian-disability divide: from gaps to changes in policy and practice. In: Mitchell D, Karr V, editors. Crises, Conflict and Disability: Ensuring Equality. Routledge; 2014. pp. 32–41.
- 17 Barney R. How Social Workers can use a human rights approach to disasters: lessons learned from the international community. *J Hum Rights Soc Work* 2020; 5: 28–38. doi:10.1007/s41134-019-00111-2
- 18 Bal M, Kordowicz M, Brookes A. A workplace dignity perspective on resilience: moving beyond individualized instrumentalization to dignified resilience. Adv Dev Hum Resour 2020; 22(4): 453–66. doi:10.1177/1523422320946115
- 19 Pringle J, Hunt M. Humanitarian Action. In: ten Have H, editor. Encyclopedia of Global Bioethics. Cham: Springer; 2015. doi:10.1007/978-3-319-05544-2\_235-1

Data availability. Data sharing is not applicable as no new data were generated during this study.

Conflicts of interest. The authors declare that they have no conflicts of interest.

Declaration of funding. This research did not receive any specific funding.

### **Author affiliations**

<sup>A</sup>Inclusive Futures, Griffith University, Southport, Qld, Australia.

<sup>B</sup>The Hopkins Centre, Griffith University, Southport, Qld, Australia.

<sup>C</sup>Emergency Department, Gold Coast University Hospital, Southport, Qld, Australia.

DJamieson Trauma Institute, Royal Brisbane and Women's Hospital, Herston, Qld, Australia.