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# CRITICAL JOURNEYS: NAVIGATING LONG DISTANCE TRAVEL FOR PERSONS WITH DISABILITIES DURING PUBLIC HEALTH EMERGENCY

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## ABSTRACT

The discourse surrounding human rights of person with disabilities has gained increasing attention, and this article contributes by examining the complexities and hardships faced by person with disabilities while accessing proper medical facilities during humanitarian crises or public health emergencies. It incorporates global experiences and reflects international responses across different nations while focusing on the status of person with disabilities in these nations. The social and legal analysis reveals presence of several encumbrances that severely affect basic human rights of person with disability and evaluates how systemic neglect compels them to travel long distance to protect one's life. The article concludes by suggesting future oriented reforms and emphasizes the need for non-discriminatory disability inclusive planning and disability sensitive protocol at times of humanitarian crises.

**Keywords:** Disability Rights, Accessibility, Public Health Emergency, Critical Journeys

## Introduction

In times of public health emergency people find themselves on the road to safety and avail timely medical benefits but for some it becomes a hurdle race. Sometimes imposition of public health emergencies in a country during any disease outbreak, armed conflict, environmental disasters despite protecting masses drives a portion of population in an endless ocean where there are no life saving guards or no boats to save them. The restricted movements or lockdown imposed by such emergencies makes vulnerable sections of society and disability groups prone to the sufferings. In countries like Somalia, Myanmar, Democratic Republic of Congo, Sierra Leone, Pacific Island Nations, Sudan, Yemen, Ethiopia, Haiti and many more where public health emergencies are frequent because of their geographical location, infrastructure, or under developed economy travelling miles to avail medical facility is more of a battle then just a journey. Pertaining to these factors, mainly the countryside inhabitants are compelled to cover long routes before getting proper medical facilities, however, there arises physical, legal, economic hardships which they are not able to overcome in most of the cases thereby making it impossible to get efficient and timely treatment.

## Public Health Emergencies and Mobility Barriers

The term “Public Health Emergency” is neither defined by WHO nor exactly defined in legislations of the states. WHO only defines PHEIC (Public Health Emergency of International Concern). However, efforts have been made by the state departments to define the term for proper departmental functionings. For instance, the Centers for Disease Control and Prevention (CDC), national public health agency of the United States defines public health emergency as “an event including outbreaks, natural disasters, accidental releases of industrial chemicals and intentional acts with biological, chemical, radiological, or nuclear agents causing harm to the health of a community or a person”.<sup>1</sup> The Government of Massachusetts defines it as “an occurrence or imminent threat of an illness or health condition, caused by bio terrorism, epidemic or pandemic disease, or an infectious agent or biological toxin, that poses a substantial risk to humans”.<sup>2</sup>

In India, generally the public health emergencies are governed by the Epidemic Diseases Act,

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<sup>1</sup> Ctrs. for Disease Control & Prevention, Office of Readiness and Response, About (Jan. 31, 2024), <https://www.cdc.gov/orr/about/index.html>.

<sup>2</sup> Commonwealth of Massachusetts Emergency Management Agency, Public Health Emergencies (last visited Aug. 26, 2025), <https://www.mass.gov/info-details/public-health-emergencies>.

1897 and through the Disaster Management Act, 2005 by treating it as a disaster under section 2 (d) of the Act<sup>3</sup>. Moreover, National Institute of Disaster Management describes it as “an occurrence or imminent credible threat of an illness or health condition, whether natural or man-made, which results or may result in substantial injury or harm to the public health from infectious disease, biological toxins, chemical agents, nuclear agents, radiation hazard or situations involving mass casualties or natural disasters”<sup>4</sup>.

Considering the above definitions, it can be said that pandemic like COVID-19, Cholera outbreak in Eastern Mediterranean Region<sup>5</sup> and destroyed public healthcare system in Ukraine after Russian invasion<sup>6</sup> can be the prominent examples of recent public health emergencies.

When public health emergency is in operation in a state, the government prepares several guidelines which are obligatory for the public to follow. One of these is mobility barrier which refers to restriction of movement or travel constraints, it may restrict the people to travel both within the country or cross borders. The movement can be restricted through a variety of barriers such as lockdown, quarantine, domestic travel bans, destroyed infrastructure, punishments, fine imposition. These restrictions may be beneficial for the state but are life threatening for an individual who requires to temporarily migrate to get proper healthcare facilities. So, sometimes these restrictions on movement are in fact obstacles to healthcare accessibility.

### **Critical Journeys amidst Hardships**

With mobility restrictions amid health emergency comes the issue of people migrating to cities from rural areas or migrating from one country to another. The issue arises because during humanitarian crisis many crucial services gets affected and are in shortage for instance transportation, rehabilitation, health care facilities that are required by persons with

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<sup>3</sup> The Disaster Management Act, No. 53 of 2005, § 2(d), India Code (2005).

<sup>4</sup> National Institute of Disaster Management, Public Health Emergency and Disaster Management Professional Development Programme (Participants Guide) (n.d.), [https://nidm.gov.in/PDF/Modules/Book\\_Participating.pdf](https://nidm.gov.in/PDF/Modules/Book_Participating.pdf) (last visited Aug. 28, 2025).

<sup>5</sup> World Health Organization, Multi-Country Outbreak of Cholera, External Situation Report No. 28 (July 24, 2025), <https://www.who.int/publications/m/item/multi-country-outbreak-of-cholera--external-situation-report--28--24-july-2025>.

<sup>6</sup> World Health Organization, WHO Records 1,000th Attack on Health Care in Ukraine over the Past 15 Months of Full-Scale War (May 30, 2023), <https://www.who.int/europe/news/item/30-05-2023-who-records-1-000th-attack-on-health-care-in-ukraine-over-the-past-15-months-of-full-scale-war>.

disabilities.<sup>7</sup> Discriminatory practice or persecution based on disabilities<sup>8</sup> are another major factor behind migration. Evidences from many countries have shown that these evil practices are prevalent at large scale<sup>9</sup> compelling person with disabilities to travel long for seeking better medical treatment<sup>10</sup>. Controlling internal movement may be manageable for state authorities like they controlled in coronavirus pandemic through imposition of lockdown and quarantining largely affected areas but when it comes to cross border travel it may be a challenging task.

However, implementing mobility barriers during public health emergencies are not effective in every circumstance<sup>11</sup> as migrants in such humanitarian crisis are even ready to pursue unsafe journeys not permitted by law. They take excessive risk to save one's life and get proper medical treatment.<sup>12</sup> This plight gets worsened when the long-distance journey is undertaken by a person from marginalised section of the society namely the financially weak people, unaware population, and people with disability may not get proper opportunity because of the existence of hardships that may be physical, legal, economical, or discrimination in any form.

During public health emergencies, they are at greater risk and more prone to dying<sup>13</sup> because of lack of special measures required for them in evacuating process and driving them to an area safely. In addition to this, challenges such as language barriers,<sup>14</sup> inaccessibility of essential healthcare services, and complications in finding local health systems in foreign lands.<sup>15</sup> Legal hardship includes reluctance shown by many developing nations and under-developed nations in framing set of rules for person with disabilities to create a mandate for public transports to

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<sup>7</sup> World Health Organization, Global Report on Health Equity for Persons With Disabilities (2022), <https://www.who.int/publications/i/item/9789240063600>.

<sup>8</sup> W. Tarusarira & J. Tarusarira, Disability and Migration: Religious and Traditional Disability Beliefs as Causes of Migration of Zimbabwean Mothers of Children With Disabilities to South Africa, in *The Palgrave Handbook of Religion, Peacebuilding, and Development in Africa* 683–700 (S. M. Kilonzo et al. eds., Cham, Springer Int'l Publ'g 2023).

<sup>9</sup> Human Rights Watch, Year in Disability Rights (Jan. 15, 2020), <https://www.hrw.org/news/2020/01/15/year-disability-rights>.

<sup>10</sup> Anna Dew, Drivers and Destinations: People With Disability from Syrian and Iraqi Refugee Backgrounds Making the Journey to Australia, 50 *J. Ethnic & Migration Stud.* 2631 (2024).

<sup>11</sup> World Health Organization, Updated WHO Recommendations for International Traffic in Relation to COVID-19 Outbreak (Feb. 29, 2020), <https://www.who.int/news-room/articles-detail/updated-who-recommendations-for-international-traffic-in-relation-to-covid-19-outbreak>.

<sup>12</sup> Global Disability Summit, Global Disability Inclusion Report 2025: Accelerating Disability Inclusion in a Changing and Diverse World (2025), [https://www.globaldisabilitysummit.org/wp-content/uploads/2025/03/GIP03351-UNICEF-GDIR-Full-report\\_Proof-4.pdf](https://www.globaldisabilitysummit.org/wp-content/uploads/2025/03/GIP03351-UNICEF-GDIR-Full-report_Proof-4.pdf).

<sup>13</sup> Hannah Kuper & Tom Shakespeare, Are People with Disabilities at Higher Risk of COVID-19-Related Mortality?: A Systematic Review and Meta-Analysis, 222 *Pub. Health* 115 (2023).

<sup>14</sup> Office of the U.N. High Commissioner for Refugees, Integration Handbook: Disability (2024), <https://www.unhcr.org/handbooks/ih/agegender-diversity/disability>.

<sup>15</sup> Nicola Burns, The Human Right to Health: Exploring Disability, Migration and Health, 32 *Disability & Soc'y* 1463 (2017).

be equipped with such accessibility features that even visually-impaired and person with any kind of impairment or on wheelchair travel safely<sup>16</sup> while accessing better medical facilities within the country and non-granting or difficulty in granting of medical visas during emergencies. Financially, for people with disabilities who are already under a great sufferance, triggering of inflation and rising medical costs during public health emergency<sup>17</sup> are like twisting the knife in the wound. In public health emergency or humanitarian crises, person with disabilities often lose out on the healthcare facilities because they face discrimination in many ways such as targeted killings,<sup>18</sup> lack of disability responsive action plans,<sup>19</sup> they are neglected by government and women with disability are more vulnerable to gender-based violence, who thereby may not get an opportunity to avail basic medical facilities even in the local area<sup>20</sup>.

Therefore, it is near to impossible for people with disabilities to navigate across distant areas pertaining to the hardships and if somehow, they start the journey they may not reach their end goal and are left to die in between in such long and unsafe journeys.

### Global Snapshot from Legal Lens

As per a decade old report from the Swedish International Development Cooperation Agency (SIDA) approximately 20 percent of the Somalian population are person with disabilities.<sup>21</sup> This percentage has been accelerated as Somalian land in the past decade has been regularly affected with humanitarian crises and pandemics.<sup>22</sup> Accessing public facilities in Somalia requires strenuous efforts as transportation, healthcare facilities<sup>23</sup> and other hardships like cost

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<sup>16</sup> Transport for London, Wheelchair Access & Avoiding Stairs, <https://tfl.gov.uk/transportaccessibility/wheelchair-access-and-avoidingstairs#:~:text=Around%20a%20third%20of%20Tube,to%20give%20step%2Dfree%20access> (last visited Aug. 26, 2025).

<sup>17</sup> Humanity & Inclusion, Cash and Beyond: Analysis of Extra Costs Associated with Disabilities and Disability-Specific Social Protection in Ukraine, in the Aftermath of the Russian Invasion (Dec. 2022), [https://www.hi-us.org/sn\\_uploads/document/Cash---Beyond-Final-Report--Ukraine.pdf](https://www.hi-us.org/sn_uploads/document/Cash---Beyond-Final-Report--Ukraine.pdf).

<sup>18</sup> J. E. Lord, Accounting for Disability in International Humanitarian Law, 105 Int'l Rev. Red Cross 60 (2023).

<sup>19</sup> T. Uddin et al., Health Impacts of Climate-Change Related Natural Disasters on Persons With Disabilities in Developing Countries: A Literature Review, J. Climate Change Health 100332 (2024).

<sup>20</sup> K. Dunkle et al., Disability and Violence Against Women and Girls (UKaid, London, 2018).

<sup>21</sup> United Nations in Somalia, Somalia's COVID-19 Response: More Needed for Persons With Disabilities During the Pandemic (May 14, 2020), <https://somalia.un.org/en/46114-somalias-covid-19-response-more-needed-persons-disabilities-during-pandemic>.

<sup>22</sup> World Health Organization, Disability and Health (Mar 7, 2023), <https://www.who.int/en/news-room/fact-sheets/detail/disability-and-health>.

<sup>23</sup> Refugees International, Disable and Displaced: The Plight of Somalia's Most Vulnerable (Feb 2, 2016), <https://www.refugeesinternational.org/disable-and-displaced-the-plight-of-somalias-most-vulnerable/>.

of services, discriminatory practices<sup>24</sup> shuts the door on disability-inclusive approaches. Over the time people with disabilities started to migrate from rural areas to city like Mogadishu<sup>25</sup> and inter-country movement from Somalia to Kenya<sup>26</sup> in search of better specialized social care and medical services.

In Sudan there is no real extension of protection by the government for people with disabilities. The country faced natural disasters like floods, droughts which destroyed their habitations<sup>27</sup> and public health emergencies due to widespread diseases such as cholera, coronavirus etc. In spite of protecting such people government advised them to arrange transportation on their own and travel to other countries for even the most basic healthcare facilities.<sup>28</sup> They are forced to travel long distance<sup>29</sup> despite knowing the repercussions of travelling in those critical times. Similarly, in Ethiopia's Tigray region females with disabilities faced discrimination, gender-based violence and other mobility barriers while accessing medical services.<sup>30</sup>

The sufferance of person with disabilities in Yemen are not whittling away.<sup>31</sup> The country is prone to public health emergencies especially it being a conflict zone. The number of people with disabilities shoots up in the conflict affected areas. The targeted killings in densely populated areas with explosive weapons and landmines turns them into victims who live with permanent disability in their limited lifespan.<sup>32</sup> Restricted medical access, demolished infrastructures and hospitals, lack of disability-inclusive medical facilities, communication barriers for visually impaired and people with other special needs, no accessible and safe

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<sup>24</sup> S. K. Patel et al., The Unmet Need for Mental Health Support Among Persons with Disabilities in Somalia, 10 *Global Mental Health* 100332 (May 2024), <https://pmc.ncbi.nlm.nih.gov/articles/PMC11383976/>.

<sup>25</sup> Amnesty International, Somalia: Prioritise Protection for People with Disabilities, AFR 52/1166/2015 (Mar 12, 2015), <https://www.amnesty.org/en/documents/afr52/1166/2015/en/>.

<sup>26</sup> A. S. Mohamed et al., Disability, Violence, and Mental Health Among Somali Refugees, 5 *Global Mental Health* e52 (Oct 29, 2020), <https://pmc.ncbi.nlm.nih.gov/articles/PMC7786274/>.

<sup>27</sup> ADD International, Sudan Appeal, <https://add.org.uk/sudan-appeal/> (last visited Sept. 1, 2025).

<sup>28</sup> Foreign, Commonwealth & Development Office, Sudan Travel Advice – Health, <https://www.gov.uk/foreign-travel-advice/sudan/health> (last visited Sept. 1, 2025).

<sup>29</sup> UNHCR, Cholera Outbreak Among Refugees from Sudan's Darfur: Urgent Funding Needed, <https://www.unhcr.org/in/news/briefing-notes/cholera-outbreak-among-refugees-sudan-s-darfur-urgent-funding-needed> (last visited Sept. 3, 2025).

<sup>30</sup> Human Rights Watch, People with Disabilities in Humanitarian Emergencies and Situations of Risk, <https://www.hrw.org/news/2023/02/22/people-disabilities-humanitarian-emergencies-and-situations-risk> (last visited Sept. 3, 2025).

<sup>31</sup> Amnesty International, Excluded: Living with Disabilities in Yemen's Armed Conflict, MDE 31/1383/2019 (Dec. 3, 2019), <https://www.amnesty.org/en/documents/mde31/1383/2019/en/>.

<sup>32</sup> Humanity & Inclusion, "People with Disabilities Are Afraid to Go Outside", <https://www.hi.org/en/news/-people-with-disabilities-are-afraid-to-go-outside> (last visited Sept. 2, 2025).

transportation<sup>33</sup> all these factors make it impossible for people with disabilities to move from an area to get better medical facilities and healthcare infrastructure equipped to cater their special needs.

Availing medical facilities and proper social care securities are the basic human rights. People with disabilities are human too and so they are entitled to full and free enjoyment of these rights on equal footing with others without any distinction. Efforts have been made at both national and the international platforms to recognize rights of persons with disabilities. By referring Article 1 and Article 2 of Universal Declaration of Human Rights, 1948 it can be inferred that even person with disabilities have human rights<sup>34</sup> and they are entitled to these rights without any form of discrimination<sup>35</sup>. Another, internationally recognised organisation that works in this regard is World Health Organisation (WHO). It prescribes guidelines and protocols that are to be followed globally for developing healthcare system aligning the needs of person with disabilities and promotes disability inclusion, during humanitarian crises and public health emergencies.

Additionally, United Nations Convention on the Rights of Persons with Disabilities (UNCPRD) is an internationally recognized convention which not only ensures that person with disability fully and equally enjoy the human rights but it also strives to promote and protect such rights.<sup>36</sup> Article 10 recognizes that even person with disabilities have right to life like other persons,<sup>37</sup> Article 25 of UNCPRD<sup>38</sup> and Article 12 of International Covenant on Economic, Social and Cultural Rights<sup>39</sup> (ICESCR) obligates states to provide proper healthcare without discrimination and every attempt shall be made to provide these medical facilities even in remote and rural areas. Article 11 which mentions about situations of risk and humanitarian emergencies reads as-

*“States Parties shall take, in accordance with their obligations under international law,*

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<sup>33</sup> Office of the United Nations High Commissioner for Human Rights, Yemen: Realising the Rights of Persons with Disabilities (Dec. 3, 2022), <https://www.ohchr.org/en/documents/country-reports/yemen-realising-rights-persons-disabilities>.

<sup>34</sup> G.A. Res. 217 A (III), Universal Declaration of Human Rights, art. 1 (Dec. 10, 1948).

<sup>35</sup> Id. art. 2.

<sup>36</sup> Office of the High Commissioner for Human Rights, Convention on the Rights of Persons with Disabilities, <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-persons-disabilities> (last visited Sept. 1, 2025).

<sup>37</sup> Convention on the Rights of Persons with Disabilities art. 10, (Dec. 13, 2006), 2515 U.N.T.S. 3.

<sup>38</sup> Id. art. 25.

<sup>39</sup> International Covenant on Economic, Social and Cultural Rights art. 12, (Dec. 16, 1966), 993 U.N.T.S. 3.

*including international humanitarian law and international human rights law, all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters.”<sup>40</sup>*

It is evident from the global public health emergencies and humanitarian crises that despite these legal frameworks many countries have failed in protecting and catering to the most basic requirements of person with disabilities in times of crises. The preventive actions, preparedness measures, evacuation programmes, stringent mobility barriers adopted by the states falls short of special needs of person with disabilities.

## Conclusion

Disability is now a globally recognisable phenomenon because the rise in number of people with disability is proportional to the rise in war, conflicts, disasters, epidemic, pandemics and other humanitarian crises. Many countries do not have sufficient social security measures, lacks in resources or proper healthcare infrastructure which forces people with disabilities in critical long-distance journeys seeking better medical facilities. But for many these become death journeys on account of hardships such as inaccessible transportation, lack of shelter, financial difficulties and discriminatory practises in new areas.

Further, mobility barriers imposed during public health emergencies worsens the situation and underscores the tension between sovereignty of a nation and human rights of persons with disability. This can be balanced by the guideline related to international traffic given by World Health Organisation where it mentions that travel barriers are justified only for sometime to protect outbreak, but once it is widespread then the barriers make no sense rather at this point, they work as a hindrance in social security and accessing healthcare services.

It is on the states to uphold the dignity and protect human rights of person with disabilities and provide them with finest health infrastructure and medical facilities catering to their special needs. Strengthening regional cooperation and global solidarity can do wonders during public health emergencies or humanitarian crises. In addition to this, focus should be on developing disable-friendly assistive technologies, accessible transportation, efficient and top-tier medical

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<sup>40</sup> Convention on the Rights of Persons with Disabilities art. 11, (Dec. 13, 2006), 2515 U.N.T.S. 3.

infrastructure, disability-inclusive health care facilities even in small towns or rural areas with an aim to protecting people with disabilities from long distance journeys.