Mandates of the Special Rapporteur on the rights of persons with disabilities; the Special Rapporteur on the promotion and protection of the right to freedom of opinion and expression; the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health; the Special Rapporteur on minority issues; and the Independent Expert on the enjoyment of all human rights by older persons

REFERENCE: AL RUS 3/2020

10 June 2020

Excellency,

We have the honour to address you in our capacities as Special Rapporteur on the rights of persons with disabilities; Special Rapporteur on the promotion and protection of the right to freedom of opinion and expression; Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health; Special Rapporteur on minority issues; and Independent Expert on the enjoyment of all human rights by older persons, pursuant to Human Rights Council resolutions 35/6, 34/18, 42/16, 34/6 and 42/12.

In this connection, we would like to bring to the attention of your Excellency's Government information we have received concerning the lack of accessible information on the COVID-19 pandemic and related response for persons with disabilities, in particular for deaf and hard of hearing persons who are users of sign language, as members of a linguistic minority.

According to the information received:

On 30 January 2020, the Government of the Russian Federation established a Coronavirus Crisis Centre – headed by Deputy Prime Minister, Ms. Tatyana Golikova – to tackle the COVID-19 pandemic in the country, and approved a national plan to contain the spread of the COVID-19.

On 14 March 2020, the Government set up a Council to coordinate anticoronavirus efforts, chaired by Prime Minister Mikhail Mishustin, and comprising - inter alia - of his Deputy, the Mayor of Moscow Mr. Sergei Sobyanin, and regional governors. The Government subsequently adopted a series of prevention and containment measures, including extensive testing, contact tracing, stay-athome orders, closure of public and private facilities and businesses, and quarantine measures.

Since the beginning of the lockdown, on several occasions President Vladimir Putin addressed the public live through national broadcasts on measures taken to contain COVID-19, such as on 25 March, 2 April, 28 April, 11 May and 22 May 2020, without providing sign language interpretation and live captioning in real time. Similarly, the live announcements by the Mayor of Moscow, Mr. Sergei Sobyanin, announcing a "high alert regime", the closing of public schools and

other facilities, and restrictions of movement in the city, have been broadcasted without sign language interpretation and live captioning in real time, such as for instance on 6, 10, 19, 25, 28 and 30 March 2020; and on 7 and 12 May 2020.

Despite Russian sign language being recognized as an official language in national law since 2012, sign language interpretation and live captioning have not been provided to enable the deaf and hard of hearing to access essential information on COVID-19 in real time. There are approximately 140,000 deaf persons in the Russian Federation, for whom Russian sign language is the preferable language of communication, including for some 20,000 who live in Moscow.

Reportedly, TV channels only provide real time captioning for selected regular news programmes (excluding the special announcements by the President and the Mayor of Moscow mentioned above) and on social media, or add them later once the announcements are posted online on their websites. As not all deaf and hard of hearing households in the country have access to the internet and social media, many - especially older persons who live in the provinces – remain unaware of the latest important information and updates on the evolution of the pandemic and the measures adopted to contain it, due to the lack of accessible information on national TV.

While we do not wish to prejudge the accuracy of the information received, we wish to express concern about the situation of deaf and hard of hearing persons in the Russian Federation, who are users of sign language, as members of a linguistic minority, whose safety, health and protection are at risk in the context of the COVID-19 pandemic, due to the Government's failure to provide essential information intended to the general public in sign language and other accessible means and modes of communication. Sign languages are fully fledged languages and their users can therefore be considered as members of linguistic minorities. If public health information and communication are not accessible, persons with disabilities cannot take necessary decisions, live independently and isolate or quarantine safely, or access health and public services on an equal basis with others.

The aforementioned allegations appear to constitute a failure by the State to comply with its positive obligations to ensure the rights of persons with disabilities to equality and non-discrimination, accessibility, access to information and health in the context of situations of risk and humanitarian emergencies. These rights are protected, *inter alia*, by articles 5, 9, 11, 21 and 25 of the Convention on the Rights of Persons with Disabilities, ratified by the Russian Federation on 25 September 2012.

We urge your Excellency's Government to provide sign language interpretation and captioning in all events and essential communications related to COVID-19 intended to the general public, including the announcements of the President and the Mayor of Moscow.

We also call upon the State to provide essential information to ensure the protection and safety of persons with disabilities in situations of risk related to COVID-19 in accessible formats and technologies appropriate to different kinds of disabilities in a timely manner, such as Braille, Easy Read format, augmentative and alternative communication, to enable equal access to information for all persons with disabilities. Additionally, we call upon the Russian Federation to ensure the accessibility of health care and support services to all persons with disabilities during the pandemic without discrimination.

We further call on the State to ensure the meaningful consultation and the active participation of persons with disabilities and their representative organizations at all stages of the COVID-19 response and recovery, from the planning and design phases to implementation and monitoring.

For further elaboration on the international human rights instruments and standards relevant to the above, please refer to the **Annex on Reference to international human rights law** attached to this letter.

As it is our responsibility, under the mandates provided to us by the Human Rights Council, to seek to clarify all cases brought to our attention, we would be grateful for your observations on the following matters:

- 1. Please provide any additional information and/or comment(s) you may have on the above-mentioned allegations.
- 2. Please explain how your Excellency's Government ensures that official information and communication intended for the general public on COVID-19 is made available in accessible means, modes and formats for all persons with disabilities, particularly for deaf and hard of hearing persons who are users of sign language and members of a linguistic minority, including older persons living in rural areas with limited or no access to the internet.
- 3. Please provide information about measures that are being taken to ensure that all persons with disabilities have access to health care and support services on an equal basis with others in the context of the COVID-19 pandemic.
- 4. Please indicate whether the national plan adopted by the Coronavirus Crisis Centre to contain the pandemic and/or other measures adopted by the Council established for coordinating anti-coronavirus efforts, addresses the specific situation of all persons with disabilities in the COVID-19 response, including deaf and hard of hearing persons who are users of sign language.

5. Please provide information about any measures taken to promote the consultation with and the meaningful participation of persons with disabilities at all stages of the COVID-19 response and recovery.

This communication and any response received from your Excellency's Government will be made public via the communications reporting website within 60 days. They will also subsequently be made available in the usual report to be presented to the Human Rights Council. We stand available to engage further with your Excellency's Government in this process through a constructive dialogue.

While awaiting a reply, we urge that all necessary interim measures be taken to halt the alleged violations and prevent their re-occurrence and in the event that the investigations support or suggest the allegations to be correct, to ensure the accountability of any person(s) responsible for the alleged violations.

Please accept, Excellency, the assurances of our highest consideration.

Catalina Devandas-Aguilar Special Rapporteur on the rights of persons with disabilities

David Kaye

Special Rapporteur on the promotion and protection of the right to freedom of opinion and expression

Dainius Puras

Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health

Fernand de Varennes Special Rapporteur on minority issues

Claudia Mahler

Independent Expert on the enjoyment of all human rights by older persons

Annex Reference to international human rights law

In connection with above-alleged facts and concerns, and without prejudge to the accuracy of these allegations, we would like to draw the attention of your Excellency's Government to the relevant international norms and standards.

Under article 9 of the Convention on the Rights of Persons with Disabilities (CRPD), ratified by the Russian Federation on 25 September 2012, which guarantees accessibility, the State must take appropriate measures to ensure access to persons with disabilities, inter alia, to information and communications, including information and communications technologies and systems, and to other facilities and services open or provided to the public, including health services. In its general comment No. 2, the Committee on the Rights of Persons with Disabilities has established that all information and communication about the provision of health care should be accessible through sign language, Braille, accessible electronic formats, alternative script, and augmentative and alternative modes, means and formats of communication (para. 40). Likewise, in its Concluding Observations, the Committee on the Rights of Persons with Disabilities has urged the Russian Federation to establish clear and binding obligations and standards for public services to ensure accessible information and communication methods for persons with all types of disability, with the relevant and effective safeguards, and after consultation with the representative organizations of persons with disabilities (para. 45).

Furthermore, article 21 of the CRPD requires the Russian Federation to take all appropriate measures to ensure that persons with disabilities can exercise the right to freedom of expression and opinion, including the freedom to seek, receive and impart information and ideas on an equal basis with others and through all forms of communication of their choice, including the use of sign languages. This article further requires States parties to "provide information intended for the general public to persons with disabilities in accessible formats and technologies appropriate to different kinds of disabilities" (art. 21(a)); and "facilitating the use of sign languages, Braille, augmentative and alternative communication, and all other accessible means, modes and formats of communication of their choice by persons with disabilities in official interactions" (art. 21(b)). Private entities that provide services to the general public, including through the Internet, are urged to provide information and services in accessible and usable formats for persons with disabilities (art. 21 (c)) and the mass media, including providers of information through the Internet, are encouraged to make their services accessible to persons with disabilities (art. 21 (d)). Article 21 also requires States parties to recognize and promote the use of sign languages (art. 21 (e)).

These articles should be read in conjunction with article 5 of the CRPD, which requires States to, inter alia, prohibit all discrimination on the basis of disability. In interpreting article 5, the Committee on the Rights of Persons with Disabilities has established that denial of access to – inter alia - information and communication, and services open to the public constitutes an act of disability-based discrimination that is prohibited by the Convention (general comment No. 2, para. 34). Moreover, accessibility

in the context of communication services includes the provision of social and communication support (general comment No. 6, para.40).

Similarly, Article 19 (2) of the International Covenant on Civil and Political Rights (ICCPR), ratified by the Russian Federation on 16 October 1973, ensures the right of access to information. Interpreting the scope of the right, the Human Rights Committee has held that "States parties should proactively put in the public domain Government information of public interest. States parties should make every effort to ensure easy, prompt, effective and practical access to such information" (HRC, General Comment no. 34, para 19). In order for the access to information to be effective, this may entail providing information in the languages spoken by linguistic minorities and in the format required for that information to be made accessible.

Article 11 of the CRPD establishes that States shall take all possible measures to ensure the protection and safety of persons with disabilities in the national response to situations of risk and humanitarian emergencies. In its general comment No. 6, the Committee on the Rights of Persons with Disabilities has established that States are required to include persons with disabilities in national emergency protocols on an equal basis, to provide for accessible information and communication helplines and hotlines, among other measures (para. 46). This requires the active involvement of organizations of persons with disabilities in the development, implementation, and monitoring of emergency-related legislation and policies (general comment No. 7, para.78).

We would like to further refer to Article 12 of the International Covenant on Economic, Social and Cultural Rights, ratified by Russia on 16 October 1973, which protects the right to health. In this connection, the Committee on Economic, Social and Cultural Rights establishes that States must ensure that health-care goods, services, and facilities are available in adequate quantity (availability); are financially, geographically and physically accessible, including accessible information and communication, without discrimination (accessibility); are respectful of medical ethics, culturally appropriate and sensitive to gender and life-cycle requirements (acceptability); and scientifically and medically appropriate and of good quality (quality) (E/C.12/2000/4, para. 8).

The right to health is also protected by article 25 of the CRPD, which reaffirms the right of all persons with disabilities to the enjoyment of the highest attainable standard of health without discrimination. Article 25 also provides a non-exhaustive list of standards and obligations that States must guarantee in the implementation of the right to health, including the provision of services as close as possible to communities; the provision to persons with disabilities of health care of the same quality as that provided to others, including on the basis of free and informed consent; the training of health professionals, among others. As underlined by the Committee on the Rights of Persons with Disabilities, States must ensure the full accessibility of health-care services and programmes. All public and private health-care facilities and services must take into account all aspects of accessibility for persons with disabilities, including the accessibility of infrastructure, equipment, and information and communications. All information and communications about the provision of health care, including electronic

services and emergency services, should be accessible to persons with disabilities. All public health campaigns must be also accessible and inclusive of persons with disabilities (A/73/161, paras. 56, 57).

Recognizing that the individuals affected in this case are members of linguistic minorities in the Russian Federation, we would like to bring to your Excellency's Government's attention the international standards regarding the protection of the rights of persons belonging to minorities, in particular article 27 of the ICCPR, and the 1992 UN Declaration on the Rights of Persons Belonging to National or Ethnic, Religious and Linguistic Minorities. This Declaration refers to the obligation of States to protect the existence and the identity of minorities within their territories and to adopt the measures to that end (art. 1), as well as to adopt the required measures to ensure that persons belonging to minorities can exercise their human rights without discrimination and in full equality before the law (art. 4).