

INTERNATIONAL JOURNAL OF LAW
MANAGEMENT & HUMANITIES

[ISSN 2581-5369]

Volume 4 | Issue 3

2021

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A Massive Fiasco in Indian Vaccination Policy during Pandemic in Protecting the Most Vulnerable Persons with All Sorts of Disabilities and Suffering from Mental Illness

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ABSTRACT

The ever progressing golden chariot of human civilization seems to have halted due to the vehemence of COVID-19 pandemic and left an unprecedented profound impact on every sphere of life. To battle the nemesis vaccination has been the only effective weapon to save numerous lives at stake. The most vulnerable and endangered section of society being the persons with all sorts of disabilities and suffering from mental illness are at the highest risk for which immediate and poetized vaccination is necessary to bolster the health security of the country. The Indian vaccination policy miserably fails to address the situation by not bringing such vulnerable class of people within the priority zone. The inadequacy of national inoculation drive is not only faulty but proving to be disastrous as there is no special treatment for such disabled and suffering from mental illness those who need more attention in such crucial juncture. The State policies lack specific arrangements like door-to-door and mobile vaccination, prioritized vaccination irrespective of disability classification, specifically a scientific, comprehensive Guideline or Standard Operating Procedure. Barrier-free accessibility, exclusive arrangements for disabled vaccination remained a distant dream due to sheer failure of the State factors. Such feeble vaccination policy not only failed to meet the global standard and requirement but also neglected to uphold the statutory rights in light of the international law regime. Indian Judiciary while recognizing the rights and protections of disabled and mental ill people has interfered with greater sensitivity and brought the vaccination policy under the scanner of judicial activism. The Constitutional guarantee of equality and right to life and liberty ensuring meaningful human life over mere animal existence demands affirmative State action to protect those who are in utmost need not out of compassion but as a bounden duty for them being integral part of the nation.

Keywords: *national inoculation drive, persons with all sorts of disability and suffering from mental illness, prioritized vaccination, judicial activism, international and national law regime.*

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I. INTRODUCTION

“People with disabilities are vulnerable because of the many barriers we face: attitudinal, physical, and financial. Addressing these barriers is within our reach and we have a moral duty to do so..... But most important, addressing these barriers will unlock the potential of so many people with so much to contribute to the world. Governments everywhere can no longer overlook the hundreds of millions of people with disabilities who are denied access to health, rehabilitation, support, education, and employment—and never get the chance to shine.

-Stephen Hawking

The glorious existence of human civilization has been etched in golden words in the fathomless depth of time and now it experiences the biggest threat to its entity being struck by vehemence of a pandemic challenging every sphere of life. That the uncontrollable seriousness of ongoing situation due to COVID-19 has disrupted the whole mankind and specifically affected India claiming lives and causing serious health hazards to a large number of people. The only effective and protective solution as perceived by the nations is inoculation to battle the virus. That amidst ongoing COVID-19, vaccination programme has also been initiated by the Government of India along with the respective State Governments to inoculate larger population through a specific drive. That based on the potential availability of the vaccines, vaccination has been started on and from January 16, 2021 for the people above the age group of 60 years along with the persons between 45 years and 59 years of age with co-morbid conditions. Thus, from April 01, 2021 for the people above the age of 45 years and thereafter from May 01, 2021 for the age group of 18 years and above, now children vaccination is about to begin. Be it stated that the front line COVID workers, health workers, Doctors, Police, etc. have been treated as Priority Groups having greater chance of contagiousness and have already been administered with the vaccine. That Government of India and respective State Governments have adopted the procedure for vaccination by considering the priority group who are vaccinated on priority on the parameter of higher risk due to the COVID-19 virus. That the first priority groups included health care and frontline workers and the second group involved persons over 60 years of age and co-morbid groups. However, surprisingly, persons with all sorts of disabilities and mental illness have not been incorporated within the priority groups and no special facilities have been allowed for them those who are more vulnerable to such COVID-19 vehemence of infection being actually at high risk. It is a matter of great concern how Indian vaccination policy has failed to address the situation of need of immediate inoculation of the most vulnerable and endangered populous who are potential risk bearers.

II. DISABILITY IN INDIA AND NEED OF PRIORITIZED VACCINATION DURING COVID-19

That according to the National Health Portal² in India according to the Census, 2011, 2.2% of population had some form of disability. But, prevalence of disability have been found in rural areas (2.24%) as compared to urban areas (2.2%) and more among males (2.4%) and those among females (2%) the proportion of different types of disability among people the disability reported as- (i) Seeing 18.8%, (ii) Hearing 18.9%, (iii) Speech 7.9%, (iv) Emphasis-20.3%, (v) Mental Retardation 7.6%, (vi) Mental illness 2.7%, (vii) Multiple disability 7.6%, (viii) Another 18.4%. That according to the Census, 2001³ data available with the Office of The Registrar General and Census Commissioner, India under Ministry of Home Affairs, Govt. of India out of total population 2.1% is disabled and disability rate is 2130 persons per 1 lakh population in India. That according to latest Government data and statistics⁴ according to latest census out of Total population of 1210854977 the number of disabled persons are 26814994. Therefore, presently India is much concerned about a greater number of disabled population who require special care and social justice for their survival specially at a life threatening situation by the State factors not for compassion but as a matter of right, equality and equity.

It is an unquestionable truth that all sorts of persons with physical disabilities and persons suffering from mental illness are more exposed to the risk of Corona virus attack as due to lack of physical and mental ability such vulnerable part of the society are not well accustomed with COVID-19 risk prevention protocol (use of sanitization, mask, maintaining social distance etc.) and more exposed to the threat. It is also pertinent to mention that such vulnerable health condition of persons with all sorts of disabilities often lead to death. It is also a fact that a good number of persons with specific disabilities and mental illness are majorly dependent upon their care givers. That the World Health Organisation (WHO) in its report⁵ categorically states that additional considerations are needed for people with disability during Covid-19 mandating access to health-care services. The said Report categorically observes that people with

²Chandra Deepak, *Disabilities* on January 24, 2017, available at <https://www.nhp.gov.in/disease/non-communicabledisease/disabilities#>, accessed on 05.06.2021

³Disabled Population published by Office of the Registrar General & Census Commissioner, India, Ministry of Home Affairs, Government of India available at https://censusindia.gov.in/census_and_you/disabled_population.aspx, accessed on May 26, 2021

⁴Disabled Persons in India- A Statistical Profile, 2016 by Social statistics Division, Ministry of Statistics and Programme Implementation, Government of India available at http://mospi.nic.in/sites/default/files/publication_reports/Disabled_persons_in_India_2016.pdf, accessed on June 1, 2021

⁵Disability Considerations during the Covid-19 Outbreak by World Health Organisation published on March 26, 2021, available at <https://www.who.int/publications/i/item/WHO-2019-nCoV-Disability-2020-1>, accessed on June 30, 2021

disability are at greater risk of contracting Covid-19. However, the concerned Central and State Government have not considered such vulnerable group for priority vaccination with special facilities. That even the World Health Organization in its report⁶ has categorically incorporated people living with disabilities under the priority groups for vaccination considering the need of vaccination for persons with disabilities being higher at risk.

III. GLOBAL RESPONSE IN TACKLING THE ISSUE OF INOCULATION OF PERSONS WITH SPECIAL NEEDS

Issues of disability during pandemic received serious attention all over the world recognizing the vulnerability of such persons more exposed to the threat of life risk. That several measures have been taken for persons with disabilities globally by treating them with special care, however, such effort lacks in national scenario. Various countries have also arranged for priority vaccination for disabled and persons suffering from mental illness along with other measures but India despite having a large number of disabled populations could not ensure such social security and caused a great disappointment. That according to the Covid-19 response report dated April 29, 2020 published by United Nations Human Rights⁷ - the Bioethics Committee of the San Marino Republic produced COVID-19 guidance on triage, which prohibits discrimination on the basis of disability. The Office for Civil Rights at the United States Department of Health and Human Services issued a bulletin to ensure that authorities prohibit discrimination on the basis of disability by ensuring that persons with disabilities should not be denied medical care on the basis of stereotypes, assessments of quality of life, or judgments about a person's relative "worth" based on the presence or absence of disabilities or age. The United Arab Emirates has launched a national program to test persons with disabilities in their homes and as of mid-April had conducted 650,000 COVID-19 tests of persons with disabilities. In the Philippines, the Commission on Human Rights has published information to support health agencies tailor public messages for vulnerable groups of the communities, including children and people with disabilities. In Canada, the COVID-19 Disability Advisory Group was established with the participation of persons with disabilities and their representative organizations to advise the government on disability-specific issues, challenges and systemic gaps and strategies, measures and steps to be taken. Also priority

⁶WHO-SAGE Road Map for prioritizing uses of COVID-19 vaccination in the context of limited supply- version 1.1 published on November 13, 2020 available at <https://www.who.int/publications/i/item/who-sage-roadmap-for-prioritizing-uses-of-covid-19-vaccines-in-the-context-of-limited-supply>, accessed on May 20, 2021

⁷Covid-19 and The Rights of Persons With Disabilities by UNHR (Human Rights at the Heart of Response), available at https://www.ohchr.org/Documents/Issues/Disability/COVID-19_and_The_Rights_of_Persons_with_Disabilities.pdf, accessed on May 31, 2021

testing guidelines were issued with specific measures for institutional settings. In Switzerland and Spain, persons with disabilities living in institutions were moved out of the institutions to live with their families, where possible. Paraguay and Panama have developed systems to ensure that relevant information is provided in accessible formats. In the same line the New Zealand Ministry of Health has a section of its website dedicated to providing information in accessible formats, including sign language and easy to read. The government of Mexico adopted a similar practice. In Argentina, support persons are exempted from restrictions of movement and physical distancing to provide support to persons with disabilities. Community support networks have developed in Colombia and recruit volunteers that support persons with disabilities and older persons with their groceries and other purchases. Also, in Panama, in an effort to reduce risks, specific opening hours have been allocated for persons with disabilities and their personal assistants for essential purchases. The United Kingdom of Great Britain and Northern Ireland have relaxed initially strict confinement rules and introduced exceptions to permit autistic persons and other persons with disabilities to go outside. France has introduced similar measures. In Peru, guidelines were issued for local governments to reach out to persons with disabilities by phone, during the crisis and in person after the emergency is lifted, indicating the duty to report situations of violence to the authorities. Several countries continue to provide accessible hotlines, assistance and reporting including texting, relay and video phone services for deaf persons.

IV. INTERNATIONAL LAW REGIME IN RECOGNIZING RIGHTS OF DISABLED AND MENTAL ILLNESS

That India had ratified the United Nations Convention on the Right of Persons with Disabilities (CRPD) and optional protocol in the year 2007. That pursuant to such ratification of the United Nations Convention on CRPD, the State Authorities are duty bound in recognizing the importance of accessibility to the health of persons with disabilities by taking appropriate measures to promote physical recovery and ensure suitable health condition with all pledge to protect specifically the health of persons with disabilities. That according to Article 25 of CRPD, 1996 persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination and the State Authorities are duty bound to ensure accessibility for persons with disabilities to health services. That the State Authorities are duty bound to provide persons with disabilities with the same range, quality and standard of health care and programme as provided to other persons specifically because of their disabilities. Declaration on the Rights of Disabled Persons Proclaimed by General Assembly resolution

3447 (XXX) of 9 December 1975 ensures Disabled persons have the inherent right to respect for their human dignity. Disabled persons, whatever the origin, nature and seriousness of their handicaps and disabilities, have the same fundamental rights as their fellow-citizens of the same age, which implies first and foremost the right to enjoy a decent life, as normal and full as possible. Disabled persons have the same civil and political rights as other human beings. Disabled persons are entitled to the measures designed to enable them to become as self-reliant as possible and have the right to medical, psychological and functional treatment. Moreover, Disabled persons are entitled to have their special needs taken into consideration at all stages of economic and social planning. Declaration on the Rights of Mentally Retarded Persons Proclaimed by General Assembly resolution 2856 (XXVI) of 20 December 1971 tries to secure the maximum degree of feasibility, the same rights as other human beings. The mentally retarded person also has a right to proper medical care.

V. NATIONAL LEGAL FRAMEWORK ADDRESSING THE ISSUES OF DISABILITY AND MENTAL ILLNESS

That in light of the United Nations Convention, under The Rights of Persons with Disabilities Act, 2016 (hereinafter referred to as the Act, 2016) dealing with persons with disabilities categorically specific provisions have been made to ensure a non-discriminatory approach and ensures equal protection and safety for the persons with disabilities in the situation of risk as appears from sub-section (i) of Section 8 of the said Act, 2016. Moreover, under Section 25 of the said Act, 2016 the State Authorities are duty bound to provide barrier free access for the persons with disabilities along with priority in attendance and treatment and at the same time the State Authorities are obliged to take measure and medical schemes of programmes to promote health care for such with all sorts of disabilities. That according to Section 25(2)(j) the State Authorities are under statutory obligation to arrange for making facilities for life saving emergency treatment and procedures. That in unequivocal terms with the United Nations Convention and the Act of 2016 the specific statute for mental health being The Mental HealthCare Act, 2017 (hereinafter referred to as the Act, 2017) also caters the need of the persons suffering from mental illness to ensure equal participation and accessibility to life along with other persons. That according to Section 21 of the said Act, 2017 the State Authority is duty bound to ensure that every persons with mental illness shall be treated as equal to persons with specific illness in the provision of all health care and specifically ensures all sorts of health services provided to persons with specific illness shall be provided in the same manner, extent and quality to persons with mental illness. Other than the aforesaid national

legal framework, through a statutory trust under The National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities Act, 1999 effort has been made to enable and empower persons with disability to live as independently and as fully as possible within and as close to the community to which they belong; to strengthen facilities to provide support to persons with disability to live within their own families; to extend support to registered organizations to provide need based services during the period of crisis in the family of persons with disability; to deal with problems of persons with disability who do not have family support and most importantly to facilitate the realization of equal opportunities, protection of rights and full participation of persons with disability. Indian law regime has created a robust legal frame work for disabled and persons suffering from mental illness but in case of vaccination during COVID-19 State authorities have failed to protect the statutory rights of such people. The *suprema lex* being the Constitution of India under Article 14 and Article 21 recognizes and ensures equal opportunity and equal protection of law and fundamental right to life and liberty which categorically ensures the overall development of the persons with disabilities and suffering from mental illness who are to remain inn the mainstream of life like all others and no to find them lost for being differently abled and the State has been given the responsibility and obligation to ensure such welfare purpose.

VI. INDIAN JUDICIARY AS SENTINEL OF THE RIGHTS AND RECOGNITION OF DISABILITY AND MENTAL ILLNESS

That the Indian judiciary has always been sensitive and in the just way recognized the rights of disabled persons and those who are suffering from mental illness and corresponding duties of the State factors. That through catena of judicial precedents judicial activism has been seen protecting the rights of such vulnerable section. The Hon'ble Supreme Court of India in *Jeeja Ghosh and Ors. vs. Union of India (UOI) and Ors.*⁸ categorically observed that- "Earlier the traditional approaches to disability have depicted it as health and welfare issue, to be addressed through care provided to persons with disabilities, from a charitable point of view. The disabled persons are viewed as abnormal, deserving of pity and are, and not as individuals who are entitled to enjoy the same opportunities to live a full and satisfying life as other members of society. This resulted in marginalising the disabled persons and their exclusion both from the mainstream of the society and enjoyment of their fundamental rights and freedoms. Disability tends to be couched within a medical and welfare framework, identifying people with disabilities as ill, different from their non-disabled peers, and in need of care. Because the

⁸AIR2016SC 2393

emphasis is on the medical needs of people with disabilities, there is a corresponding neglect of their wider social needs, which has resulted in severe isolation for people with disabilities and their families.

However, the nations have come a long way from that stage. Real awareness has dawned on the society at large that the problems of differently abled are to be viewed from human rights perspective...” That similarly in *Shatrughan Chauhan v. Union of India*⁹ followed in a four Judge Bench decision in *Navneet Kaur v. State (NCT of Delhi)*¹⁰ which held that the execution of persons suffering from mental illness or insanity violates Article 21 of the Indian Constitution and that such mental illness or insanity would be a supervening circumstance meriting commutation of the death sentence to life imprisonment. That in *Accused 'X' vs State of Maharashtra*¹¹ it was held that “That the post-conviction severe mental illness will be a mitigating factor that the appellate Court, in appropriate cases, needs to consider while sentencing an accused to death penalty....‘Test of severity’ envisaged herein predicates that the offender needs to have a severe mental illness or disability, which simply means that objectively the illness needs to be most serious that the accused cannot understand or comprehend the nature and purpose behind the imposition of such punishment.” From constitutional point of view The Apex Court in *Rajive Raturi vs. Union of India (UOI) and Ors.*¹² emphatically held that “This right not only flows from various international covenants referred to above to which India is a signatory, it is recognised as Constitutional right as well. There cannot be any dispute about the rights of the differently-abled persons, particularly those who have visual impairment with which category we are concerned in the present case, to provide them adequate access to all the facilities on the road as well as convenient access to transport facilities etc. Without these facilities, movement of such persons gets impaired and this can even be treated as infringement of their fundamental rights Under Article 19(1)(c) of the Constitution, which is guaranteed to each and every citizen of this country.” Hence, the judiciary in unequivocal voice has upheld the rights of the persons in need of special attention and obliged the State to perform its duties to protect and secure the disability and mental illness concerns in India.

That presently the most relevant burning issue of priority vaccination of COVID-19 for persons with all sorts of disabilities and suffering from mental illness have also reached to the judicial forum in different States as well in which The Hon’ble Courts have actively and effectively

⁹(2014) 3 SCC 1

¹⁰(2014) 7 SCC 264

¹¹REVIEW PETITION (CRIMINAL) NO. 301 OF 2008 IN CRIMINAL APPEAL NO. 680 OF 2007

¹²(2018)2SC C 413

interfered with their kind consideration realizing the nation's bigger concern for the most vulnerable class of people in our society. That in *Meenakshi Balasubramanian vs. The Union of India & Others*¹³ The Hon'ble Division Bench presided over by The Hon'ble Chief Justice of The High Court of Judicature at Madras passed order and direction on April 19, 2021 by ensuring that such persons with disabilities will have separate counter during vaccination exclusively and at any rate and the persons with disabilities should be given priority to vaccinate. That The Hon'ble Court have further directed the State Authorities to give priority to such persons suffering from disability as indicated in the list of co-morbidities irrespective of whether such persons has attended age of 45 years. That The Hon'ble Court further granted liberty to the State Authorities to consider whether vaccine can be administered to the persons above the age of 18 years suffering from any form of disability as indicated in the schedule to the Act, 2016 instead of confining it to the disabilities indicated in the list of co-morbidities. That The Hon'ble Court has categorically directed the State Authorities to emphasize that every endeavor should be made by the State to enable vaccination as quickly as possible to the lives of persons and immediate steps should be taken by the State to ensure that vaccination centers are accessible to persons with disabilities by taking serious measures according to the Act, 2016. That similarly in Public Interest Litigation, The Hon'ble Division Bench presided over by The Hon'ble Chief Justice in the High Court of Judicature at Bombay passed order and direction on April 12, 2021 in the case of *Dhruti Kapadia & Another vs. Union of India & Others*¹⁴, categorically on the point of door-to-door vaccination for, inter alia, disabled citizens. That The Hon'ble Court opined that the policy of not providing door-to-door vaccination to disabled persons needs to be revisited. That The Hon'ble Court further observed that such policy of not providing door-to-door vaccination is arbitrary and unreasonable being contrary to Article 21 of The Constitution of India and for other reasons of technological and logistical development. That in many other states public interest litigations on the self-same cause has already been initiated and in most cases such proceedings are pending and under serious judicial consideration.

VII. STATE FAILURE IN RECOGNIZING, PROTECTING AND PRIORITIZING DISABILITY AND MENTAL ILLNESS FOR COVID-19 VACCINATION

That the concerned Central Government along with the State Governments have acted arbitrarily without paying any consideration that such vulnerable group of people having all

¹³W.P. No. 2951 of 2021

¹⁴ PIL(L) No. 9228 of 2021

sorts of physical and mental disabilities must be brought to the priority list irrespective of any age classification as they are more exposed to the risk of virus transmission and due to lack of health condition are prone to serious illness and even death. That in terms of the Central Government Notification on February 28, 2021 a list of specified co-morbidities for determination of eligibility of citizens in age group of 45 to 59 years was published by Government of India which was unequivocally followed by other State Governments in which persons with disabilities (PwD) due to intellectual disabilities/muscular dystrophy and persons with disabilities having high support needs/multiple disabilities including deaf and blindness has been incorporated. That such classification is absolutely arbitrary and unreasonable and contrary to both Schedule to the Act, 2016 and the Act, 2017 for not incorporating all types of physical disabilities as prescribed in the Statutes and specifically excluding mental illness which has equal disability status and even more vulnerable to such contagiousness. That even though in the list of co-morbidities, specific and few disabilities has been incorporated without any basis in violation of the said Acts, 2016 and 2017, but such vulnerable group of persons with all sorts of disabilities and suffering from mental illness have not been incorporated in the priority group for immediate vaccination nor any special arrangement has been made for them. That such list of co-morbidities is absolutely arbitrary, illegal and unsustainable as according to the schedule pursuant to Section 2(zc) of the said Act, 2016 there is a specific list of disabilities under the broad heading of specific disabilities, visualize impairment, hearing impairment, speech and language disability, intellectual disability, mental behavior, disabilities caused due to certain conditions, multiple disabilities and other category of disabilities. However, in the list of co-morbidities only persons with disabilities due to intellectual disabilities/muscular dystrophy/multiple disabilities (including deaf-blindness) and persons with disabilities having separate needs have been arbitrarily included without referring to other forms of disabilities in accordance with the Act, 2016. Moreover, the mental illness as contemplated and given equal importance pursuant to the Act, 2017 has altogether been excluded from such list. Therefore, such list of co-morbidities is absolutely unsustainable in the eye of law. That such unequal and discriminatory treatment against the persons with all sorts of disabilities and suffering from mental illness so far vaccination priority is concerned has become a national issue in a number of States receiving serious consideration by the public at large which has attracted large public attention in all sphere through media and national forums irrespective of boundaries. The State authorities have altogether failed to understand that disability is not a disease and cannot be treated as co-morbidity and such insensitivity not only affects the inoculation priority for such vulnerable persons but also acts contrary to their

human dignity and human rights.

VIII. THE ROAD AHEAD AND THE NECESSARY MEASURES TO BE TAKEN

That not only the State factors have acted discriminatorily and deprived the persons with all sorts of disabilities by not prioritizing to vaccinate them irrespective of age and disability nomenclature but also deprived them for not arranging for special facilities which are necessary for the persons with such vulnerable groups to mention them against the exposure risk. That the concerned Government of India and other State Governments and their respective instrumentalities and authorities have failed to act in terms of the statutory and constitutional obligations to ensure equal and adequate protection of persons with all sorts of disabilities and suffering from mental illness being the most vulnerable group of population exposed to the vehemence of the pandemic so far inoculation and/or vaccination for COVID-19 is concerned for which they must have ensured the following which are lacking presently :-

- Immediate Prioritization of persons with all sorts of disabilities (including both physical and mental illness and without any classification) for administration of COVID-19 vaccination and/or inoculation along with care givers those who are in need of serious support;
- Vaccination of persons with all sorts of disabilities and suffering from mental illness as priority group without any age classification;
- To make special arrangements exclusively for persons with all sorts of disabilities and suffering from mental illness by organizing separate queue-free camps and/or keeping exclusive vaccination zone in the vaccination centers with all accessories and amenities including waiting space, ramp, toilet facility, water facility, medical facilities etc.;
- To arrange for door-to-door vaccination by identifying the persons with all sorts of disabilities and suffering from mental illness in residences and institutions and care homes for persons with all sorts of disabilities and also ensure mobile vaccination for destitute and homeless persons with all sorts of disabilities and suffering from mental illness forthwith;
- To enhance the vaccination centers and/or exclusive camps for persons with disabilities and suffering from mental illness in order to reduce distance to travel in each locality;

- Not to treat the disabilities as co-morbidities and thereby correct and/or amend the list of co-morbidities by incorporating all sorts of disabilities and suffering from mental illness in terms of the Act, 2016 and the Act, 2017 and thereby put the persons with all sorts of disabilities in the priority group for early vaccination;
- To ensure complete and holistic arrangements for persons with all sorts of disabilities and suffering from mental illness for inoculation both in urban and rural areas through respective District Officers and and/or District Disaster Management Authority under the Disaster Management Act, 2005 and make database for specifying disabled persons for on-spot vaccination.
- To treat mental illness equally along with other disabilities and incorporate such persons with mental illness in the list of priority groups for administration of vaccines of COVID-19
- Respective Government to direct all private hospitals and health centers to ensure prioritization of vaccination of persons with all sorts of disabilities and suffering from mental illness without any hindrance/barrier to access inoculation.
- To exempt persons with all sorts of disabilities and suffering from mental illness from registration and/or not to make registration mandatory to any sorts of digital platform and/or app and/or websites for vaccination i.e., COWIN, Arogya Setu, Umang etc.
- To ensure all sorts of accessibility without any barrier and hindrance to persons with all sorts of disabilities and suffering from mental illness for urgent vaccination for COVID-19.
- To formulate specific Guidelines and Standard Operating Procedure (SOP) for vaccination of persons with disabilities and suffering from mental illness during COVID-19.

That the persons with disabilities and suffering from mental illness are often voiceless due to their physical and mental hindrances for which there is hardly anyone to voice their cause, specifically when they are deprived and discriminated at a life threatening juncture of life due to vehemence of pandemic situation. That the State authorities should be more careful for the benefit of the persons with all sorts of disabilities and suffering from mental illness under the obligation of being a Welfare state when such vulnerable people are assured to remain at par with normal human life like the others. The State factors ought to have put this stratum of society at utmost priority and acted with more sensitivity to protect the most endangered and threatened. State has adequate means to secure numerous

disabled lives and the law making mechanism is an effective tool to ensure such protection. It is not too late to think and act promptly for the disabled and people suffering from mental illness to shield them from the deadliness of the virus attack only upon realizing the special need of such class of vulnerable people as they have every right to live with dignity under fundamental right to health and equality like every other person in the world.

IX. CONCLUSION

That this engulfing vehemence of pandemic has never been experienced by mankind and specially in country like India such impact has been exponentially increased due to its social, political, economic mosaic and no wonder persons with all sorts of disabilities and suffering from mental illness are the most vulnerable class of the society who are more exposed to the threat of pandemic. That at such backdrop the concerned Central and State Authorities has not secured the rights of disabled and suffering from mental illness by prioritizing inoculation and arranging for special facilities. Moreover, such arbitrary and discriminatory act on the part of the State factors is in sheer violation of equality and also against the right to life and liberty. It is right time the Welfare State concept be given its widest meaning and to realize that disability or mental illness are not social curse but the equal part of the society and has to be treated with sensitivity by ensuring priority treatment. The State should recognize that for persons with all sorts of disabilities and suffering from mental illness life should mean a meaningful human existence but not a mere animal survival to be spent under the mercy of the mighty and if not then we will fail this great nation of its gleaming glory and hallowed entity.
