



**25 January 2022**

National Cabinet

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Delivered by email to:

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Dear National Cabinet

## People with disability are at risk for their lives

We write to you collectively as national disabled people's organisations and disability representative organisations, unified in our concerns about the current handling of the threat of the Omicron and Delta variants of COVID-19 by Australia's federal, state and territory governments.

As a group, we wanted to follow up with you about the National Cabinet meeting held on 13 January 2022 in response to COVID-19 and the Omicron variant, approaches to test, trace, isolate and quarantine including the use of rapid antigen tests (RATs) and the vaccine rollout and booster program.

In particular, the disability sector is concerned about National Cabinet's decision to use state and territory public health arrangements to extend limits on furlough arrangements for supply



chains workers, to workers in other fields including the health, welfare, care and support sectors.

We are highly concerned that disability support workers and other supporters of people with disability, who are close contacts of people who have been COVID-positive, will not have to isolate for the period required of Australia's general population.

This change means that it is now inevitable that people with an active case of COVID will be around people with disability and can pass it on. We find this unacceptable.

As we have previously outlined, people with disability are at much greater risk than the general population from the COVID-19 pandemic, and in particular, older people with disability, First Peoples with disability, people with intellectual disability, people with psychosocial disability and those with chronic health conditions, co-morbidities, dependence on ventilators and compromised immunity.

As representatives of some of our most clinically vulnerable people, it is clear to us that governments' let-it-rip approach are an ableist approach that does not value the lives of people with disability.

While people with disability need to be assured access to essential services such as disability support and healthcare, accessing these services should not come at the expense of contracting a virus that could be life-threatening for those of us with underlying conditions.

People who do not have COVID symptoms can still have COVID. People who are COVID-negative on a RAT can still have COVID, or later develop it. This is why the quarantine and isolation periods we have relied on for two years – which have been so effective in controlling the spread of the virus – continue to be so important.

Isolation and quarantine periods help our community to be protected from COVID, as well as prevent community transmission where possible. This is especially important for at-risk communities such as ours which has many groups that are clinically vulnerable to COVID.

The National Cabinet's decision to limit furloughs for disability support workers is allowing COVID to rip through communities of people with disability and their support workers. As we can see, this increase in infections within our community is already having a negative impact on the delivery of our supports.



National Cabinet's current proposed solution to improve capacity will instead reduce capacity, as we expect community transmission will occur in closed settings, including group homes and other congregate living spaces where people with disability live.

As a signatory to [Convention on the Rights of Persons with Disabilities](#), Australia has an obligation to consider the impact of its decisions on people with disability. However, we believe National Cabinet's response to the threat of the contagious Omicron variant has neglected the disability sector and is [putting the lives of people with disability at risk](#) and [needs real action and evaluation](#).

To prevent more lives from being lost, immediate improvements must be made to ensure appropriate self-isolation requirements for workers in all industries. Additionally, it is essential that Australia's governments listen to and work with the disability sector when formulating responses to the pandemic.

We have been clear on what we believe needs to happen to ensure the ongoing health and safety of people with disability, and how to make sure our human rights are protected during the pandemic. We are outlining these actions again below.

The disability sector that we represent has the following three key recommendations for Australia's federal, state and territory governments:

1. The Australian Government's two National Disability Insurance Scheme (NDIS) agencies, the NDIS Quality and Safeguards Commission (the commission) and the National Disability Insurance Agency, must **ensure continuity of support by disability support workers for people with disability**.

The response so far has been reactive, and we need a proactive approach, to sure the continuity of our supports. The commission must **ensure individual NDIS disability support service providers develop and maintain COVID-19 emergency care plans are in place, and urgently reviewed and updated in light of the current wave of COVID-19 cases. These plans need to be in place for NDIS participants who self-manage or have plan-managed plans.**

2. Australia's governments must **provide free and accessible access to personal protective equipment (PPE), especially N95 or P2 face masks, oximeters, as well as rapid antigen**



**tests (RATs) on an ongoing basis** for both people with disability, our support workers and carers.

3. Australia's state and territory governments must **ensure priority access and processing of polymerase chain reaction (PCR) tests** for people with disability, our disability support workers and carers.

The disability sector also reiterates recommendations of the [Australian Council of Social Service \(ACOSS\)](#), which represents more than 4000 community organisations, in calling for the following 10 specific actions in relation to improving services for people with disability, which ACOSS outlined in a letter to National Cabinet dated 12 January 2022.

We have reproduced these actions below:

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29. Rapidly vaccinate people with disability who have not been vaccinated, especially those in disability residential settings, those who receive the Disability Support Pension, and children aged 5 to 11 years old facing barriers in accessing vaccinations. Prioritise access to booster vaccinations for people with disability as well.

30. Ensure all governments adopt recommendations in the [Statement of Concern on COVID-19 Human Rights, Disability and Ethical Decision-Making](#).

31. Ensure that all people with disability have free and ready access to PPE (especially N95/P2 masks) and RATs immediately and are provided these on an ongoing basis.

32. Provide guidance to people with disability, families, services, and support workers on how to monitor people with COVID-19 at home including accessible information and self-care kits.

33. Ensure that disability support providers have equitable access to PPE (especially N95/P2 masks), RATs and other supports like that provided to the aged care sector. This includes providing clear guidance on requirements for



undertaking RATs to protect people with disability from infection.

34. Review the recent re-classification of 'close contact' to align it with evidence and best health practice.
35. Continue the provision of telehealth for primary and specialist care for all health care without restriction to non-bulk billed services or geographic location of provider or patient.
36. Prioritise the processing of PCR tests for people with disability who are at high risk of testing positive to COVID-19, as well as disability support workers who are symptomatic or close contacts.
37. Ensure all disability support providers have individualised COVID-19 emergency care plans that can be enacted urgently to ensure the continuity of support if a worker or a person with disability become COVID-19 positive.
38. Prevent non-symptomatic COVID-19 positive disability support workers from returning to work except when they are supporting a COVID-19 person with disability.

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The current capacity of Australia's health system is being stretched and tested and this is having a significant impact for people with disability.

As our representatives of government, it is up to you to ensure the actions taken in the current wave of the COVID pandemic will ensure the health system is able to support people with disability. Collectively we must also support health professionals to ensure they do not feel obliged to make decisions about who to help in a crisis.

We must avoid eugenics disguised as emergency department triaging and instead urgently adopt the Australian disability sector's framework for valuing the lives of people with disability



and their human rights. This is found in the April 2020 [Statement of Concern on COVID-19 Human Rights, Disability and Ethical Decision-Making](#) mentioned above.

The COVID-19 human rights statement of concern was commissioned by disability sector organisations and [Disabled People's Organisation Australia](#) members who are among us. These organisations were [People with Disability Australia](#) (PWDA), [Women with Disabilities Australia](#) (WWDA), [National Ethnic Disability Alliance](#) (NEDA), [Australian Federation of Disability Organisations](#) (AFDO), [First Peoples Disability Network](#) (FPDN), and the [ACT Council of Social Service](#) (ACTCOSS).

We highlight the framework below, and remind all governments to work together, to ensure the human rights of Australians with disability, as laid out in the [United Nations Convention on the Rights of Persons with Disabilities](#), are protected and upheld.

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### **Framework of human rights principles for ethical decision-making**

1. Health care should not be denied or limited to people with disability on the basis of impairment.
2. People with disability should have access to health care, including emergency and critical health care, on the basis of equality with others and based on objective and non-discriminatory clinical criteria.
3. Health care should not be denied or limited because a person with disability requires reasonable accommodation or adjustment.
4. Health care should be provided on the basis of free and informed consent of the person with disability.
5. Health care should not be denied or limited based on quality of life judgements about the person with disability.



## 6. Ethical decision-making frameworks should be designed with close consultation and active involvement of people with disability and their representative organisations.

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The above framework is endorsed by leading members of the disability sector and human rights community, including the United Nations Committee on the Rights of Persons with Disabilities (UNCRPD committee) chairperson Rosemary Kayess, former disability discrimination commissioner Graeme Innes AM, United Nations Expert Mechanism on the Rights of Indigenous Peoples expert member for the UN Human Rights Council Professor, Megan Davis, former UNCRPD committee chair and Senior Australian of the Year 2011 Emeritus Professor Ron McCallum AO, former Queensland anti-discrimination commissioner Kevin Cocks AM, human rights lawyer and former Tasmanian anti-discrimination commissioner Robin Banks, University of New South Wales (UNSW) Disability Innovation Institute director and Bioethics Professor Jackie Leach Scully FAcSS, FRSA, and UNSW Law Professor and Australian Human Rights Institute research associate Andrew Byrnes.

Children's experiences of the COVID-19 pandemic, especially the experiences of children with disability, are another important consideration. One of our members, [Children and Young People with Disability Australia](#) (CYDA), have highlighted the findings of UNSW Canberra researchers Public Service Research, Professor Helen Dickinson and Dr Sophie Yates, it commissioned below. In their May 2020 research report, Professor Dickinson and Dr Yates shared the disability community's lessons from a survey of young people and their families, where they outlined their experiences of the pandemic. Although the research is grounded in people's experiences of the first wave of the pandemic, their findings are equally relevant today, as we struggle with Omicron. CYDA outlines the researchers' contemporary lessons from [More Than Isolated](#) below:

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### **Pandemic lessons from young people with disability and their families**

While government responses to the pandemic have been formulated in relation to some 'vulnerable' groups, others require additional support and consideration so that they can be viewed as equally valued members of society. There is a current gap in pandemic policy for people with disability,



including children and young people and their families. Lives of children and young people have been thrown into turmoil during the pandemic – exacerbated further by the onset of Omicron – as they already face multiple barriers and difficulties in accessing inclusive education, support for reasonable adjustments and the same curriculum as their non-disabled peers, placing enormous pressure on them and their families.

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Throughout this pandemic, adults and children with disability have consistently been left behind, despite being at high risk if we contract COVID-19, especially when we also consider the targeted actions undertaken to protect those in aged care.

We expect equal treatment, to ensure the lives of people with disability are valued and protected. We strongly urge you to take immediate steps to improve the federal, state and territory responses to the COVID-19 pandemic by actioning our recommendations. Immediate improvements must be made to ensure appropriate self-isolation requirements for workers in all industries.

Yours sincerely

People with Disability Chief Executive Officer, Sebastian Zagarella  
Australian Federation of Disability Organisations Chief Executive Officer, Ross Joyce  
Disability Advocacy Network Australia Chief Executive Officer, Mary Mallett  
Inclusion Australia Chief Executive Officer, Catherine McAlpine  
Women with Disabilities Australia Executive Director, Carolyn Frohmader  
National Ethnic Disability Alliance Chief Executive Officer, Dwayne Cranfield  
First Peoples Disability Network (Australia) Chief Executive Officer, Damian Griffis  
Children and Young People with Disability Australia A/Chief Executive Officer, Liz Hudson