



## COVID-19 AND DISABILITY: EXPLORING ADAPTIVE COPING MECHANISMS OF PERSONS WITH DISABILITIES

Dr. Smriti Singh<sup>1\*</sup>, Shobhan Singh<sup>2</sup>

<sup>1\*</sup>Associate Professor, Department of English, Maitreyi College, University of Delhi

<sup>2</sup>Assistant Professor, Department of History, Zakir Husain Delhi College (Evening), University of Delhi

**\*Corresponding Author:** Dr. Smriti Singh

\*Associate Professor, Department of English, Maitreyi College, University of Delhi

---

There is an urgent need to study the experience of the disabled to build an inclusive society and ensure social justice. However, it is observed that quite often the public health experts and policymakers fail to understand the needs of the disabled. And ensuring disability rights is important for enabling access to care. This weakness in the public health policy was starkly exposed during the COVID 19 pandemic.

This paper looks at the structural discrimination in society, and coping mechanisms adopted by the disabled community during a health crisis. COVID-19 exposed many gaps in the system. There were deficiencies in access to care, in the allocation of resources as per individual needs of the communities of the differently abled, (for example the community of blind, the deaf, the physically challenged, the intellectually challenged and the multiply disabled). With this, one realized that there is a need to provide accessible resources to a person with disability while providing medical facilities. Merely recruiting more professional healthcare workers, teachers, will not suffice. Proactive stakeholder engagement in planning and provision of services at the planning stage itself will help mitigate the problems faced by the communities. Need for removal of prejudices and safeguarding protection of every individual's interest, including those with disabilities is what this paper will analyze and discuss. Also there is a need to have a mechanism for dynamic review/ evaluation and update steps in any evolving public health emergency.

COVID-19, caused by the SARS Cov-2 virus, is a highly infectious disease that affects humans by causing severe respiratory complications. On March 11<sup>th</sup>, 2020, the WHO officially declared COVID-19 a global pandemic, marking it as one of the most significant crisis since World War II (Phelan 2020). The pandemic has affected millions of people and caused a substantial loss of life. Reference Vulnerable populations, including those living in extreme poverty, the elderly, migrants, and Persons with Disabilities (PWDs), have been disproportionately affected. Homeless individuals and those in shelters face heightened exposure to the virus. At the same time, daily-wage workers in industries such as construction and manufacturing have struggled with financial hardships and lack of access to food during lockdowns. Additionally, older people with pre-existing health conditions are at high risk of infection.

This crisis has revealed societal weaknesses, particularly in addressing the needs of individuals with disabilities and the marginalised, emphasizing the importance of accommodating them and providing accessible healthcare facilities. Exploring disability ethics and structural discrimination, this research

paper aims to promote equality, respect, and inclusive policies for disabled individuals. This research also highlights adaptive coping mechanisms that helped individuals with disabilities during challenging situations like nationwide shutdowns while offering valuable insights for future crises.

### **Literature and Policy Review**

In the article, “Disability, Inclusiveness of Government Responses to Covid-19 in South America” by Ana Paula and Elena S., the discussion revolves around the disability inclusiveness of governmental responses and policies in South America (Malfitano et al., 2020).

The article “Clinical Management of Covid-19” by World Health Organization discusses about barriers from the point of view of the doctors and healthcare workers and the perspective of the disabled people is absent. Devandas in “Covid-19: Who is Protecting the People with Disabilities” studies about persons with disabilities from an ‘ablist’ point of view.

In his paper “Whose life Matters: Challenges Barriers and Impact of Covid 19 Pandemic on Persons with Disability and their Caregivers”, Dr. Mathew Varghese states, “Disruption in rehabilitative services in one form or the other affected the treatment, follow up and rehabilitation of services. Long term implications of this will need to be evaluated.” (Varghese, 9).

The COVID-19 pandemic has highlighted the deeply rooted issue of lack of or inadequate access to healthcare for PWDs. PWDs faced numerous barriers in accessing essential healthcare services, including physical, communication, and attitudinal obstacles. Limited transportation options, reduced availability of support personnel, and inadequate accommodations further hindered their access to care. The rapid shift towards telehealth during the pandemic has also presented new challenges for PWDs. Many individuals had no access to the necessary technology and faced difficulties using digital platforms, creating a digital divide that hampered their ability to access virtual healthcare services. This further marginalized the PWDs and limited their options for receiving healthcare remotely.

Individuals with disabilities face higher risk of contracting COVID-19 due to various factors, including underlying health conditions and barriers to accessing healthcare services. According to the WHO, people with disabilities often have a higher prevalence of chronic conditions, such as cardiovascular disease, diabetes, and respiratory illnesses, increasing their vulnerability to COVID-19 (“Disability Considerations” 1). Additionally, limited access to preventive measures, such as hand hygiene facilities and face masks, may contribute to their higher risk of infection (WHO “Disability Considerations” 2).

The psychological impact of COVID-19 on PWDs has also been significant. The pandemic has increased anxiety, stress, and isolation among PWDs, exacerbating existing mental health challenges. The disruptions to routines, limited access to support systems, and uncertainties surrounding healthcare and essential services have taken a toll on their well-being. PWDs may face unique challenges in coping with the psychological impact of the pandemic due to pre-existing conditions, social stigma, and reduced access to mental health resources. Tianchen Wu et al., in their paper titled “Prevalence of mental health problems during the COVID-19 pandemic: A systematic review and meta-analysis,” state that individuals with disabilities experience higher rates of anxiety, depression, and stress as they grapple with increased social isolation, disruption of routines, and limited access to support networks. It is crucial to recognize and address the psychological needs of PWDs during this time, providing tailored support, accessible mental health services, and promoting inclusive and compassionate approaches to ensure their overall well-being.

Structural discrimination is a system-wide occurrence that inadvertently leads to inequality and biases. Specialists for specific conditions became less available, delaying necessary care. Support networks were disrupted, leaving PWDs without crucial assistance. The World Health Organization (WHO) reports that PWDs may face challenges in implementing preventive measures, such as physical distancing and hand hygiene, due to difficulties accessing information and understanding guidelines (WHO). This increases their risk of getting infected.

Structural barriers faced by PWDs during the COVID-19 pandemic, reveals a system designed from an “ableist” perspective that prioritized the needs of “normal” individuals while disregarding those with disabilities. These disparities have been further magnified, shedding light on discrimination and obstacles in accessing healthcare services. There is a necessity for inclusive policies, accessible information, and reasonable accommodations to ensure equitable access to healthcare during the crisis. Addressing these structural barriers requires a paradigm shift towards inclusivity, where public and private spaces are designed with the diverse needs of PWDs in mind, and healthcare systems prioritize accessibility and provide the necessary support and accommodations for the well-being of all individuals, irrespective of their abilities.

Education, another critical sector, also witnessed a rise in structural discrimination during the pandemic. The sudden shift to remote methods for learning posed multiple challenges for students with disabilities. Many educational platforms were not accessible, and resources for special education were insufficient. The bleak scenario of the education system widened the knowledge gap, with many students with disabilities being left behind. Halis Sakız, in the paper “Delayed educational services during Covid-19 and their relationships with the mental health of individuals with disabilities,” highlights how the loss of vital support services, specialized instruction, and social interaction led to a regression in learning and skills development of children with disabilities (2562).

Structural discrimination adversely impacted the education system and became a major deterrent in availing occupational opportunities offered to PWDs. The employment graph was low before the pandemic, but the complete shutdown exacerbated this. Various businesses had to close, and the remaining operated from home. The latter became a new challenge for PWDs due to technological and communication barriers. Moreover, when job layoffs began, PWDs became the first to be discharged from duties. A 2021 Report titled “The Socio-Economic Impact of COVID 19 on Persons with Disabilities,” published by the United Nations Human Rights Office, delves into a detailed study of the economic consequences of COVID-19 on persons with disabilities. Many individuals have experienced job losses, reduced income, and barriers to accessing financial assistance programs, exacerbating socioeconomic disparities.

The United Nations (UN) and the World Health Organization (WHO) adopted various policies and initiatives during the COVID-19 pandemic to assist PWDs and ensure their inclusion in the global response. The UN emphasized the importance of a disability-inclusive approach in all pandemic response and recovery aspects. In April 2020, the UN issued guidelines on disability-inclusive COVID-19 response, highlighting the need for accessible information, healthcare services, and support systems for PWDs. They stressed the importance of involving PWDs and their representative organizations in decision-making processes to ensure their unique needs and perspectives are considered. The UN also called for removing barriers and promoting inclusive policies to safeguard the rights and well-being of PWDs during and after the pandemic.

The guidelines and recommendations issued by the UN and the WHO lack specific and actionable measures for addressing the unique challenges faced by PWDs. More concrete steps need to be undertaken to ensure equal access to healthcare, support services, and information for PWDs. Additionally, there are concerns that the involvement of PWDs and their representative organizations in decision-making processes has been limited, leading to a lack of meaningful participation and representation. Critics argue that true inclusion requires the active involvement of PWDs in shaping policies and strategies that directly affect their lives.

Different countries have issued guidelines and policies to address the specific needs of PWDs during the COVID-19 pandemic. In the United States, the Centers for Disease Control and Prevention (CDC) provided recommendations on protecting and supporting PWDs, including strategies for managing healthcare, daily living activities, and mental health (CDC, 2020). Similarly, in the United Kingdom,

the government issued guidance on shielding vulnerable individuals, which included PWDs, advising them to take extra precautions and providing support for accessing essential services (UK Health Security). Australia's Department of Health developed resources and guidelines to assist PWDs and their support networks, covering infection prevention, healthcare access, and mental well-being (Australian Government). In Canada, the Public Health Agency issued guidelines addressing the unique challenges faced by PWDs, emphasizing the importance of inclusive communication, accessible services, and support for caregivers (Public Health Agency of Canada). These guidelines reflect the commitment of these countries to ensure the safety, well-being, and inclusion of PWDs during the pandemic.

Shikako, K. et al (2023) reviewed 764 COVID-19 national policy documents from the period of January 2020 to June 2021. When analyzed in relation to the Articles of the UNCRPD, the most frequently identified were Articles 11 (risk and humanitarian emergencies). Six countries produced 27 policies that were specifically focused on disability. Common themes within these documents included continuation of services, intersectionality and equity, and disability considerations in regulations and public health measures.

In the article "COVID-19 and Human Rights: We are all in this Together", António Guterres has highlighted the need to ensure that "national and local response and recovery plans identify and put in place targeted measures to address the disproportionate impact of the virus on certain groups and individuals", including people with disabilities. (A. Guterres).

The "Statement on COVID-19 and the Human Rights of Persons with Disabilities", published by the UNHCR on 9 June 2020, states, "The COVID-19 pandemic has revealed that the Convention on the Rights of Persons with Disabilities (CRPD) has not been comprehensively implemented by States Parties. It has starkly exposed the heightened vulnerability and risks to persons with disabilities that is underpinned by entrenched discrimination and inequality."

India has implemented several policies and initiatives to address the needs of PWDs during the COVID-19 pandemic. The Ministry of Social Justice and Empowerment released guidelines emphasizing the protection and safety of PWDs during the pandemic, providing recommendations for their well-being (Ministry of Social Justice & Empowerment). Efforts have also been made to provide accessible information and communication to PWDs, with the government encouraging the dissemination of COVID-19-related information in accessible formats (Ministry of Health and Family Welfare). Financial support and relief measures have been introduced explicitly targeting PWDs to alleviate their economic hardships (Ministry of Social Justice and Empowerment, 2021). Additionally, dedicated helplines have been established to assist and support PWDs, offering information, counselling, and guidance. While India has, on paper, sanctioned the policies mentioned above and initiatives to address the needs of PWDs during the COVID-19 pandemic, there are some significant loopholes in their execution.

One criticism is that these policies' limited awareness and reach results in inadequate support and resources reaching PWDs nationwide (Raju). There have also been concerns about the accessibility of information and communication for PWDs, with a lack of consistent and inclusive dissemination of COVID-19-related information (Sharma). Furthermore, some critics argue that the financial support and relief measures provided may not be sufficient to meet the diverse and complex needs of PWDs, particularly those from marginalized communities (Sinha). Additionally, the effectiveness of dedicated helplines for PWDs has been questioned, as issues such as response time, language barriers, and limited availability of trained personnel have been raised (Bajaj). These criticisms highlight the importance of ongoing evaluation, greater accessibility, and improved implementation of policies to ensure that PWDs receive adequate support and inclusive services during the pandemic.

Discrimination against PWDs has been evident during the COVID-19 vaccination rollout. Reports indicate that PWDs have faced barriers and discrimination in accessing vaccines, further exacerbating

health disparities (Bajaj.). Some PWDs have encountered challenges in navigating the online registration process or accessing vaccination centers that are not fully accessible. This discrimination not only violates the rights of PWDs but also perpetuates health inequities and puts them at greater risk during the pandemic. Efforts must be made to address these discriminatory practices, ensure equal access to vaccines, and provide reasonable accommodations for PWDs throughout the vaccination process.

### Objective

The objective of this study is to bring to light the gaps in the healthcare system for the disabled. The argument in this paper is premised on the results of an extensive survey conducted across all age groups and disability types. We have interviewed about 500 people, of which 200 were visually challenged, 100 had hearing impairment, 50 were the ones suffering from an intellectual disability and 50 were orthopedically challenged. Along with that, we have interviewed around 100 senior citizens who have become disabled due to age. We also interviewed 20 people with multiple disabilities. These numbers were kept in mind to ensure that enough evidence is gathered from lived reality of people with disabilities.

### Data Analysis

**Table 1.** Summary of all the types of Disabilities surveyed: and their care givers who participated.

Condition/Disability	Total Survey	Male	Female
Intellectual Disability (Downs' Syndrome, ADHD, Dyslexia)	50	21	29
Hearing Impairment	100	89	11
Visual Impairment	200	40	160
Musculo-Skeletal Disability	50	12	38
Senior Citizens	100	80	20
People with Multiple Disabilities	20	15	5

### Observation

**Intellectual Disability:** In our survey we observed that 10% of the people with intellectual disability were admitted to the hospital. In the hospital they did not have support. Of caregivers, 1% of these people were homeless and were staying with the NGO Sandhya. 40% of these people were impacted due to covid ailment. 15% people had the support. Of care givers, were from the upper class and did not suffer from anxiety. They didn't even have an idea of covid.

**Hearing Impaired People:** 25% were impacted with the disease and were hospitalized. 80% were facing anxiety due to infrastructural restrictions during covid. 5%, who were taken care by NGOs were in the best of their mental health because people with them were trained in sign language that minimized communication barrier.

**Visually Challenged:** Most of them were refusing to open up but we could note in our observation that 90% had anxiety, 35% had covid, 10% died of anxiety and 90% were not attended by any care giver at home or in the hospital. 5% who were from the educated upper class who had support from doctors and nurses faced no issue and coped with the disease well.

**Musculo-Skeletal Disability:** 35% of these had the disease 90% were anxious due to accessibility concerns at the hospital, none of them were attended by caregivers at hospital. 70% had caregivers at home. Their relationship underwent different phases during the pandemic. 98% had anxiety. 2% who didn't have anxiety, had care givers taking care of their physical and emotional need.

### Case Studies

In this section we have discussed the outcomes of the survey we conducted; we interviewed people with different disabilities and their care givers.

### **i) Intellectual Disability**

Conducting this survey was a challenge as intellectual disability cannot be seen, hence hardly do people think or discuss about it. We interviewed people who were severely disabled, but people with minor disabilities were also contacted. For people with this disability, it is difficult to cope with anxiety even under normal circumstances. During the pandemic counsellors' services were not available to them and their daily routine was impacted. It was difficult for them to understand the situation and maintain hygiene. The care givers kept on reminding them to keep hygienic but when the patient did not comply, the care giver would lose patience with them. Many a time the relationship between the care givers would get violent and the differently abled also would get violent with the care giver. There were instances of violence from both sides. Many care givers too needed mental support at this time. And after a while, the government of India started counselling services. But this was not sufficient because most counsellors were be oblivious to the issues of these differently abled people. we interviewed a mother who accepted that violence was the only means she could control her five-year-old child, a patient of ADHD. This mental trauma, neither the care giver nor the disabled have been able to overcome.

During the pandemic there was a severe dearth of hospital beds. During our interaction with four to five families in our society confessed that due to the patient's previously existing mental condition hospitals refused them admission. If somehow, they were taken in, doctors and nurses were not trained enough to handle their situation. The absence of care giver was more traumatic for them. The policy of admitting only the patient without allowing the care giver was extremely distressing to the care givers. They were apprehensive of leaving their dependent patient alone in the hands of people and a system that would not understand their needs. Their reply to repeated requests was that the rules do not allow a non covid positive patient to stay in a covid ward even if they were the only care giver. So, they did not know how to deal with the situation. Many chose to stay at home with their disabled accepting their situation as a will of God.

In a case, parents who were residing in Noida, they had an autistic child and the entire family was impacted by COVID. The family was kept in a separate ward. Mother was going through anxiety as she was aware of her child's circumstance and the disease at the time was such that seeing people lose their lives was the new normal in 2021 India.. The child did not cooperate with the doctors for putting oxygen mask and for other allied procedures. So, in the end the child could not survive COVID without the loved ones around the child. Many patients who did survive, are till date not out of the fear that they can remain in isolation Many institutions came up with free counselling for such patients and care givers were taught methods of how to understand such patients' concerns and their anxiety.

### **ii) Disability involving Hearing Impairment**

The hearing impaired appear to be normal externally. The time of pandemic was traumatic for them. Also this category was economically most impacted. They were the highest in total number of the disabled who lost their jobs. Very few people understand sign language. Most people do not realise the fact that the deaf quite often lip read and manage to understand the speech of others. Masks prevented them from lip reading, so they faced communication barrier the most. We did read the report of such a family in Indonesia making transparent masks that allowed lip reading but these were not available to our patients. The family a husband-and-wife duo in Makassar on Sulawesi island produced cloth masks with transparent plastic in the middle to help fellow deaf people.

Even in our institution, after it reopened, masks were used still. Some student with this disability came up to us and complained that they were unable to hear lectures. So, teachers devised ways of addressing this concern as well. They took off their masks and the hearing impaired students could now see their lips and understand lectures. In Delhi, the family of one hearing impaired girl did not know how to help their child, though the family appeared educated.. we did sense some gender discrimination in the interactions of the family. The girl did not have a smartphone. She did not know about COVID. She did not know why

people were using masks. It became very difficult for her to communicate with people. The family that had kept her disability a secret, now they had to let everyone know. As people became aware of her disability, it became very traumatic for her and the family. They faced stigma during already difficult times. She developed immense anxiety, and she is still under treatment.

In the hospital most nurses and doctors do not know sign language and are unaware of the needs of this category. When they were left in the hospital with the care givers, it was tough. As prescriptions were not written in electronic form, it was difficult for them to follow the instruction. A 21-year-old boy confessed to us that he did not know how he was surviving. The hospital was a dreaded place for him. Nobody could understand him and neither could he due to the heavy PPE Kits. When he still tried, very few doctors understood his need and started sending instructions through mobile phones. Hence, he could cope with this disease. Yet it is a deeply embedded dark memory of how he spent those days in the hospital.

Differently abled people, with hearing disabilities could cope only if they had smartphones. They received e-messages that gave them information about the disease. Smartphones was the only way they could communicate with people.

### **iii) Disability involving Visual Impairment**

Touch is the main source of a blind person's life, and it was prohibited during the pandemic. So, every possible help went away from the life of a blind. Again, the visually challenged - clearly formed two groups those who had assistive technology and those who did not have it. Very few written sources were available in Braille and anyway most of the low income blind had no knowledge of Braille. It was very difficult for this group to understand about the disease. Lockdown, social distancing and home quarantine meant isolation for them. Those victims of Covid who were blind and were in home isolation had a harrowing time as they had no way of identifying the new medicines that were left at their door steps. It was difficult to identify medicines by their size and shape. and they were supposed to take care of themselves at home. There was no help available of a person as others were too scare to come near them, and there was no help to segregate their medicines according to time and doses. At times these patients also ended up taking wrong doses and medicines and suffered severe reactions. A social activist from Rajasthan who infected with COVID-19 was supposed to be admitted in the hospital. He described that no care giver facility was available, and nobody was available to assist him for necessities either. He could not understand sound of the machines beeping on and off. Doctors and nurses refused to come close to him. It was difficult. He did not survive.

Despite repeated requests another family was told that admission is required and possible to the blind mother of a Blind but no caregiver will be allowed as the rules do not allow covid negative persons to stay with Covid positive persons.

Touch is the only source with which the blind lead their life and that privilege was taken away from them due to isolation and social distancing. Many people didn't go to hospitals in fear that nobody would take care of them. They preferred to be at home even if it meant suffering, but they could be with their loved ones from the family.

Many disabled women live in hostels, schools run for people with special needs. Many of these were closed during the lockdown. Financially, emotionally, physically many people had to face violence in real sense. Family did not want to bear their burden and did not want to support them. Whatever money was there with them, it was taken away by the family.

A blind woman in Gujarat frantically called people up to complain about the fact that there was no toilet available nearby. And there was nobody to help her with the same. Women's issues got compounded with the pandemic this way.

During the vaccination drive, no policy was made for the visually impaired. Going to vaccination centers brought them closer to the virus. The hospitals did not have planning or provision for the

differently abled and they ended up contracting the virus. Some of the blind that went for vaccination got Covid infection after their trip.

Department of Personnel and Training (DOPT) issued guidelines for the disabled from time to time, to provide them facility so they could work from home, so they did not have to go to offices during the pandemic. But the government could come up with very few plans to provide accessible computers for the visually challenged. Many private organizations, due to lack of funds and various other reasons, had terminated visually impaired people from jobs.

Many NGOs came with accessible information. Many volunteers went to houses of the visually impaired people suffering from COVID; they tried helping them out. But it was not sufficient. Many also came up with smartphones and computers for the disabled. And telephonic counselling was provided by many organizations. Overall technology was the source through which they could survive.

While there were challenges technology was a savior and many Doctors and nurses who came up to help, it is because of them that this category could survive this disease.

#### **iv. Disability due to Musculo skeletal disability**

Many a time it is difficult to understand the problem of this category. Mostly hospital rooms are not accessible with wheelchairs, nor do hospitals have disabled friendly toilets. This created challenges for this category without their care givers. , There was no information, in India or abroad, about the facilities available, if at all, for the disabled if they go to the hospitals. How would medical staff help them. Absence of this information caused lots of anxiety amongst these people. Till date we do not have information that how many hospitals have disabled friendly toilets and how many of those rooms can be accessed with a wheelchair.

After lots of convincing, an orthopedically challenged person went to the hospital in Delhi for his treatment. There were many kinds of fears but the most evident one was that how would he go to the toilet. The hospital did not have disabled friendly toilet and he could not enter the toilet without a wheelchair or a caregiver's support. First the hospital refused to take him. After admission every toilet trip was a challenge for him.

Many people lost jobs during COVID. There was economic loss for everyone, and when it came to laying off employees, the disabled were the first targets as the companies were obliged need to give them benefits.

Many NGOs assisted them with vans to take them to hospitals, gave them necessary things, counselled women. But due to fragile health and hospitals lacking in assistive care, many people of this disability could not survive. Many NGOs had to close down as all social responsibility was diverted for Covid related activities.

In all 21 types of disabilities exist but they are all somewhere connected to the ones discussed above. We are not denying the unique concerns of all other disabilities, but the above framework becomes a way to tangentially refer to their concerns. Here one must make a mention of people with Thalassemia. Mostly hospitals were dedicated to COVID and these patients couldn't get blood. Many NGOs recognized their problem and came up with a solution.

#### **Summing up**

From the above discussion and case instances we note that peer support networks emerged as invaluable resources for individuals with disabilities during the pandemic, enabling them to connect, share experiences, and provide mutual support. The virtual nature of these networks, facilitated by online platforms, allowed individuals to transcend physical barriers and connect with others from diverse geographic locations, thereby reducing feelings of isolation and cultivating a sense of belonging. Overall, peer support networks played a crucial role in mitigating the negative impact of the pandemic on individuals with disabilities. By fostering connection, support, and advocacy, these networks helped individuals navigate the challenges of the pandemic while reinforcing a sense of community and resilience.



During the pandemic, the adoption of innovative communication methods became crucial for individuals with disabilities, as it provided them with opportunities to connect with others and express themselves despite the challenges posed by physical distancing measures. The reliance on digital communication networks opened up new avenues for utilizing alternative and augmentative communication tools, incorporating visual and tactile sign languages, and developing digital etiquettes that catered to diverse communication needs. For persons with disabilities, traditional face-to-face communication methods were disrupted due to safety concerns and physical distancing requirements. However, the emergence of digital platforms and communication technologies offered alternative means of interaction. Individuals with hearing impairments, for example, could leverage visual sign languages and video conferencing tools to communicate effectively. These tools allowed them to utilize facial expressions, gestures, and sign language interpreters to convey their messages, maintaining meaningful connections with others.

Moreover, tactile sign languages and haptic communication methods, such as vibrations or touch-based systems, played a role in bridging communication gaps for individuals with visual impairments or deaf-blindness. These methods enabled them to receive information through touch or vibrations, making it possible to engage in conversations and access essential information. But how many had access to these technologies? During the pandemic, visual and tactile sign languages also emerged as important communication methods. Sign languages provide a visual means of communication for individuals who are deaf or hard of hearing, enabling them to convey messages and engage in conversations. The utilization of video conferencing platforms and digital communication tools facilitated the continued use of sign languages, allowing individuals to communicate effectively despite physical barriers (Welles).

In the digital realm, developing inclusive digital etiquette became necessary to ensure effective communication for individuals with diverse disabilities. This involved considering factors such as captioning or transcripts for videos to accommodate individuals with hearing impairments, creating accessible formats for text-based content, and designing user interfaces that are compatible with assistive technologies like screen readers or alternative input devices.

Adopting innovative communication methods during the pandemic was essential for individuals with disabilities. It allowed them to overcome barriers to communication, connect with others, and express themselves effectively. Utilizing alternative and augmentative communication tools, incorporating visual and tactile sign languages, and developing inclusive digital etiquettes were all integral in ensuring that diverse communication needs were met, fostering inclusivity and accessibility in the digital communication landscape. Alternative and augmentative communication tools played a significant role in facilitating effective communication for individuals with disabilities. These tools encompassed a range of solutions, such as assistive technologies, speech-generating devices, and communication apps, which enabled individuals to express their thoughts, needs, and emotions. For example, individuals with speech impairments could utilize text-to-speech apps or devices to communicate verbally, while those with motor disabilities could employ eye-gaze or switch-based systems to operate communication devices (Crowe et al.).

By embracing these adaptive communication strategies, PWDs could overcome the challenges posed by physical distancing and maintain meaningful connections with others. When examining the factors that aided PWDs in coping with the challenges of the pandemic, the role of resilience emerges as a significant aspect. Resilience can be understood as the capacity to adapt effectively in the face of adversity, trauma, or considerable stress. For individuals with disabilities, this entailed navigating the numerous difficulties brought about by the pandemic while managing the psychological impacts it imposed. Resilience often stems from the lived experiences of individuals in managing their disabilities, as the struggles they face equip them with valuable decision-making skills and patience to confront the growing pessimism during such trying times.

The ability to draw upon personal resilience has been instrumental in helping individuals with disabilities confront and overcome the obstacles presented by the pandemic. Their experiences and challenges have provided them with a foundation of resilience, enabling them to develop effective coping mechanisms and adapt to the pandemic's unique circumstances. By drawing upon their inner strength and determination, individuals with disabilities have exhibited remarkable resilience in the face of adversity, demonstrating their capacity to navigate the hardships imposed by the pandemic.

During the COVID-19 pandemic, individuals with disabilities employed various coping mechanisms to navigate their challenges. These strategies included establishing routines and structures to maintain stability and a sense of normalcy. Assistive technology enables independence and access to essential services. Seeking emotional support from support networks and friends proved vital in mitigating feelings of isolation and anxiety (Golberstein et al.). Self-care activities such as mindfulness, exercise, and hobbies significantly promote overall well-being (American Psychological Association). These coping mechanisms played a crucial role in helping individuals with disabilities navigate the challenges posed by the pandemic. However, these efforts also emphasize the need for systemic changes to create inclusive and accessible societies. The lessons learned during the pandemic should guide future steps toward building a world where individuals of all abilities can thrive and contribute to their fullest potential.

We are aware that because of climate change and the ongoing bio war, such pandemics and diseases are inevitable. We believe every life matters. So, UN, government of all countries and WHO must prepare itself to deal with such situations. Medicines must have QR Code at all key places on the tablet. After so much persuasion, government of India has accepted problem of disabled and came up with a gazette on November 17, 2022, that there will be QR Code on 300 essential medicines. Stating accessible accommodative atmosphere for disabled will not work, unless it is clearly explained what this is. We must keep in mind that many health care professionals are not aware about how to deal with the disabled properly. So, this should be put in their curriculum and those who have become working professionals, must be sensitized by the WHO, UN and other organizations. Sensitivity to basic sign language, the kind of accommodation needed etc. must be generated. Doctors should willingly give e-prescription whenever required. Different tools must be used to create awareness. Most importantly we need empathetic approach. We must remember that due to old age or other circumstances anyone can fall into this category, without a caste class, gender, or discrimination of any kind.

As people prepare for disaster empathetically, they need to prepare to help those with disability or think about how they will be helped if they become disabled by any means. Preparation for empathy towards others, is a preparation for empathy for oneself.

At last, we would like to conclude with the words of Dr. Mathew Varghese in his paper "Whose Life Matters..." he states, "Covid 19 pandemic has impacted all populations where the Corona virus infection spread. It is quite evident that the virus has impacted lives of people not only in terms of mortality and morbidity but also socially, economically, and politically." (Varghese, 10).

### Works Cited

1. Guterres, "COVID-19 and Human Rights: We are all in this together" 23 April 2020, <https://www.un.org/en/coronavirus/un-secretary-general>.
2. Al-Beltagi, Mohammed et al. "Effects of COVID-19 on children with autism." *World Journal of Virology* vol. 11,6 (2022): 411-425. doi:10.5501/wjv.v11.i6.411
3. "ATIA- Assistive Technology Industry Association." Assistive Technology Industry Association, [www.atia.org](http://www.atia.org).
4. Australian Government Department of Health and Aged Care. "What We're Doing About COVID-19." Australian Government Department of Health and Aged Care, 9 June 2023, [www.health.gov.au/topics/covid-19/about/what-were-doing?language=en](http://www.health.gov.au/topics/covid-19/about/what-were-doing?language=en).

5. Bajaj, Rahul, et al. "COVID-19, Persons With Disabilities and an (Un)Inclusive Healthcare System." Vidhi Centre for Legal Policy, [vidhilegalpolicy.in/research/covid-19-persons-with-disabilities-and-an-uninclusive-healthcare](http://vidhilegalpolicy.in/research/covid-19-persons-with-disabilities-and-an-uninclusive-healthcare).
6. Brooks, S. K., et al. "The psychological impact of quarantine and how to reduce it: Rapid review of the evidence." *The Lancet*, Vol. 395, Issue 10227, 2020, pp. 912-920.
7. Colizzi, Marco et al. "Psychosocial and Behavioral Impact of COVID-19 in Autism Spectrum Disorder: An Online Parent Survey." *Brain sciences*, vol. 10(6) 341, 3 Jun. 2020, doi:10.3390/brainsci10060341.
8. 24 CRPD Committee, "Statement on COVID-19 and the human rights of persons with disabilities", 9 June 2020, <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25942&LangID=E>.
9. Crowe, Becky et al. "Augmentative and Alternative Communication for Children with Intellectual and Developmental Disability: A Mega-Review of the Literature." *Journal of developmental and physical disabilities* vol. 34,1 (2022): 1-42. doi:10.1007/s10882-021-09790-0.
10. Golberstein, Ezra, et al. "Coronavirus Disease 2019 (COVID-19) and Mental Health for Children and Adolescents." *JAMA Pediatrics*, vol. 174, no. 9, American Medical Association, Sept. 2020, p. 819. <https://doi.org/10.1001/jamapediatrics.2020.1456>.
11. International Labour Organization. "COVID-19 and the World of Work: Impact and Policy Responses." *ILO Monitor: COVID-19 and the World of Work*, 4th edition, International Labour Organization, 2020.
12. Khan, Haaris M et al. "Investigating the impact of COVID-19 on individuals with visual impairment." *The British Journal of Visual Impairment* 02646196231158919. 10 Mar. 2023, doi:10.1177/02646196231158919.
13. Ministry of Health and Family Welfare, Government of India. Home. [www.mohfw.gov.in](http://www.mohfw.gov.in).
14. Ministry of Social Justice & Empowerment. "DEPwD Issues Comprehensive Disability Inclusive Guidelines to States/UTs for Protection and Safety of Persons With Disabilities (Divyangjan) in Light of COVID-19." PIB Delhi, 27 March 2020, [pib.gov.in/PressReleasePage.aspx?PRID=1608495](http://pib.gov.in/PressReleasePage.aspx?PRID=1608495).
15. Parida, Monnie, and Manjira Sinha. "Pandemic and disability: Challenges faced and role of technology." *Technology and Disability*, Vol. 33, 2021, pp. 245–252.
16. Prasad, Malavika. "QR Code on Medicines for Convenience of Visually Impaired: Delhi High Court Seeks Centre's Stand in PIL." *The Indian Express*, 9 May 2023, [indianexpress.com/article/cities/delhi/qr-code-medicines-convenience-visually-impaired-delhi-high-court-seeks-centres-stand-pil-8599833](http://indianexpress.com/article/cities/delhi/qr-code-medicines-convenience-visually-impaired-delhi-high-court-seeks-centres-stand-pil-8599833).
17. Phelan, Alexandra, et al. "The Novel Coronavirus Originating in Wuhan, China." *JAMA*, vol. 323, no. 8, American Medical Association, Feb. 2020, p. 709. <https://doi.org/10.1001/jama.2020.1097>.
18. Public Health Agency of Canada. "COVID-19: Canada's Response." *Canada.ca*, 1 Oct. 2022, [www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/canadas-reponse.html#health](http://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/canadas-reponse.html#health).
19. Raju, Emmanuel et al. "COVID-19 in India: Who are we leaving behind?." *Progress in disaster science* vol. 10 (2021): 100163. doi:10.1016/j.pdisas.2021.100163.
20. Rayland, Amy, and Jacob Andrews. "From Social Network to Peer Support Network: Opportunities to Explore Mechanisms of Online Peer Support for Mental Health." *JMIR mental health* vol. 10 e41855. 28 Feb. 2023, doi:10.2196/41855.
21. American Psychological Association. "Resilience." <https://www.apa.org>, [www.apa.org/topics/resilience](http://www.apa.org/topics/resilience).
22. Sakız, Halis. "Delayed educational services during Covid-19 and their relationships with the mental health of individuals with disabilities." *Journal of Community Psychology*, 50, 2562–2577. <https://doi.org/10.1002/jcop.22676>.
23. Sharma, Ashutosh. *Persons With Disabilities Face Double Whammy of Inaccessibility and Official Apathy in the Pandemic*. 3 June 2021, [frontline.thehindu.com/covid-19/persons-with-](http://frontline.thehindu.com/covid-19/persons-with-)

- disabilities-face-double-whammy-of-inaccessibility-and-official-apathy-in-the-covid19-pandemic/article34674577.ece.
24. Singh, Satendra. "Disability ethics in the coronavirus crisis." *Journal of family medicine and primary care* vol. 9,5 2167-2171. 31 May. 2020, doi:10.4103/jfmpe.jfmpe\_588\_20
  25. Singh, Smriti. "Impact of COVID-19 on Disabled Persons: A Critical Review." *Journal of Disability Studies*, vol. 5, no. 2, 2021, pp. 87-92.
  26. Singh, Smriti. "Pandemic, Disability and Religion," Sambodi, 2020.
  27. Sinha, Beohar Adwait. "Pandemic Hurt PwD Disproportionately: Here's What Needs to Be Done." *Governance Now*, 16 December 2021, [www.governancenow.com/views/columns/pandemic-hurt-pwd-disproportionately-heres-what-needs-to-be-done](http://www.governancenow.com/views/columns/pandemic-hurt-pwd-disproportionately-heres-what-needs-to-be-done).
  28. Senjam, Suraj S. "Impact of COVID-19 pandemic on people living with visual disability." *Indian Journal of Ophthalmology* vol. 68,7 (2020): 1367-1370. doi:10.4103/ijo.IJO\_1513\_20.
  29. Suresh, Rahul, et al. "Using Peer Support to Strengthen Mental Health During the COVID-19 Pandemic: A Review." *Frontiers in Psychiatry*, vol. 12, Frontiers Media, July 2021, <https://doi.org/10.3389/fpsy.2021.714181>.
  30. UK Health Security Agency. "COVID-19: Guidance for People Whose Immune System Means They Are at Higher Risk." GOV.UK, Mar. 2023, [www.gov.uk/government/publications/covid-19-guidance-for-people-whose-immune-system-means-they-are-at-higher-risk](http://www.gov.uk/government/publications/covid-19-guidance-for-people-whose-immune-system-means-they-are-at-higher-risk).
  31. United Nations. "Conventions on the Rights of Persons with Disabilities." Department of Economic and Social Affairs, 2006, <https://social.desa.un.org/issues/disability/crpd/convention-on-the-rights-of-persons-with-disabilities-crpd>.
  32. United Nations Human Rights Office. "The Socio-Economic Impact of COVID 19 on Persons with Disabilities." May 2021, <https://www.ohchr.org/sites/default/files/Documents/Issues/Disability/COVID-19/OHCHR-summaryreport.docx>.
  33. "Using Technology." The American Foundation for the Blind, [www.afb.org/blindness-and-low-vision/using-technology](http://www.afb.org/blindness-and-low-vision/using-technology).
  34. Varghese, Mathew. "Whose Life Matters: Challenges, Barriers and Impact of Covid-19 Pandemic on Persons with Disability and their Caregivers." Summary of the Report of an APW awarded by WHO, South-East Asia Region, September 2020.
  35. Vieira, Alessandro Diogo, et al., "The impact of voice assistant home devices on people with disabilities: A longitudinal study." *Technological Forecasting and Social Change*, Vol. 184, 2022, <https://doi.org/10.1016/j.techfore.2022.121961>
  36. Welle, Deutsche. "Sign Language Users Get Creative Despite Covid." *Hindustan Times*, 23 Sept. 2021, [www.hindustantimes.com/lifestyle/art-culture/sign-language-users-get-creative-despite-covid-101632420221198.html](http://www.hindustantimes.com/lifestyle/art-culture/sign-language-users-get-creative-despite-covid-101632420221198.html).
  37. World Health Organization. Coronavirus Disease (COVID-19). [www.who.int/emergencies/diseases/novel-coronavirus-2019/question-and-answers-hub/q-a-detail/coronavirus-disease-covid-19](http://www.who.int/emergencies/diseases/novel-coronavirus-2019/question-and-answers-hub/q-a-detail/coronavirus-disease-covid-19).
  38. World Health Organization. "Disability Considerations During the COVID-19 Outbreak." [www.who.int](http://www.who.int), Mar. 2020, [www.who.int/publications/i/item/WHO-2019-nCoV-Disability-2020-1](http://www.who.int/publications/i/item/WHO-2019-nCoV-Disability-2020-1).
  39. Wu, Tianchen et al. "Prevalence of mental health problems during the COVID-19 pandemic: A systematic review and meta-analysis." *Journal of affective disorders* vol. 281 (2021): 91-98. doi:10.1016/j.jad.2020.11.117