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The hosts were: Professor Israel Doron, Dean of the Faculty of Social Welfare&Health Sciences and Professor Tova Band-Winterstein, Chair-woman of the Minerva Center on Intersectionality in Aging. International Delegates included Dr Claudia Mahler, Professor Gerard Quinn, Dr Martina Axmin, Dr Caroline Emmer De Albuquerque Green, Professor Kaijus Ervasti, Professor Daphna Hacker, Professor Anna Maka-Petäjä-Leinonen, Professor Titti Mattsson, Dr Helen Meenan, Professor Barbara Mikołajczyk and Silvia Perel-Levin.

The Right to Health and Access to Health Services Q6

Intersectionality with its roots in critical race feminism proposes that people's unique experiences of discrimination, oppression, and privilege are shaped by the intersection and interaction of multiple social identities, constituted by race/ethnicity, age, gender, disability amongst other grounds, and systems of power. Intersectional analysis as applied to the right to health and older persons is a tool to identify groups or individuals who are affected by compounded, unique forms of discrimination in their access to health and healthcare services and to examine structural conditions that enable disparate health outcomes.

The Covid-19 pandemic disproportionality affected the health and wellbeing of older persons globally. It also highlighted the unequal access to lifesaving healthcare of older persons including those living in long-term care settings - many with dementia and multimorbidity-, older women, older persons with disabilities, older persons of African descent and ethnic minorities¹. Structural ageism and discrimination in healthcare systems² and policy making continues to pose challenges to the enjoyment of the right to health of many older persons beyond the pandemic.

Older persons of colour in the UK, for example, were more likely to catch and die from Covid-19 compared to older persons of white ethnic background, and Covid-19 vaccine uptake is lower in communities of African descent compared to the white population. Reasons have been named to be the deep-seated compounded and intersectional inequality experienced by older persons of colour throughout their lifespan and structurally discriminatory healthcare systems that do not adequately consider and cater for the needs of older persons of African descent³.

Women were at higher risk of contracting Covid-19 and suffering adverse consequences due to structural inequalities that existed before the pandemic. In India, for example, older women living in poverty are one of the most marginalised groups of people, with less access

¹ Beaulieu, Marie & Cadieux Genesse, Julien & St-Martin, Kevin. (2020). COVID-19 and residential care facilities: issues and concerns identified by the international network prevention of elder abuse (INPEA). *Journal of Adult Protection*, The. 22. 385-389. 10.1108/JAP-08-2020-0034.

² e.g Erasmus N. Age discrimination in critical care triage in South Africa: The law and the allocation of scarce health resources in the COVID-19 pandemic. *S Afr Med J*. 2020 Nov 5;110(12):1172-1175. doi: 10.7196/SAMJ.2020.v110i12.15344. PMID: 33403960.

³ [Coronavirus, older Black people and health inequalities | Discover | Age UK](#)

to healthcare, information and support. India's care workforce – paid or unpaid – consists mostly of women (80% of paid carers) - as is the case in many countries around the world – with heightened risk of infection due to their work⁴.

Older persons living in long-term care settings accounted for an average of over 40% of Covid-19 associated deaths across 22 European nations⁵, with evidence from the UK⁶ that deaths were avoidable at least during the first wave of the pandemic amongst that population. The reason for the avoidable deaths were policies that ignored the vulnerability of people living with multiple health conditions in communal care settings, with hospitalised older persons being admitted to care homes without prior testing for a Covid-19 infection. The majority of residents in many countries globally are older women, and the workforce too is mostly female⁷. The policy of placing older persons from hospital into care homes is continuing today to support the British healthcare system, with a lack of professional care staff and resources to be able to provide high quality care for residents.

Persons living with disabilities were disproportionately affected by discriminatory practices in healthcare provision and lack of consideration in preventative policy making. Triage situations were unfavourable for persons living with disabilities, especially older patients⁸, with reports across various countries that blanket 'do not attempt cardio-pulmonary resuscitation' notices were put in place without the consent of persons living with disabilities⁹ or their representatives or that older persons living with dementia were denied even basic medical treatment¹⁰. The Disability Rights Monitor reported that around 40% of persons living with disabilities had their personal assistants withdrawn, who play a vital role in maintaining the health and wellbeing of the persons they support¹¹. Health guidance and information was mostly not provided in an accessible format, excluding many persons with disabilities from crucial medical advice.

Outright Action in a report on the Impact of Covid-19 on LGBTIQ+ people highlighted challenges associated with accessing healthcare, such as HIV-treatment and fear of

⁴ [Your questions answered: Women and COVID-19 in India | UN Women – Headquarters](#)

⁵ Comas-Herrera, A. et al. LTC Covid https://lccovid.org/wp-content/uploads/2021/02/LTC_COVID_19_international_report_January-1-February-1-1.pdf

⁶ Schultze, A. et al. The Lancet. [https://doi.org/10.1016/S0140-6736\(20\)30566-3](https://doi.org/10.1016/S0140-6736(20)30566-3)

⁷ www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/Library/Publications/2017/UN-Women-Policy-Brief-09-Long-term-care-for-older-people-en.pdf

⁸ Connelly, D. et al <https://academic.oup.com/ageing/article/50/4/1048/6255991?login=false>

⁹ Care Quality Commission, Protect, connect, respect - decisions about living and dying well during COVID-19 CQC's review of 'do not attempt cardiopulmonary resuscitation' decisions during the COVID-19 pandemic – Final report, 18 March 2021, at pp. 12, 20, 21 & 22 <https://www.cqc.org.uk/publications/themed-work/protect-respect-connect-%E2%80%93-decisions-about-living-dying-well-during-covid-19> See also BIHR 'Scared, Angry, Discriminatory, Out of My Control: DNR Decision-making in 2020,' (BIHR, 2020).

¹⁰ Suárez-González, A. et al.

http://www.tara.tcd.ie/bitstream/handle/2262/94263/Cahill_Suzanne_ImpactandmortalityofCovid19onpeoplelivingwithdementia.pdf?sequence=1&isAllowed=y
http://www.tara.tcd.ie/bitstream/handle/2262/94263/Cahill_Suzanne_ImpactandmortalityofCovid19onpeoplelivingwithdementia.pdf?sequence=1&isAllowed=y

¹¹ Disability Rights Monitor, Disability Rights During the Pandemic: a global report on findings of the COVID-19 Disability Rights Monitor, (October 2020): available at <https://covid-drm.org/assets/documents/Disability-Rights-During-the-Pandemic-report-web.pdf> p.40

stigmatisation and refusal of services¹² Again older LGBTIQ persons living in long-term care settings were particularly vulnerable to not being able to access the care they require. Older LGBTIQ persons in general face health related challenges, like transphobia in healthcare and may have specific needs when addressing conditions such as dementia that must be adequately catered for¹³.

Again, the Covid-19 emergency situation highlighted more general challenges to the enjoyment of the right to health of various groups of people who are subject to intersectional discrimination and inequality. A convention on the rights of older persons should address intersectional and compounded forms of discrimination, ageism and the denial of rights based on older age, considering the differences in ageing experiences for example by women, persons with disabilities, gay, lesbian, transexual, intersex persons, indigenous people and persons of African descent¹⁴ across all rights and freedoms.

¹² <https://outrightinternational.org/our-work/human-rights-research/vulnerability-amplified-impact-covid-19-pandemic-lgbtq-people>

¹³ [The health and care needs of older LGBT+ people | Discover | Age UK](#)

¹⁴ <https://documents-dds-ny.un.org/doc/UNDOC/GEN/G22/615/30/PDF/G2261530.pdf?OpenElement>