

Human rights violations during the COVID-19 pandemic

Mohammed R.M. Elshobake

Mohammed R.M. Elshobake is based at Ahmad Ibrahim Kulliyah of Laws, International Islamic University Malaysia, Gombak, Malaysia.

Abstract

Purpose – *The purpose of this paper is to explore the most prominent human rights violations during the COVID-19 pandemic in accordance with international human rights law.*

Design/methodology/approach – *Through doctrinal and legal study and content analysis, this paper analyses the important relevant legal provisions under International human rights law and applies these provisions to the reality of managing the COVID-19 crisis to identify the most prominent human rights violations during the COVID-19 outbreak. This research paper considered as a review paper in that it provides a review of the most prominent measures taken during the COVID-19 crisis, which constitutes violations of international human rights law.*

Findings – *It is concluded that some measures that have been taken by countries to confront the COVID-19 pandemic have constituted violations of human rights and did not comply with the legal conditions to restrict human rights. Indeed, the COVID-19 pandemic has shown the ugly fractures in health-care systems, health inequities, racism and discrimination, Undermining the right to freedom of expression and the right to access information, gross negligence in protecting detainees from COVID-19 infection, all of these constitute clear violations of the principles of international human rights law.*

Research limitations/implications – *The spread of COVID-19 has not stopped, and its effects still continue, including human rights violations. Therefore, this paper cannot enumerate all human rights violations that occur during the spread of COVID-19.*

Practical implications – *Based on the results in this paper, governments need to be more prepared to face any health crisis at all levels including health care, which would reduce human rights violations.*

Social implications – *This research paper reflects positively on the social reality, as the adoption of its recommendations leads to the provision of adequate health care to all members of society in accordance with the principles of human rights, granting them the right to access information, protecting their right to freedom of expression, reducing the phenomenon of racism and discrimination and providing adequate health care to all detainees.*

Originality/value – *This paper studies an up-to-date topic that we are still living and seeing its effects. The benefit of this paper is to provide recommendations that protect human rights during the COVID-19 pandemic.*

Keywords *Human rights, Health care, International law, Coronavirus, COVID-19 pandemic, Legal protection, Violations*

Paper type *Research paper*

Introduction

On January 30, 2020, the World Health Organization declared that the spread of COVID-19 is a public health emergency of international concern. Then, on March 11, 2020, the World Health Organization announced that COVID-19 is a global pandemic, calling on all countries to strive to confront it and limit its spread (WHO, 2020a).

As soon as COVID-19 was declared a global pandemic, the governments of all countries rushed to take strict measures, under the pretext of preventing the spread of the pandemic. International human rights law recognizes in exceptional situations and serious threats to public health and public emergencies, such as wars, natural disasters and epidemics, to

Received 13 November 2020
Revised 11 January 2021
14 February 2021
23 March 2021
Accepted 4 April 2021

restrict and suspend some rights to protect another higher right, which is the right to life, and to prevent any threats to public health (Al-Majri, 2020; Layachi, 2020). The International Covenant on Civil and Political Rights (ICCPR) states that: “In a time of public emergency which threatens the life of the nation and the existence of which is officially proclaimed, the States Parties to the present Covenant may take measures derogating from their obligations under the present Covenant to the extent strictly required by the exigencies of the situation, provided that such measures are not inconsistent with their other obligations under international law and do not involve discrimination solely on the ground of race, colour, sex, language, religion or social origin” (United Nations General Assembly, 1966a, 1966b, article 4/1).

The Siracusa Principles, adopted by the United Nations Economic and Social Council in 1984, set conditions for restrictions on human rights in emergency situations including the spread of epidemics, namely:

- be provided by law;
- not be arbitrary, discriminatory or unreasonable, and to respect human dignity;
- has clear rules and is accessible to all;
- strictly necessary, which means that the restrictions respond to an urgent public or social need, and proportionately pursue a legitimate aim;
- not be more restrictive than is required to achieve the purpose of limitation; and
- must be of limited duration and subject to review (International commission of jurists, 1985).

In the same context, on March 16, 2020, a number of United Nations human rights experts urged all countries' governments to avoid exaggerating the security measures they take to the outbreak of the COVID-19 pandemic. They also stressed that any emergency measures taken by countries to confront the COVID-19 pandemic must be proportionate, necessary and nondiscriminatory (OHCHR, 2020a).

According to the aforementioned rules, and under international human rights law, states can restrict the right to travel and movement, the right to peaceful assembly, the right to freedom of association with others, the freedom of a person to express his religion or belief and the right to freedom of expression (United Nations General Assembly, 1966a, 1966b, articles 12, 18,19, 21 and 22). In addition, closing schools to protect students, teachers and workers from infection with COVID-19 does not contradict human rights, especially as there are alternative educational systems that are used through online teaching (Al-Majri, 2020). The United Nations Educational, Scientific and Cultural Organization (UNESCO) recommended that countries adopt a variety of high-tech, low-tech solutions and nontechnical to ensure the continuity of the educational process (UNESCO, 2020). However, a decision to close schools affects and interferes with children's right to education, so any restriction of human rights must be justified, implemented legally and transparently and only be implemented to the extent necessary (UK Parliament Publications, 2020).

However, some human rights enjoy absolute legal protection, and no state may derogate from them, even in time of emergency and the spread of epidemics, which are: the right to life; the prohibition of torture and other cruel, inhuman, or degrading treatment or punishment; the prohibition of slavery and servitude; the prohibition of imprisonment for inability to fulfill an obligation contractual action; the prohibition against the retrospective operation of criminal laws; the right to recognition before the law; and the right to freedom of thought, conscience and religion (United Nations General Assembly, 1966a, 1966b, article 4/2).

It is worth noting that there are measures that have been taken by countries to confront the COVID-19 pandemic, but some of these measures have constituted violations of human

rights and did not comply with the legal conditions to restrict human rights. Amnesty International has commented that: “Human rights violations hinder, rather than facilitate, responses to public health emergencies and undercut their efficiency” ([Amnesty International, 2020a](#)). The World Health Organization also called on all countries to ensure that the measures are taken to confront the COVID-19 pandemic, must not negatively affect human rights ([WHO, 2020b](#)).

This paper will discuss the most prominent human rights violations during the spread of the COVID-19 pandemic. Through doctrinal and legal study and content analysis, this paper will analyze the important relevant legal provisions under international human rights law and applies these provisions to the reality of managing the COVID-19 crisis to identify the most prominent human rights violations during the COVID-19 outbreak. The Universal Declaration of Human Rights (UDHR), the ICCPR and the International Covenant on Economic Social and Cultural Rights will be used as a standard for the definition of relevant human rights.

Violations of the right to life and health care during COVID-19 pandemic

The human right to life is the basis of rights. If the human right to life is not protected, then there is no need for the rest of the rights. The UDHR states that: “Everyone has the right to life, liberty and security of person” ([United Nations General Assembly, 1948](#), article 3).

Under international law, the right to life is one of the rights that cannot be suspended, even in crisis circumstances ([Queensland Human Rights Commission, 2019](#)). The unlawful and arbitrary deprivation of life is never permitted. ICCPR states that: “1. Every human being has the inherent right to life. This right shall be protected by law” ([United Nations General Assembly, 1966a, 1966b](#), article 6).

The right to health care is one of the guarantees of the right to life because it is closely related to human life. International human rights law guarantees everyone the right to the highest standard of health, and it obligates states to take measures to prevent threats to public health and to provide medical care to those in need. International Covenant on Economic, Social and Cultural Rights that:

1. “The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.
2. The steps to be taken by the States Parties to the present Covenant to achieve the full realization of this right shall include those necessary for:
 - The provision for the reduction of the still birth-rate and of infant mortality and for the healthy development of the child;
 - The improvement of all aspects of environmental and industrial hygiene;
 - The prevention, treatment and control of epidemic, endemic, occupational and other diseases;
 - The creation of conditions which would assure to all medical service and medical attention in the event of sickness” ([United Nations General Assembly, 1966b](#), article 12).

The International Covenant on Economic and Social Rights affirmed that the rights stipulated in this covenant, including the right to health care, should be exercised without any discrimination of any kind, as it states that: “ the rights enunciated in the present Covenant should be exercised without discrimination of any kind as to race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status” ([United Nations General Assembly, 1966b](#), article 2/2).

On August 11, 2000, the United Nations Committee on Economic, Social and Cultural Rights, which monitors compliance with the International Covenant on Economic, Social and Cultural Rights, adopted a general comment no. 14, which stated that the right to health includes four elements, as follows ([United Nation Committee on Economic, Social and Cultural Rights, 2000](#)):

1. *Availability*: Adequate public health facilities, health-care facilities, goods, and services, as well as programs, must be available in sufficient quantities within the country.
2. *Accessibility*: Health facilities, health care, goods and services must be accessible to everyone without any discrimination, especially vulnerable or marginalized groups, such as ethnic minorities, women, children, the elderly, people with disabilities and the critically ill.
3. *Acceptability*: All facilities and services must respect medical ethics and the culture of communities.
4. *Quality*: Health facilities and services must be medically and scientifically convenient. Medical services should be safe, effective, people-centered, timely, equitable, integrated and efficient.

The COVID-19 pandemic has revealed failures in health-care systems, even in developed countries. In China, many patients have been turned away from hospitals after hours of waiting because of the high number of patients. Shortages of test and treatment materials have also been reported ([Amnesty International, 2020a](#)). In France, Italy and Spain, officials and health-care professionals said they were shocked by the lack of medical supplies and equipment ([Minder and Peltier, 2020](#)). In Hong Kong, one of the first places affected by the COVID-19 virus, a local nongovernmental organization indicated that nearly 70% of low-income families cannot purchase the protective equipment recommended by the government, including masks and sterilizers. If states force the use of these items, they must ensure that all people have access to them ([Amnesty International, 2020b](#)). In Italy, doctors and nurses were unable to provide medical services to all those infected with the COVID-19 virus because of the lack of medical facilities ([Mounk, 2020](#)). The standards of the right to health were not implemented in Italy, as doctors were forced to discriminate between adults and the elderly, and not provide medical services to the elderly ([Medicircle, 2020](#)). In Spain, adequate health care was not provided for the elderly in health-care homes, which led to the death of large numbers of them because of infection with the COVID-19 virus, as many studies estimated that about 70% of the total number of COVID-19 deaths in Spain died in health-care homes ([Amnesty International, 2020c](#); [Albert, 2020](#)). The situation in France is much worse, where more than 10,000 elderly people living in nursing homes have died because of COVID-19 virus infection, as a result of the lack of adequate measures to protect facilities from infection, in addition to the systematic refusal of some emergency services to provide health care to nursing-home residents ([Bisserbe and Dalton, 2020](#)).

The COVID-19 pandemic has shone a light on the flaws of the US health-care system, including disparate social determinants, limited access to health care, a fragile safety net, costly care, complexity of the health system and dismantled communication ([Choo and Carroll, 2020](#); [Bambra et al., 2020](#)). Besides, Britain has been suffering since the start of the COVID-19 crisis because of a decade of austerity measures and a chronic lack of funding for the national health system ([Cowburn, 2020](#)). Elias Mossialos, professor of health policy at the London School of Economics, said: "The UK National Health Service is acknowledged to have suffered from a funding crisis since 2010. NHS expenditure is 7.6% of (Britain's) GDP, which is approximately the same as it was in 2012. A slowdown in the annual NHS budget increases has hindered the preparedness and response to coronavirus" ([Agence France-Presse, 2020](#)).

As part of the right to health, governments must ensure health workers are protected from disease and epidemics and provide them with the necessary facilities and equipment. According to Human Rights Watch, Hungary suffers from major health problems in hospitals that have led to the transmission of COVID-19 infection to many health-care workers. Studies show that 25% of confirmed infections in Hungary were transmitted in hospitals (Human Rights Watch, 2020a). In China, reports illustrated that about 3,000 health-care workers were infected and at least 22 died during the first months of the spread of COVID-19 (Júnior *et al.*, 2020). In Italy, about 2,629 health-care workers were infected between February and April 2020, representing 8.3% of the total cases (Oddone, 2020). In Spain, about 5,400 medical professionals have been infected, accounting for almost 14% of all infections in the first months of the outbreak; furthermore, in France, 490 doctors were infected during the first months of the spread of COVID-19 (Minder and Peltier, 2020). On March 11, 2020, a nurse at a medical centre in Madrid was infected with the COVID-19 virus said that she spent many days working without a face mask and gloves, distributing masks only to visitors who reported breathing problems, and she explained that, saying: “We probably didn’t have enough face masks, but we also acted for far too long as if this was a limited problem” (Minder and Peltier, 2020).

In Venezuela, the health system is completely collapsed, and many hospitals have been closed. This crisis has been accompanied by countless human rights violations, especially with regard to the right to health care (Nieves, 2020; Human Rights Watch, 2020e). In Thailand, public health capacity has been weakened by corruption as medical workers lacked surgical masks. In Lebanon, medical supplies such as gloves and masks have run out because of the economic and financial crises, but the Lebanese Government has not taken any measures to address the economic crisis that threatens access to medical care, medicines and medical equipment. In Egypt, the Ministry of Health sent doctors and nurses to a facility without informing them that they would be transferred to a quarantine facility, and medical staff members stated that they were deceived (Human Rights Watch, 2020b). Moreover, on January 2, 2021, a video was captured from inside an Egyptian hospital showing that COVID-19 patients died because of lack of oxygen in the intensive care unit. This clarifies the gross negligence of health-care officials in this hospital (Middle East Monitor, 2021; Ahmad, 2021).

Indeed, the COVID-19 pandemic has shown the ugly fractures in health-care systems and health inequities (Kalra, 2020), as developed countries suffered from shortages of medical materials and equipment. Also, discrimination was observed in the provision of health care for people infected with COVID-19. In addition, some countries suffered from a collapse in the health system, poor quality of medical facilities and gross negligence in health care.

Violations of the right to freedom of opinion and expression during COVID-19 pandemic

International human rights law protects freedom of opinion and expression, as the UDHR states that: “Everyone has the right to freedom of opinion and expression; this right includes freedom to hold opinions without interference and to seek, receive and impart information and ideas through any media and regardless of frontiers” (United Nations General Assembly, 1948, article 19).

The ICCPR permits restricting the right to freedom of expression by law if it is necessary to protect public security, public order, public health or public morals, as it states that:

1. “Everyone shall have the right to hold opinions without interference.
2. Everyone shall have the right to freedom of expression; this right shall include freedom to seek, receive and impart information and ideas of all kinds, regardless of frontiers, either orally, in writing or in print, in the form of art, or through any other media of his choice.

3. The exercise of the rights provided for in paragraph 2 of this article carries with it special duties and responsibilities. It may therefore be subject to certain restrictions, but these shall only be such as are provided by law and are necessary:
 - For respect of the rights or reputations of others; and
 - For the protection of national security or of public order, or of public health or morals” ([United Nations General Assembly, 1966a, 1966b](#), article 19).

However, the permissible restrictions on freedom of expression for public health reasons should not in any way jeopardize this right ([Human Rights Watch, 2020b](#)). In confirmation of this point, the UDHR clarifies that no provision in this declaration, including the provision relating to the right to freedom of expression, may be interpreted in a way that would undermine any of the rights and freedoms set forth herein ([United Nations General Assembly, 1948](#), article 30).

Governments of some countries have failed to protect freedom of expression, taking action against journalists, media professionals, and health-care workers. Ultimately, these exceptional measures have limited effective communication about the outbreak of the disease and undermined confidence in government actions ([Al-Majri, 2020](#); [Human Rights Watch, 2020b](#)).

According to the United Nations Special Rapporteur on Freedom of Expression “David Kaye,” violations of the right to freedom of expression on issues related to public health have been committed during the outbreak of the COVID-19 virus in many countries, including China, India, Cambodia, Belarus, Iran, Egypt and Turkey. He also expressed his concern for efforts to suppress disinformation using criminal law tools, which are likely to impede the free flow of information, as is the case in Brazil and Malaysia ([OHCHR, 2020b](#)).

The Chinese Government resorted to arresting anyone who circulates news about the COVID-19 via the internet and social media under the pretext of “Rumor-mongering,” and banned any reports about COVID-19 from being broadcast in the media ([Swart, 2020](#)). In early January, “Li Wenliang,” a doctor at a hospital in Wuhan, was summoned by the police for “Rumor-mongering” after he had warned of a new virus over the internet. This doctor died in early February from the virus ([Yu, 2020](#)).

Reports indicate that 55 journalists in India were arrested, assaulted and threatened for exercising the right to freedom of expression during the lockdown period from March to May 2020. In Moldova, the TV and Radio Broadcasting Regulatory Authority banned journalists and media professionals from expressing their opinions on any topic related to the COVID-19 pandemic, both domestically and abroad ([Law Library of Congress, 2020](#)). In Brazil, more than 82 journalists and media professionals were attacked. Denise Dora, Executive Director of ARTICLE 19 Brazil, said: “In the context of a pandemic where information can literally save lives, it is shocking that the government’s attitude is to attack journalists, reduce transparency and promote disinformation” ([Article 19, 2020](#)).

In Thailand, the authorities have prosecuted many journalists and health workers judicially and administratively because they spoke on the internet about the government’s failure to fulfill its duties to confront the COVID-19 outbreak ([Human Rights Watch, 2020b](#)). In Poland, a midwife was dismissed due to the publication of a report on social media about the conditions of hospitals and medical personnel in connection with the COVID-19 epidemic. After that, doctors and medical personnel were prohibited from providing any information to the media. Accordingly, Polish Ombudsman Adam Bodnar informed the Minister of Health that freedom of expression for medical workers is guaranteed under the Polish constitution and that dismissing or punishing doctors for informing the public of any information about the pandemic could be a violation of “mandatory standards” ([Mielcarek, 2020](#)).

It is concluded from the above that many countries violated the right to freedom of expression during the COVID-19 pandemic, as they restricted this right in an exaggerated manner, which caused the undermining of the right to freedom of expression.

Violations of the right to access information during COVID-19 pandemic

The right to access information is one of the rights that fall within the civil and political rights, which are guaranteed by the UDHR and ICCPR, as everyone shall have the freedom to access, seek, receive and impart information and ideas of all kinds, either orally, in writing, in print or electronic, in the form of art or through any other mean ([United Nations General Assembly, 1948](#), article 19; [United Nations General Assembly, 1966a, 1966b](#), article 19/2). It is one of the rights that reflects the integrity and transparency of states and governments and their clarity with their people and the world ([Abu Sharar, 2020](#); [Inter-American Commission on Human Rights- OAS, 2009](#)).

The United Nations Committee on Economic, Social and Cultural Rights confirmed that the right to health includes the right to seek, receive and impart information and ideas concerning health issues. Nevertheless, the accessibility of information should not infringe the right to protect personal health information confidentially ([United Nation Committee on Economic, Social and Cultural Rights, 2000](#)).

The right to access information is related to the right to freedom of expression and is subject to the same provisions ([Puddephat, 2005](#); [Inter-American Commission on Human Rights-OAS, 2009](#)). Thus, states may restrict the right to access information by law if it is necessary to protect public health ([United Nations General Assembly, 1966a, 1966b](#), article 19/3). However, states cannot in any way endanger this right ([United Nations General Assembly, 1948](#), article 30).

Studies have indicated that restricted access to real information about COVID-19 and lack of access to inputs can negatively affect mental health and cause negative feelings that can exacerbate preexisting mental and psychological problems, such as suicidal ideation, depression, smoking and binge drinking ([Júnior et al., 2020](#)).

With regard to the disclosure of information related to the spread of the Covid-19 pandemic, governments' approach has differed between transparent disclosure of the status of infections, denial or mitigation of the situation, or gradual disclosure of cases ([Impact International, 2020](#)).

Taiwan has taken rapid steps to combat the COVID-19 virus, including making reliable information widely available to the public. The Singapore Government also regularly publishes detailed statistics on the number and rate of infections and recoveries. The South Korean Government also released health data, and health officials gave two briefings daily to build public confidence and boost citizen vigilance ([Human Rights Watch, 2020b](#)).

In China, the government imposed tight control over the publication of articles related to the COVID-19 pandemic, preventing the public from accessing information that might help protect themselves from infection ([Eve, 2020](#)). Reports indicate that Iran did not give accurate information and figures about the number of people infected with COVID-19, which means that the data was intentionally wrong or was misunderstood and analyzed ([Al-Majri, 2020](#); [Hein, 2020](#)). El Salvador has selectively withheld information related to COVID-19, where 65 violations reported from March 17 to July 30, 2020, most of them related to restrictions on the press and the right to access public information ([Law Library of Congress, 2020](#)).

In this context, the World Health Organization has accused countries in the Middle East of not informing them with sufficient information about COVID-19 infections in their countries. Some media reports in Arab and Western countries dealt with reports of the spread of

COVID-19 in Egypt and other countries, at a time when the authorities are practicing a kind of media blackout ([Impact International, 2020](#)).

The United Nations Special Rapporteur on Freedom of Expression expressed his grave concern over the new measures restricting and preventing the free flow of information related to the COVID-19 pandemic, and said: “People have died because governments have lied, hidden information, detained reporters, failed to level with people about the nature of the threat, and criminalised individuals under the guise of ‘spreading false information’. People have suffered because some governments would rather protect themselves from criticism than allow people to share information, learn about the outbreak, and know what officials are or are not doing to protect them” ([OHCHR, 2020b](#)).

In this regard, Amnesty International emphasized: “Everyone has the right to be informed about the danger that the COVID-19 virus poses to their health” ([Amnesty International, 2020b](#)). It also stated that: “Governments must prevent disinformation and provide timely and accurate health guidance. However, any restrictions on freedom of expression must be proportionate, legitimate and necessary” ([Amnesty International, 2020a](#)).

To sum up, one of the main aspects of the right to health is access to reliable information, and one of the best ways to combat the outbreak of the COVID-19 pandemic is for the government to adopt the principle of transparency and honesty. Everyone has the right to be informed about the danger the virus poses to their health. However, the right to access information must not prejudice the right to handle personal health data confidentially.

Discrimination during COVID-19 pandemic

International human rights law prohibits the use of violence, discrimination and the transmission of hate speech on the basis of religion, race, color, gender, language, opinion, origin or other reasons ([United Nations General Assembly, 1948](#), articles 2 and 7; [United Nations General Assembly, 1966a, 1966b](#), article 2; [United Nations General Assembly, 1966b](#), article 2).

International law has concerned with the issue of discrimination through the prohibition of racial discrimination in all core international human rights instruments. It imposes obligations on states and assigns them to eliminate all forms of racial discrimination and adopt special procedures to eliminate conditions that cause or help perpetuate and spread racial discrimination ([OHCHR, 2021](#)). To this end, the International Convention on the Elimination of All Forms of Racial Discrimination states that: “States Parties condemn racial discrimination and undertake to pursue by all appropriate means and without delay a policy of eliminating racial discrimination in all its forms and promoting understanding among all races” ([United Nations General Assembly, 1965](#)). It also affirms that: “Discrimination between human beings on the grounds of race, colour or ethnic origin is an obstacle to friendly and peaceful relations among nations and is capable of disturbing peace and security among peoples and the harmony of persons living side by side even within one and the same State” ([United Nations General Assembly, 1965](#)).

Since January 2020, the media have reported that disturbing incidents including physical assaults, beatings, insults and contempt, violent bullying in schools, angry threats, discrimination in schools or in the workplace have been committed in the UK, the USA, Spain, Italy and other countries, targeting Asian people because of COVID-19 spread ([Human Rights Watch, 2020b](#)). In London, a Singaporean student was severely beaten in a racist attack ([Amnesty International, 2020b](#)). In Italy, many acts of racism and violence, including physical violence, occurred. For example, in the province of Vicenza, a young Asian was verbally assaulted and beaten, and a Chinese couple were insulted and accused of spreading the COVID-19 virus ([Muzzi, 2020](#)). And in Rome, some private stores banned entry for customers of Asian origin. Similar incidents were recorded in France, where there have been cases of people rejecting to be served by Asian workers in stores and restaurants ([Giuffrida and Willsher, 2020](#)). In Melbourne, Australia, a Singaporean student, and her Malaysian friend were beaten, mocked and insulted by attackers, who shouted

“Coronavirus,” and told them to return to China. It is also reported that supermarkets in Australia refused entry to Asian customers, whereas in New Zealand, the father of a Chinese student received an email saying, “Our Kiwi kids don’t want to be in the same classroom with disgusting virus publishers” (Yong, 2020).

There have been several reports on racism and discrimination against Asians, especially against the Chinese people, in North America and Latin America, even former US President Donald Trump described the COVID-19 virus as the Chinese virus more than once (The Economist, 2020; Cillizza, 2020). According to a Pew Research report, Asian and Black Americans faced forms of discrimination and racism during the spread of the COVID-19 pandemic, whereas 39% of all American adults surveyed said it is common for people to express racist views about Asians since the start of the pandemic (Ruiz *et al.*, 2020; American Psychological Association, 2020). Indeed, just one week in March 2020 saw around 650 discriminatory and racist actions against Asian Americans (Kandil, 2020). Additionally, Colombia witnessed stigma against health workers during the COVID-19 pandemic, which translated into behaviors such as public refusal to use public transportation services, hostility from neighbors refusing to share any kind of space and discomfort with customers and employees for entering grocery stores, among other disobedient behaviors that escalated to acts of violence, such as punching and threatening anyone in a uniform as a member of the health-care sector (Herrera *et al.*, 2020).

India has monitored several racist cases against people from the northeastern parts being called “Coronavirus” because of the ethnic similarity with the Chinese people (Yadav, 2020). Furthermore, racist incidents have been reported in Bihar, India, against COVID-19 survivors, as they were not allowed to move around under the pretext of fear of infection (Times of India, 2020). In another report, in Raipur, India, a 24-year-old woman faced criticism and received hate messages because she was infected with the COVID-19 virus (Pandey, 2020).

Arab countries were no better than other countries, as cases of racism against migrant workers were recorded in Kuwait and Bahrain (Yong, 2020). In Jordan, a young man of Asian origin suffered from racism by a taxi driver, who insulted and expelled him from the car, as well as a Korean was beaten by three Jordanian youths (Delwani, 2020; Sky News Arabia, 2020). In Egypt, a female doctor faced racism and attempts to expel her from home by her neighbors under the pretext that she will transmit the COVID-19 virus infection to them (BBC News Arabic, 2020; EG24 News, 2020).

In this regard, the World Health Organization’s emergency committee issued a statement warning countries to take any measures that would reinforce stigma or discrimination, in line with Article 3 of the World Health Regulations (WHO Emergency Committee, 2020). In addition, Amnesty International stated: “Censorship, discrimination, arbitrary detention and human rights violations have no place in the fight against the coronavirus epidemic” (Amnesty International, 2020a).

It is worth mentioning that discrimination and stigma have a negative significant influence on the mental health of the victims, their families, associated persons including health-care workers and society at large (Singh *et al.*, 2020). Also, discrimination and stigmatization can force some patients to hide their symptoms in an attempt to avoid marginalization and racism, which may lead to the further spread of the virus (Villa *et al.*, 2020). Therefore, states must work to combat it by all means, at the legal level, by imposing penalties on perpetrators of discrimination, and at the awareness level, by making society aware of the seriousness of discrimination, stating its negative effects and urging society to avoid it.

Violations against detained persons during COVID-19 pandemic

COVID-19 is an infectious disease that poses a greater risk to people who live close to each other. This risk is particularly acute in detention centers, such as prisons and immigration

detention centers, where the virus can spread rapidly, especially if access to health care is already weak ([Human Rights Watch, 2020b](#)).

International human rights law guarantees detainees and persons deprived of their liberty the right to the enjoyment of the highest attainable standard of physical and mental health ([United Nations General Assembly, 1948](#), article 25/1; [United Nations General Assembly, 1966b](#), article 12/1). Furthermore, it obligates states to treat detainees humanely, including ensuring health care for them. The ICCPR states that: “All persons deprived of their liberty shall be treated with humanity and with respect for the inherent dignity of the human person. The penitentiary system shall comprise treatment of prisoners the essential aim of which shall be their reformation and social rehabilitation” ([United Nations General Assembly, 1966a, 1966b](#), article 10).

Besides, Basic Principles for the Treatment of Prisoners adopted and proclaimed by General Assembly resolution 45/111 of December 14, 1990, states that: “Prisoners shall have access to the health services available in the country without discrimination on the grounds of their legal situation” ([United Nations General Assembly, 1990](#)). The First United Nations Congress on the Prevention of Crime and the Treatment of Offenders also adopted a set of Standard Minimum Rules for the Treatment of Prisoners in 1955, which affirmed the rights of prisoners to health care by providing all sanitary requirements for all rooms provided for the use of prisoners, taking into consideration climatic conditions, especially in terms of air volume, the minimum space allocated to each prisoner, lighting, heating and ventilation. Likewise, providing the prisoners with all necessary care to maintain their personal hygiene, as well as the tools required for health and cleanliness ([United Nations, 1955](#); [United Nations High Commissioner for Human Rights, 2004](#)).

The Third and Fourth Geneva Conventions also affirm the duty of the detaining state to provide health care to detainees to prevent the spread of epidemics, as it is bound to provide all necessary measures related to the cleanliness and health of detainees, and grant them all the equipment and facilities for this purpose ([International Committee of the Red Cross, 1949a](#), articles 15 and 29; [International Committee of the Red Cross, 1949b](#), articles 81 and 85).

On April 10, 2020, Amnesty International revealed that detainees in a Cambodian prison were living in “inhuman conditions,” as at least 25 prisoners were lying on the floor of one small cell, which was considered a “time bomb” in light of the outbreak of the COVID-19 virus ([Amnesty International, 2020d](#); [Esgana, 2020](#)).

Quarantine measures in Venezuela halted the food provided by prisoners’ relatives to them, leading to a mass of unrest and riots inside “the Los Llanos prison” in Guanari. As a result, at least 40 prisoners were killed and more than 50 others were injured, including a National Guard officer and a jailer ([The guardian, 2020](#)). In addition, French prisons suffer from the spread of the COVID-19 virus, and a lack of sanitary and preventive materials, which led to the destruction and burning of the “Uzerche prison” in the French “Correze region by prisoners, in reaction to the death of a prisoner with the COVID-19 virus, the fear of COVID-19 and the suspension of the social visits ([Sabri, 2020](#); [Teller Report, 2020](#)). In the USA, the prisoner’s infection rate was 5.5 times higher than that of the normal population, and therefore, the death rate in prisons was higher than outside prisons ([Beusekom, 2020](#)).

It was reported that prisoners in Iran who had tested positive for the COVID-19, including those held in “Evin prison” in Tehran and in the cities of Euromieh and Rasht ([Human Rights Watch, 2020b](#)). Likewise, Human Rights Watch reported the death of a number of prisoners in the overcrowded Egyptian prisons with the COVID-19, as a result of the failure to provide health care for them and not applying precautionary measures to protect them ([Human Rights Watch, 2020c](#)). More than 600 cases of COVID-19 have been recorded in the prisons of Roumieh and Zahle in Lebanon, whereas the infection is spreading in the prisons of the Emirates as a result of overcrowding, lack of sanitary conditions and denial of adequate medical care ([Yassine, 2020](#); [Human Rights Watch, 2020d](#)).

In Pakistan, about 3,316 prisoners were infected with the COVID-19 virus ([Justice Project Pakistan, 2021](#)). Prisons in Africa do not meet the standard minimum requirements for the

treatment and health care of prisoners, where systematic violations and miserable environmental determinants of health prevail, resulting in health disasters and the spread of COVID-19 infection (Van Hout, 2020).

Many Palestinian prisoners were infected by COVID-19 in the Israeli prisons. The administration of these prisons did not provide any health care to the sick prisoners, not even the healthy ones, to protect them from the pandemic. They also refuse to provide Palestinian prisoners with cleaning materials, sterilization and medical masks (Middle East Monitor, 2020).

It is clear that many countries have not taken appropriate measures to prevent the spread of the COVID-19 virus in prisons, such as providing adequate quantities of soap, sterilizers, gloves and masks, in addition to the failure to provide adequate health care for prisoners, and not practicing social distancing between prisoners, where prisons suffer from overcrowding and miserable sanitary conditions. Therefore, states should work to release sick prisoners and prisoners in non-serious cases and to keep only dangerous prisoners along with applying precautionary measures to protect them from infection. In this regard, courts in one of Ohio counties rushed to review the detainees' cases and released some of them. It was reported that the King of Bahrain pardoned 901 detainees for humanitarian reasons, in light of the outbreak of COVID-19. In Italy, prisoners protested in more than 40 prisons because of fear of infection in overcrowded prisons and against the ban on family visits and the prevention of parole during the outbreak of the pandemic. In response, the authorities authorized the use of email and "Skype" for communication between prisoners and their families and for educational purposes (Human Rights Watch, 2020b). In positive steps from the Tunisian Government, the General Authority for Prisons and Reform announced the expansion and construction of new prisons with a capacity of more than 5,300 prisoners to reduce overcrowding inside prisons, for fear of an outbreak of the COVID-19 pandemic (Al-Hamdi, 2020).

Conclusion

The COVID-19 (also known as coronavirus) pandemic has caused global imbalance at all levels. It is not only a public health crisis, but an economic, social and humanitarian crisis that is rapidly becoming a human rights crisis where human rights have been violated in several countries.

According to international human rights law, states can restrict the right to travel and movement, the right to peaceful assembly and the right to freedom of expression if it is necessary to protect public health. However, some human rights enjoy absolute legal protection, and no state may derogate from them, even in times of emergency and the spread of epidemics, especially the right to life and health care.

It is concluded that some measures that have been taken by countries to confront the COVID-19 pandemic have constituted violations of human rights and did not comply with the legal conditions to restrict human rights. Indeed, the COVID-19 pandemic has shown the ugly fractures in health-care systems and health inequities, as developed countries suffered from shortages of medical materials and equipment. Also, discrimination was observed in the provision of health care for people infected with COVID-19. In addition, some countries suffered from a collapse in the health system, poor quality of medical facilities and gross negligence in health care.

Moreover, many countries violated the right to freedom of expression and the right to access information during the COVID-19 pandemic, as they restricted them in an exaggerated manner, which resulted in the undermining of these rights. Furthermore, many cases of stigma and discrimination have been reported in many countries during the outbreak of the COVID-19 pandemic against Asians, people infected with COVID-19 and health-care workers as well. Additionally, many of the detained persons were infected with COVID-19 virus as a result of the authorities' negligence in protecting them and not providing them with medical needs.

This paper recommends that states work to provide health care for all, guarantee the right to freedom of expression, adopting the principle of transparency and clarity in disseminating reliable information, punish perpetrators of stigma and discrimination and protect all people, including the most vulnerable groups: such as the elderly and detained persons. This paper also recommends that governments respect human rights and not restrict them during the outbreak of the COVID-19 pandemic, except in a way that guarantees the preservation of the right to life, and that any restrictions must be proportionate, legitimate and necessary. Furthermore, governments need to be more prepared to face any health crisis at all levels including health care, which would reduce human rights violations.

It is worth noting that the spread of COVID-19 has not stopped, and its effects still continue, including human rights violations. Therefore, this research cannot enumerate all human rights violations that occur during the spread of COVID-19. Nevertheless, this research paper reflects positively on the social reality, as the adoption of its recommendations leads to the provision of adequate health care to all members of society in accordance with the principles of human rights, granting them the right to access information, protecting their right to freedom of opinion and expression, reducing the phenomenon of racism and discrimination and providing adequate health care to all detainees.

Further research is necessary to cover other violations that happen during the COVID-19 pandemic, such as human rights violations against migrants and refugees and human rights violations against some marginalized groups such as those residing in armed conflict zones. In addition, the author proposes to study the following topics: weaknesses in the health-care system and reform mechanisms, strategies to reduce racism and discrimination between members of society and legal controls to restrict human rights in times of pandemics.

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Corresponding author

Mohammed R.M. Elshobake can be contacted at: mshobake@hotmail.com

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