

Committee: Social Cultural & Humanitarian**Issue: Combating the violation of human rights during a pandemic****Student Officer: Maria Athanasiou-Paraskevopoulou****Position: Co-Chair**

INTRODUCTION

Dear Delegates,

It is my utmost honor to welcome you all to the 7th annual Arsakeia-Tositseia Schools Model United Nations. I believe this will be an especially enjoyable and unforgettable experience for all of us, despite the conference taking place virtually. My name is Maria Athanasiou-Paraskevopoulou, but I would prefer you simply call me Marietta. I am 16 years old and currently attend 11th grade at Anavryta Model Lyceum. During this conference, I will be serving as one of your directors in the Social Cultural and Humanitarian Committee. This is a very important and interesting committee, as it deals with current issues that mainly revolve around people's rights.

This is an ideal committee for both MUN-newcomers and more experienced delegates, as the concepts allow everyone to cooperate and debate harmonically, in a way that all delegates can bring out their best selves and fully understand and make good use of the MUN procedure. If this is the first conference you are attending, please don't worry and be confident in yourself, your ideas and your skills! I know MUN might seem intimidating and challenging at first, but as you will see, it gets really fun and captivating after a while. To more experienced delegates, please don't hesitate and try contributing as much as possible to the debate, so that we can finish our topics on time and construct full, creative resolutions.

I am sure all of us will gain unique experiences and a lot of new knowledge and perspectives through this conference. All of you delegates will get to meet open-minded, resourceful people, and hopefully, create some strong bonds that will last. I am truly looking forward to working with you towards cooperative, productive debate and a friendly, comfortable environment.

When it comes to this study guide, it handles the second topic of our committee, namely "Combating human rights during a pandemic." I would kindly ask that you thoroughly read this study guide, as it is an essential means to a fruitful debate and will "set us all on the

same page.” As you will see it is parted into categories and sub-categories for your convenience. You can also use the additional resources and bibliography sections at the end of this study guide where you will find extra sources for your research. However, I believe it is extremely important to also use your own research skills, because that way you will gain an additional understanding of the given topic and your country’s policies.

Please feel free to contact me at any day at marathanparas@gmail.com, if you need any help or have any questions concerning the topic of our committee, or even what preparation you need to do as a delegate. Any issues must be resolved before the conference takes place!

I am more than looking forward to meeting you all!

Best wishes,

Maria Athanasiou-Paraskevopoulou

INTRODUCTION

“Pandemics are large-scale outbreaks of infectious disease that can greatly increase morbidity and mortality over a wide geographic area and cause significant economic, social, and political disruption.”¹ Pandemics are extreme emergencies for all nations, and are relatively not common occurrences, as it takes specific viruses and circumstances for a disease to take such a global extent. Every few decades however, humanity has to deal with these serious public health emergencies, e.g. the Spanish Flu (1918), the Asian Flu (1957), the HIV/AIDS Pandemic (1981), SARS (2003), Ebola (2013), and the recent Covid-19 Pandemic (2019). Since the Covid-19 Pandemic is the one we are currently dealing with, it is important to begin by further elaborating on the specific topic and how it is related to the forum we will be dealing with during our sessions.

The COVID-19 pandemic is not only a public health crisis but also a serious global human rights crisis. The United Nations have created a powerful set of tools, made to protect human rights, which prepare countries and whole societies to respond to national or global threats and crises in a way that centralizes people and their needs. Since the beginning of the COVID-19 pandemic, the world is facing an unprecedented crisis, which requires a global response with extensive consequences for our economic, social, and political lives. Such a huge global public health emergency has not been seen for over a century, thus countries have no choice but to adopt particular strict measures, as the protection of human life is always tried to be prioritized. Such measures are the adoption of extensive lockdowns, implemented to minimize the transmission of the virus, which as a result restrict freedom of movement and therefore freedom to enjoy many other human rights. COVID-19 measures can inadvertently affect people’s access to health care, security, their access to food, water and sanitation, work, education and leisure. It is of extreme importance that such unintended consequences be eliminated. In order to guarantee those basic human rights for everyone, it is important to observe how the crisis - and its impacts - affect citizens of a country, particularly the most vulnerable social groups, and what the nations can do about it

¹ Madhav, Nita. “Pandemics: Risks, Impacts, and Mitigation.” *Disease Control Priorities: Improving Health and Reducing Poverty. 3rd Edition.*, U.S. National Library of Medicine, 27 Nov. 2017, www.ncbi.nlm.nih.gov/books/NBK525302/.

now, and in the long run. The pandemic has intensified the vulnerability of the least protected in society and minorities, such as refugees and migrants, people with disabilities, the poor, women, and people of color, through economic and social inequalities, as well as inadequate health and social protection systems that need to be reestablished.

DEFINITION OF KEY TERMS

Pandemic

“an outbreak of a disease that occurs over a wide geographic area (such as multiple countries or continents) and typically affects a significant proportion of the population”²

Human Rights

rights (such as the right to education, right to freedom of movement, right to work, etc.) regarded as belonging fundamentally to all persons

Lockdown

“a temporary condition imposed by governmental authorities (as during the outbreak of an epidemic disease) in which people are required to stay in their homes and refrain from or limit activities outside the home involving public contact”³

Minorities

“a part of a population different from others in some characteristics and often subjected to differential treatment”⁴

(Social) Health Protection Systems

“systems concerned with preventing the spread of communicable diseases by establishing minimum standards, often in the form of regulations”⁵

Freedom of Movement

² Merriam-Webster. “Dictionary By.” *The Merriam-Webster.Com Dictionary*, 0, www.merriam-webster.com

³ Merriam-Webster. “Dictionary By.” *The Merriam-Webster.Com Dictionary*, 0, www.merriam-webster.com

⁴ Merriam-Webster. “Dictionary By.” *The Merriam-Webster.Com Dictionary*, 0, www.merriam-webster.com

⁵ “Health Promotion vs Health Protection.” *Concentra*, 2000, www.concentra.com/resource-center/articles/health-promotion-vs-health-protection.

“a human rights concept encompassing the right of individuals to travel from place to place within the territory of a country, and to leave the country and return to it

Right to Health

*“The right to health is the economic, social, and cultural right to a universal minimum standard of health to which all individuals are entitled. The right to health is inclusive, extending not only to timely and appropriate health care but also to the underlying determinants of health. the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition ”*⁶

The Collective

any effort defined at group, community, organizational, geographical, national, or international levels⁷

Minority Ethnic Groups

a group of people who differ in race or color or in national, religious, or cultural origin from the dominant group

BACKGROUND INFORMATION

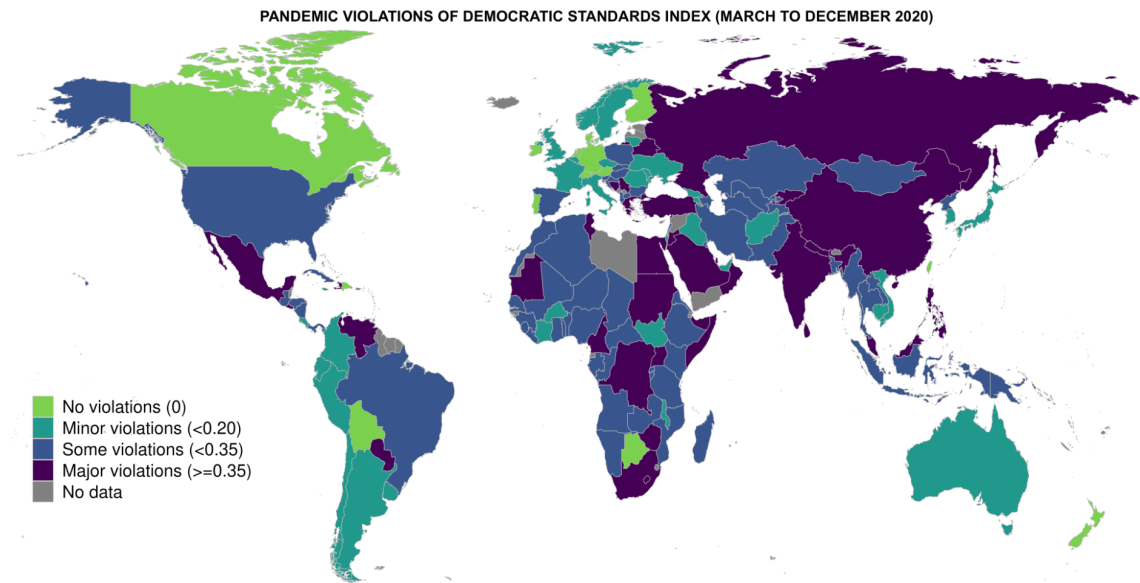
Through many pandemics and epidemics, human rights violations have been a timeless issue. Such an important, controversial subject, always demands a review of history - each government ought to investigate how other authorities and societies have responded to similar issues in the past; in this case prior pandemics/epidemics and other health emergencies. That way, the basic human rights that must be upheld and the irrevocable roles of the federal government and the medical community are given further attention. It is important that no past mistakes be repeated.

Social workers hold a moral and ethical role to protect both the public health and human rights of individuals with whom they work, by ensuring that public health is promoted among the community. Health care for everyone and appropriate maintenance of public health all fall in the broader term of *the right to health*.

⁶ “OHCHR and the Right to Health.” *OHCHR*, www.ohchr.org/EN/Issues/ESCR/Pages/Health.aspx.

⁷ “Public Health and Human Rights in an Era of Epidemics.” *Crown Family School of Social Work, Policy, and Practice*, crownschool.uchicago.edu/public-health-and-human-rights-era-epidemics.

It is important to highlight that public health refers to disease prevention and health promotion at the level of the collective “Maintaining health at these collective levels sometimes requires eliminating any one individual’s rights to freedom of movement and association, as when the mandates of public health require measures like quarantine in the interest of the greater population.”⁸This need for extreme measures is acknowledged but is usually described as a method of last resort.



Ebola & HIV Epidemics

The Ebola and the HIV Epidemic share many similarities, both pathologically, but also socially. Pathologically, both diseases’ viruses spread through bodily fluids and can be proven to be fatal. Socialwise, the transmission of the diseases is falsely associated with specific social groups and human behaviors, which have then been stigmatized and discriminated upon. Observing the epidemics, fear, stigma, and victim-blaming have influenced the way the government and society responded to the crisis, stripping social groups off of their human rights.

A prime example of such human rights violations is the prior restriction of HIV-positive individuals from public spaces, such as school, work, and restaurants. Ryan White, a middle school student, was denied entrance at school because he tested positive

⁸ “Public Health and Human Rights in an Era of Epidemics.” *Crown Family School of Social Work, Policy, and Practice*, crownschool.uchicago.edu/public-health-and-human-rights-era-epidemics.

for AIDS, as he unfortunately received an HIV-contaminated blood transfusion. Similar to the United States, HIV-positive patients in India were also treated inhumanly by the public. Many police attacks on those carrying the disease have been noted, while other social groups which were believed to have the virus, such as sex workers and drug users, were denounced and discriminated upon. Again, those measures all constitute human rights violations, as proposed by The Human Rights Act, such as the violation of Article 3 (Freedom from torture and inhuman or degrading treatment), Protocol 1 Article 2 (right to education), Article 8 (Respect for your private and family life, home, and correspondence).⁹

The tension between individuals' human rights and public health claims was illustrated through the recent case of Kaci Hickox¹⁰, a Doctors Without Borders nurse who worked with Ebola-infectious individuals in Sierra Leone. After her return, she underwent self-isolation implemented by New Jersey officials and the government of her state, which resulted in Hickox later defying the quarantine, by arguing her human rights had been violated. She eventually won the court case and was allowed to self-monitor for any symptoms. During the Ebola epidemic, it was common that many patients avoided visiting hospitals out of fear, thus ending up spreading the virus in the community and having individuals left untreated for other health hazards, ranging from malaria and other chronic diseases to childbirth. Fear of the implemented measures and the government can keep infected individuals from getting the necessary medical care, as quarantine or isolation orders could create an environment of fear and mistrust towards public health officials.

COVID-19

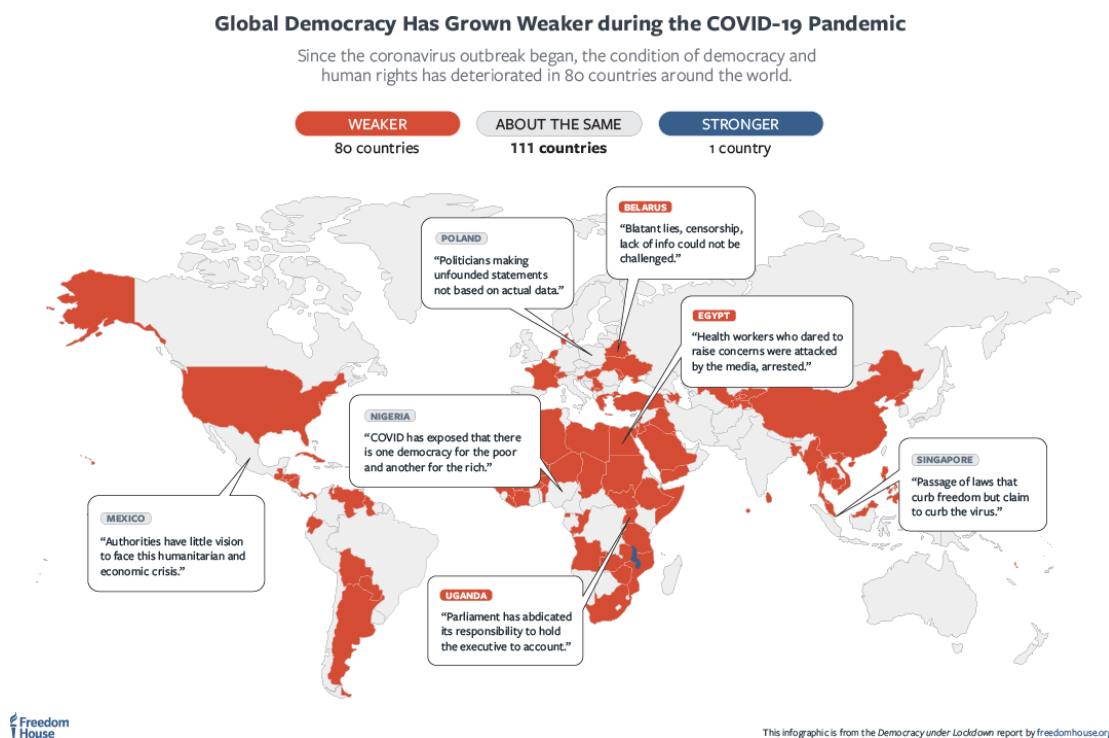
As mentioned, access to health should in every case be non-discriminatory. To achieve that, attention needs to be given to specific vulnerable groups. "In the context of COVID-19, early analyses revealed that social inequalities exacerbate risks of COVID-19 and highlighted key vulnerable groups."¹¹ These include elderly persons with chronic conditions, minority ethnic populations, persons from the lowest wealth quintile, and non-COVID patients with other serious illnesses. The recent pandemic has had a huge impact on human

⁹ "The Human Rights Act." *The Human Rights Act | Equality and Human Rights Commission*, www.equalityhumanrights.com/en/human-rights/human-rights-act.

¹⁰ R.; Gatter. "Quarantine Controversy: Kaci Hickox v. Governor Chris Christie." *The Hastings Center Report*, U.S. National Library of Medicine, pubmed.ncbi.nlm.nih.gov/27150412/.

¹¹ "The Right to Health in Times of Pandemic: What Can We Learn from the UK's Response to the COVID-19 Outbreak?" *Health and Human Rights Journal*, 9 Dec. 2020, www.hhrjournal.org/2020/11/the-right-to-health-in-times-of-pandemic-what-can-we-learn-from-the-uks-response-to-the-covid-19-outbreak/.

rights, including the right to health, movement, and school/education. Many services were forced to digitalize or had to take place over the phone. Such are work, school, and health consultation. This created huge discrimination towards poorer houses or people living in Less Economically Developed Countries (LEDCs), as in many cases they didn't have access to the services, due to limitations of phone contracts/technology.



Global Democracy Has Grown Weaker during the COVID-19 Pandemic

Right to Health

The Right to Health is protected by both the 1961 European Social Charter¹² and the 1966 ICESCR¹³, which have been signed and ratified by and protect the right to health in articles 11 and 12, respectively. Other UN treaties that protect the right to health of specific groups include the Convention on the Elimination of All Forms of Discrimination against Women, the Convention on the Rights of Persons with Disabilities, and the Convention on the Rights of the Child.

During the months of the Covid-19 Pandemic, governments worldwide took decisions in primary health care to protect societies from the virus, such as testing and

¹² "The European Social Charter." *European Social Charter*, www.coe.int/en/web/european-social-charter.

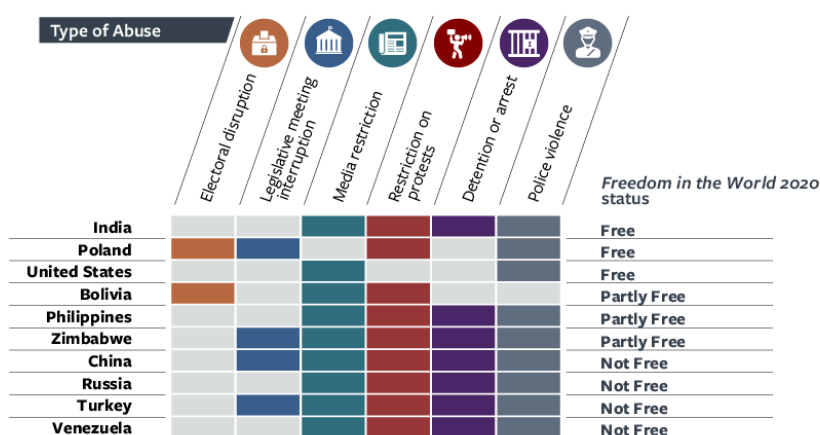
¹³ "International Covenant on Civil and Political Rights." *OHCHR*, www.ohchr.org/EN/ProfessionalInterest/Pages/CCPR.aspx.

tracing, providing essential medical goods and personal protective equipment to hospitals, lockdown and travel bans, and the collection of data relevant to the pandemic for epidemiological research. All of these measures affected people’s right to health, including the right to access health information, health services, and hospitals, equal access to treatment, and the right to be treated for diseases other than COVID-19.

For this right to be protected, states are required to take direct action and make good use of their financial and human resources. Therefore, there are some core assignments that each government must carry out immediately to ensure the right to health, regardless of its economic and human resources.¹⁴ During a pandemic, these need to be applied immediately.

Key Government Abuses during the Pandemic

Governments across the Free to Not Free spectrum engaged in various abuses of human rights and democratic institutions in response to the coronavirus pandemic.



This infographic is from the Democracy under Lockdown report by freedomhouse.org

Key Government Abuses during the Pandemic

MAJOR COUNTRIES AND ORGANISATIONS INVOLVED

Everything mentioned below, handles the issue of the Covid-19 Pandemic, as it is the pandemic we are currently dealing with, and thus these are the most recent attempts of countries and organizations to deal with the Human Rights Violations during a Pandemic.

¹⁴ “General Comment No. 14 (2000), The Right to the Highest Attainable Standard of Health (Article 12 of the International Covenant on Economic, Social and Cultural Rights).” *United Nations*, United Nations, digitallibrary.un.org/record/425041.

World Health Organisation (WHO)

Since the beginning of the Covid-19 pandemic, members of the World Health Organisation (WHO) have made some important remarks on how Human Rights should under all circumstances be protected. More specifically, WHO's Director General noted that *"All countries must strike a fine balance between protecting health, minimizing economic and social disruption, and respecting human rights"*¹⁵. WHO considers human rights a foundation for national responses and global solidarity. The WHO has also stated that no quarantine or transportation measure should be implemented at the expense of fundamental human rights. The WHO provided a guidance in the initial response to Covid-19: *"Addressing Human Rights as Key to the COVID-19 Response"*¹⁶ highlighted WHO's constitutional recognition of the importance of human rights, and specifically the Right to Health.

World Health Assembly

Responding to the Covid-19 Pandemic, the World Health Assembly passed a crucial resolution, which called for all member states to enforce strategical, national plans, to maintain the ideal conditions to protect both human rights and public health. (May 2020) These conditions should be ensured in order to *"respect human rights and fundamental freedoms and pay particular attention to the needs of people in vulnerable situations, promote social cohesion, take the necessary measures to ensure social protection and protection from financial hardship, and prevent insecurity, violence, discrimination, stigmatisation and marginalisation"*¹⁷

People's Republic of China

According to Amnesty International, the Chinese government has on multiple occasions violated the Right to Freedom of Information, by censoring several articles related

¹⁵ WHO Director-General's Opening Remarks at the Media Briefing on COVID-19 - 11 March 2020." World Health Organization, World Health Organization, www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020.

¹⁶ "Addressing Human Rights as Key to the COVID-19 Response." *World Health Organization*, World Health Organization, www.who.int/publications/i/item/addressing-human-rights-as-key-to-the-covid-19-response.

¹⁷ de Mesquita, Judith Bueno, et al. "Human Rights Dimensions of the COVID-19 Pandemic." *The Independent Panel*, The Independent Panel for Pandemic Preparedness and Response, May 2021, theindependentpanel.org/wp-content/uploads/2021/05/Background-paper-11-Human-rights.pdf.

to the Covid-19 pandemic in their country. As also mentioned by the Regional Director of Amnesty International, this can also result in slowing down the work of the medical community and research, as important information could be withheld.

In China, the right to Freedom of arbitrary arrest and detention has also been violated many times. Activists that share information on the virus in the country have been heavily intimidated and harassed by the government and the police.



Police Arrest

United Kingdom (UK)

The UK government failed to tackle the issue of social inequalities and vulnerabilities, by not taking specific provisions for vulnerable groups. This resulted in higher cases of transmission and fatality among Black, Asian, and Minority Ethnic groups compared to white population in both health care facilities and less economically developed regions. This marks a violation of their *right to health*.

Overall, primary health care in the UK wasn't fully accessible. From mid-March the number of patients allowed to visit their primary care physician in person was extremely limited, leaving them with no other choice but to refer to another professional. These disruptions are estimated to have mid- to long-term implications for the National Health Service (NHS), as it is observed that chronic conditions have been worsening, while new

conditions are being diagnosed too late. Furthermore, it is a common case that special services such as anything that involves cancer and mental health is being either postponed or even completely canceled in the UK.

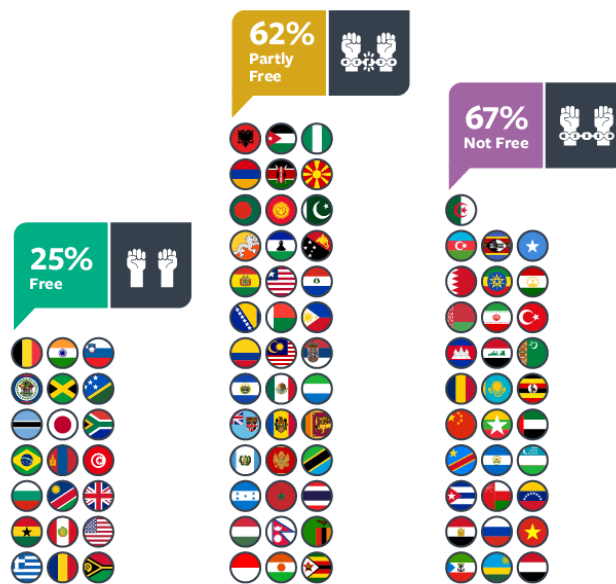
India

COVID-19 has been extremely harsh on India, as there is a tragically short supply of medicine, oxygen, and vaccines, in addition to the record-breaking numbers of new cases in May 2021.

This global health crisis has been uncovering India’s deep rooted human rights issues. What happened was that as the cases numbers in India were comparably low, the government lifted many of the measures, as they believed that the risk of infection was starting to be over. However, experiencing a dramatic case rise, many people in India were helpless from the virus, as they didn’t manage to get the hospital care, oxygen support, medicine, and vaccines they needed. Again, a visible violation of the right to health. Additionally, even after death, people were forced to wait for hours in line to cremate or bury their loved ones.

Governments Curtail Media Freedom during the Pandemic

At least 91 countries across the democratic spectrum experienced restrictions on the news media as part of their governments’ response to the coronavirus outbreak.



Governments Curtail Media Freedom during the Pandemic

TIMELINE OF EVENTS

List of Epidemics/Pandemics after 1800

Date	Description of Event
1846–1860	Cholera Pandemic
1855-1960	Third Plague Pandemic
1889-1890	1889–1890 flu pandemic
1918-1920	Spanish Flu
1957-1958	1957–1958 influenza pandemic
1968-1969	Hong Kong Flu
1981-present	HIV/AIDS Pandemic
2003	SARS
2013	Ebola
2019-present	Covid-19 Pandemic

UN INVOLVEMENT: RELEVANT RESOLUTIONS, TREATIES AND EVENTS- PREVIOUS ATTEMPTS TO SOLVE THE ISSUE

- The European Committee of Social Rights – 22 April 2020

*Statement of Interpretation on the Right to Protection of Health in Times of Pandemic*¹⁸

This statement highlights the right to protection of health among others in the European Social Charter, such as the right to social and medical assistance, the right to safe and healthy working conditions, the right to freedom from poverty and social exclusion, and the right to housing.

- Submission to the Parliamentary Joint Committee of Human Rights – July 2020¹⁹

This submission addressed States' obligations to further emphasize the right to health in response to COVID-19. "It includes recommendations towards states for the protection of vulnerable groups and minorities, preparedness, essential medical goods, testing and tracing, lockdowns, vaccines, the right to access other health services, long-term care for COVID-19 patients, international cooperation, and accountability."²⁰

- Committee on Economic Social and Cultural Rights - 2000²¹

Highlights the obligations of a state for the right to health to be ensured for all.

POSSIBLE SOLUTIONS

Financing and reinforcing already existing health care bases

¹⁸ Council of Europe. "European Committee of Social Rights Statement on the Right to Protection of Health in Times of Pandemic Crisis." *European Social Charter*, Council of Europe, 22 Apr. 2020, www.coe.int/en/web/european-social-charter/-/european-committee-of-social-rights-statement-on-the-right-to-protection-of-health-in-times-of-pandemic-crisis.

¹⁹ "Human Rights (Joint Committee) - Summary - Committees - UK Parliament." *Committees*, committees.parliament.uk/committee/93/human-rights-joint-committee/.

²⁰ "The Right to Health in Times of Pandemic: What Can We Learn from the UK's Response to the COVID-19 Outbreak?" *Health and Human Rights Journal*, 9 Dec. 2020, www.hhrjournal.org/2020/11/the-right-to-health-in-times-of-pandemic-what-can-we-learn-from-the-uks-response-to-the-covid-19-outbreak/.

²¹ "COMMITTEE ON ECONOMIC, SOCIAL AND CULTURAL RIGHTS." *OHCHR*, www.ohchr.org/en/hrbodies/cescr/pages/cescrindex.aspx.

During pandemics, hospitals and other health care facilities tend to be overcrowded and complete, in a way that not all patients can be provided the necessary help and treated equally. Each state needs to take the essential measures, such as financing and equipping hospitals with doctors, nurses, beds, vaccines, etc. so that no right to health is violated. You can apply that in your resolutions, by implementing initiatives that promote reconstruction, reparation and equipment of healthcare bases, funded by the UN, NGOs or governments themselves.

Finding ways so that people can still work/get an education during a pandemic

Although most countries already support systems, where work and school can happen digitally from home, there are still many cases where patients of the virus or individuals in quarantine can't attend such basic necessities, which as mentioned, constitute basic human rights. This could be achieved through a policy which obligates all nations to adopt new technological systems, for all people to be able to keep up with their work/school, or any other activity they ought to attend. Again, this could be funded by the UN and conducted by an appropriate professional team.

Implementing strict measures while still leaving space for human rights

This can mainly be applied to measures such as quarantine/self-isolation, social distancing, and travel bans, as these are measures that violate freedom of movement, mobility rights, in other words, the right of individuals to travel from place to place within the territory of a country, and to leave the country and return to it. For example, during a period of quarantine citizens of a state should be left with the option to leave their house for a period of time, as long as this doesn't affect the transmission of the virus. There should also be the option to travel, when necessary or safe. In order to achieve this, all nation's governments should be advised by a legal team, before mandating any new measures, in order to avoid violating any fundamental human rights.

BIBLIOGRAPHY

"Addressing Human Rights as Key to the COVID-19 Response." *World Health Organization*,
World Health Organization,
www.who.int/publications/i/item/addressing-human-rights-as-key-to-the-covid-19-response.

- “COMMITTEE ON ECONOMIC, SOCIAL AND CULTURAL RIGHTS.” *OHCHR*,
www.ohchr.org/en/hrbodies/cescr/pages/cescrindex.aspx.
- Council of Europe. “European Committee of Social Rights Statement on the Right to Protection of Health in Times of Pandemic Crisis.” *European Social Charter*, Council of Europe, 22 Apr. 2020,
www.coe.int/en/web/european-social-charter/-/european-committee-of-social-rights-statement-on-the-right-to-protection-of-health-in-times-of-pandemic-crisis.
- Council of Europe. “COVID-19: Ensure Women’s Access to Sexual and Reproductive Health and Rights.” *Commissioner for Human Rights*, 5 June 2020,
www.coe.int/en/web/commissioner/-/covid-19-ensure-women-s-access-to-sexual-and-reproductive-health-and-rights
- “COVID-19: towards Controlling of a Pandemic.” *The Lancet*,
[www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30673-5/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30673-5/fulltext).
- “Exchange of Views with the European Committee of Social Rights.” *Commissioner for Human Rights*, 4 June 2021,
www.coe.int/en/web/commissioner/-/exchange-of-views-with-the-european-committee-of-social-rights.
- “Health Promotion vs Health Protection.” *Concentra*, 2000,
www.concentra.com/resource-center/articles/health-promotion-vs-health-protection.
- “Human Rights Dimensions of the COVID-19 Pandemic.” *The Independent Panel*, The Independent Panel for Pandemic Preparedness and Response, May 2021,
theindependentpanel.org/wp-content/uploads/2021/05/Background-paper-11-Human-rights.pdf.
- “General Comment No. 14 (2000), The Right to the Highest Attainable Standard of Health (Article 12 of the International Covenant on Economic, Social and Cultural Rights).” *United Nations*, United Nations, digitallibrary.un.org/record/425041.
- “Health and Human Rights in Today’s Fight against HIV/AIDS.” *PubMed Central (PMC)*, 1 Aug. 2008, www.ncbi.nlm.nih.gov/pmc/articles/PMC3356156.
- “Human Rights (Joint Committee) - Summary - Committees - UK Parliament.” *Committees*, committees.parliament.uk/committee/93/human-rights-joint-committee/.
- “International Covenant on Civil and Political Rights.” *OHCHR*,
www.ohchr.org/EN/ProfessionalInterest/Pages/CCPR.aspx.
- “Interview: The Human Rights Crisis Behind India’s Covid-19 Surge.” *Human Rights Watch*, 10 May 2021,
www.hrw.org/news/2021/05/10/interview-human-rights-crisis-behind-indias-covid-19-surge.
- “Learning from the Pandemic to Better Fulfil the Right to Health.” *Commissioner for Human Rights*, 23 Apr. 2020,
www.coe.int/en/web/commissioner/-/learning-from-the-pandemic-to-better-fulfil-the-right-to-health.
- Madhav, Nita. “Pandemics: Risks, Impacts, and Mitigation.” *Disease Control Priorities: Improving Health and Reducing Poverty. 3rd Edition.*, U.S. National Library of Medicine, 27 Nov. 2017, www.ncbi.nlm.nih.gov/books/NBK525302/.
- Merriam-Webster. “Dictionary By.” *The Merriam-Webster.Com Dictionary*, 0,
www.merriam-webster.com

- "OHCHR and the Right to Health." *OHCHR*,
www.ohchr.org/EN/Issues/ESCR/Pages/Health.aspx.
- "Press Freedom Must Not Be Undermined by Measures to Counter Disinformation about COVID-19." *Commissioner for Human Rights*, 6 Apr. 2020,
www.coe.int/en/web/commissioner/-/press-freedom-must-not-be-undermined-by-measures-to-counter-disinformation-about-covid-19
- "Protect Human Rights and Public Health in Fighting COVID-19." *European Union Agency for Fundamental Rights*, 8 Apr. 2020,
fra.europa.eu/en/news/2020/protect-human-rights-and-public-health-fighting-covid-19.
- "Public Health and Human Rights in an Era of Epidemics." *Crown Family School of Social Work, Policy, and Practice*,
crownschool.uchicago.edu/public-health-and-human-rights-era-epidemics.
- "Public Health and Human Rights in an Era of Epidemics." *Crown Family School of Social Work, Policy, and Practice*,
crownschool.uchicago.edu/public-health-and-human-rights-era-epidemics.
- R;, Gatter. "Quarantine Controversy: Kaci Hickox v. Governor Chris Christie." *The Hastings Center Report*, U.S. National Library of Medicine,
pubmed.ncbi.nlm.nih.gov/27150412/.
- "The European Social Charter." *European Social Charter*,
www.coe.int/en/web/european-social-charter.
- "The Human Rights Act | Equality and Human Rights Commission." *Equality and Human Rights Commission*, 1998,
www.equalityhumanrights.com/en/human-rights/human-rights-act
- The Impact of COVID-19 on Human Rights and How to Move Forward." *Commissioner for Human Rights*, 17 Dec. 2020,
www.coe.int/en/web/commissioner/-/the-impact-of-covid-19-on-human-rights-and-how-to-move-forward
- "The Right to Health." *ESCR*, www.eschr-net.org/rights/health.
- "The Right to Health in Times of Pandemic: What Can We Learn from the UK's Response to the COVID-19 Outbreak?" *Health and Human Rights Journal*, 9 Dec. 2020,
www.hhrjournal.org/2020/11/the-right-to-health-in-times-of-pandemic-what-can-we-learn-from-the-uks-response-to-the-covid-19-outbreak/#_edn12.
- United Nations. "We Are All in This Together: Human Rights and COVID-19 Response and Recovery." *United Nations*, 23 Apr. 2020,
www.un.org/en/un-coronavirus-communications-team/we-are-all-together-human-rights-and-covid-19-response-and
- "WHO Director-General's Opening Remarks at the Media Briefing on COVID-19 - 11 March 2020." *World Health Organization*, World Health Organization,
www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020.
- "WMA - The World Medical Association-Right to Health." *The World Medical Association*,
www.wma.net/what-we-do/human-rights/right-to-health/.