Climate change and the right to health of people with disabilities

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Climate change is directly and disproportionately threatening the right to health of people with disabilities due to higher ambient temperatures, elevated air pollutants, and increasing exposure to extreme weather events that include heatwaves, floods, hurricanes, and wildfires. Strikingly, the global mortality rate of people with disabilities in natural disasters is up to four times higher than people without disabilities due to a scarcity of inclusive planning, accessible information, early warning systems, transportation, and discriminatory attitudes within institutions and among individuals.[1] Disasters also disrupt access to health-care services, medications, oxygen, haemodialysis, personal care assistance, and medical devices. Heat extremes are linked with elevated emergency room visits, hospital admittance, and mortality for individuals with mental health, cardiorespiratory, and other disabilities; pre-existing psychosocial disabilities triples the risk of death during heatwaves.[2] High ambient temperatures also negatively affect the health of individuals whose disabilities are affected by temperature sensitivity or thermoregulation, including multiple sclerosis and spinal cord injuries. Likewise, numerous medications, including diuretics and antidepressants, can affect the thermoregulation of people with mental and physical disabilities.[3] More broadly, climate change increases the risk of undernutrition, water insecurity, stress-related psychiatric disorders, and alters the geographical distribution of infectious diseases.

Climate change exacerbates existing inequalities with indirect disproportionate effects on people with disabilities due to their lack of access to health-care services and increased exposure to social determinants of health such as poverty, and lack of access to education, employment, or adequate housing. Often individuals with disabilities experience intersecting forms of multiple discrimination from belonging to specific groups including women, Indigenous people, children, racial minorities, and older people. The COVID-19 pandemic highlights and intensifies these inequalities.[4] Ironically, those with disabilities most at risk from climate change have contributed the least to greenhouse gases, including the 800 million people with disabilities living in low-income countries.[5] Accordingly, climate vulnerability and the right to health of people with disabilities is being increasingly acknowledged, including within the Paris Agreement.

The threat of climate change to people with disabilities' right to health urgently necessitates that governments reduce greenhouse gas emissions. States failing to comply with the Paris Agreement obligations or excluding disability from climate change mitigation and adaption efforts, are violating human rights obligations, including the UN Convention on the Rights of Persons with Disabilities.[6] In 2021, an individual with temperature-dependent multiple sclerosis, Uhthoff's syndrome, filed a law suit against the Austrian government alleging that a failure to set effective climate protection measures violated his human rights.[7]

For more on the **UN Convention on the Rights of Persons with Disabilities** see http://www.un.org/disabilities/documents/convention/convention_accessible_pdf.pdf

Climate change adaptation provides a global opportunity to increase health equality for people with disabilities as required by the UN Sustainable Development Goals, using the human rights principles of participation, inclusion, empowerment, non-discrimination, and accessibility. Attaining climate resilient health equality will require empowering people with disabilities and their organisations to represent their needs and identify solutions in equitable participatory planning and implementation processes, verified by disability indicators and intersectional analyses. Governments should include disability organisations as stakeholders to ensure disability-inclusive health adaption planning. Disability indicators and disaggregated data are crucial for the development of disability-inclusive policies.[8] Health-care facilities must be accessible, including post-disaster; laudably, the World Bank has committed to inclusive post-disaster reconstruction. A UN Framework Convention on Climate Change disability constituency and disability action plan, both absent from COP26, would facilitate disability leadership in climate change action.

Health-care professionals, throughout their education, should receive training on the effects of climate change on the health of individuals with disabilities and disability cultural competency. Clinical trials inclusive of people with disabilities are required to determine how

medications affect body temperature regulation at high temperatures. Enabling people with disabilities to enter health-care professions and collaborate in development and disaster risk reduction can provide untapped knowledge on disability discrimination and adaptation. Future research is crucially needed on the effect of climate change mitigation and adaption measures, and targeted disability-inclusive approaches, on the health of people with disabilities—particularly in low-income and middle-income countries—to foster best practices for enhancing climate resilience.

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