

Human Rights and COVID 19

The Impacts on Vulnerable Groups

Dissertation Submission Form

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Human Rights and Covid-19

The impacts on vulnerable group

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Writing this dissertation was another one of the moments that I could appreciate, once again, that achieving our goals is something wonderful but it does not make any sense if we do not have good people around us, accompanying us and encouraging us.

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Abstract

The COVID-19 pandemic has once again reminded us of the myriad inequalities inherent in our world, whether in terms of gender, culture or opportunity. These inequalities that have been faced over the years by us and trying to be remedied through human rights. However, documenting our rights does not guarantee that we will be fully supported by them at all times. In this sense, this study aims to highlight the main effects of the COVID-19 pandemic on the human rights of vulnerable groups. In this way, it analyses possible violations or disrespect for these rights. To achieve this objective, this research will go through the analysis of two central elements: knowledge of human rights and analysis of some of the vulnerable groups, and to make the research more humane and more supported, with the testimony of people belonging to some of the groups discussed were collected, in order to also see the point of view of people who do not have much knowledge about their rights.

In all twenty-four responses obtained, even with different questions for different vulnerable groups, it was possible to verify some satisfaction of the participants with the measures taken by the Irish government during the pandemic. Human rights, in addition to serving internationally shared values and guidelines for the legitimacy of actions, must also be used as guidelines in the fight against COVID-19, in order to prevent vulnerabilities from deepening or even becoming established. The survey concluded with the response that Ireland's position on the COVID-19 crisis was complete and timely. The transparency, the commitment to a relatively open and traditional data policy, the use of traditional media to inform the population, and the frequency of updates from the Department of Health and the Executive of Health Services are commendable and have resulted in a high-level compliance among the general public with the government's various non-medical measures.

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1. Introduction

COVID-19 astounded authorities and individuals with the speed with which it spread to become a global pandemic and the effects on human rights, either directly or indirectly, through the adoption of measures based on attempts, hits, and misses by both developed and developing countries, as well as an underdeveloped country.

The World Health Organisation (WHO) has established guidelines for states on the measures that should be taken to reduce the risk of contamination and has requested that government responses be guided by scientific evidence, taking socioeconomic factors into account, and respect for human rights. Other human rights bodies and organisations, such as the Organisation of the United Nations (UN) and the United Nations High Commissioner for Human Rights (OHCHR), agreed, highlighting ways to preserve the legal consequences of human dignity while also fighting the pandemic. The human rights dimension was also present in proposals and guidelines for other international organisations, ranging from financial issues to disaster relief.

The idea behind this thematic arose from analysing the world in times of pandemics. As an international student, it was possible to experience the pandemic from the point of view of two countries first, the country where I live, which is Ireland and my hometown country. That made me wonder how these two places and many others worldwide dealt with different issues in different ways during the same pandemic. This research aimed to work on the intersections between the COVID-19 pandemic and human rights, pointing out the rights affected, the vulnerable groups impacted, and the guidelines for coping strategies in their relationship with human rights. The dissertation hereby was developed looking for establish:

- Understanding historically what motivated human rights creation to understand how they are equally essential and robust nowadays. Wherever you are in the world, the modern world is governed by laws, and understanding how they reflect in harmonious coexistence is fundamental.
- Appreciate how human rights affect the whole world, and at the same time, their application cannot be measured or monitored by any authority.

- Realise that even with all the adaptations that governments around the world have tried and are trying to make, vulnerable groups will exist independently. Remember that some vulnerabilities will not be fixed regardless of the number of adaptations.
- The fight for equality that has become even more difficult during the pandemic.
- The point of view of the vulnerable in the face of the COVID-19 pandemic.
- The perception that regardless of rules, laws and bodies that work night and day to establish a fair life for all citizens, some situations will make everything get a little out of control, revealing other ways for people to become vulnerable and generating discussions, as well as the present research, for the awakening of other people that for a similar future conflict we are more prepared in proportion to what we were not during the covid-19 pandemic.

The research was organised around two central axes: 1) the impact of the COVID-19 pandemic on specific rights and vulnerable groups, and 2) COVID-19 answers and coping strategies concerning human rights as well as was divided into five chapters which attempted to determine whether there was disrespect for human rights, specifically in the hearts of these groups, during the pandemic, the reasons for these conflicts and how they may have impacted our rights. In addition to presenting the conflicts encountered during the pandemic, it is necessary to discuss the measures taken by governments worldwide, particularly in Ireland, to limit further harm to people.

2. Human Rights

The United Nations states that:

Human rights are entitlements that we have simply by virtue of our humanity; no nation grants them. We all have these universal rights, regardless of nationality, gender, nationality, ethnic origin, religion, language, sexual orientation, or any other status. They range from the most basic human needs, such as the right to life, to those that make life worth living, by way of illustration: rights to food, education, work, health, and liberty (United Nations Human Rights Office of the High Commissioner, no date).

Correspondingly, the concept of human rights brought by the Irish government is that:

Human rights are fundamental rights and liberties that all people have. Respect for the life and dignity of all people is central to the concept of human rights. Many Irish and international laws protect human rights, and international law requires states to respect, protect, and fulfil human rights (Irish Human Rights and Equality Commission, no date).

2.1 Human Rights in an Historical Perspective

The concept of human rights is, for the most part, but not wholly, legal (Freeman, 2017). Although the concept is arguably ancient, it came to be highlighted on the international agenda at the time when the Charter of the United Nations proclaimed in the year 1945 that the United Nations (UN) was determined to “reaffirm faith in fundamental rights, in the dignity and worth of the human person, in the equality of rights of men and women, and nations, whether large or small”. The Universal Declaration of Human Rights (UDHR) was welcomed and legitimised by the UN General Assembly on 10 December 1948 (Andreopoulos, 2020).

The outlined Declaration came to have a visible impact on international human rights law and even on the laws of other states, having an impact in different areas such as politics, economy, and culture (Strban, 2020). The Declaration was announced as “a common standard of achievement for all peoples and nations.” Its first article states that “all human beings are born free and equal in dignity and rights”. Every one of us, invariably, “are entitled to all the rights and freedoms outlined in this Declaration, without discrimination of all sort, such as race, colour, sex, language, religion, political or other opinions, national or social origin, wealth, birth or another status.”

Brought this up, the question that arises in our innermost beings is what truly are human rights? A human is a member of the Homo sapiens species, which includes a man, a woman, a child, and an individual. Rights are entitlements, otherwise stated, guaranteed freedoms. Human Rights are the rights you have because you are human. It is how you instinctively expect and deserve to be treated as a person, such as living in freedom (in many aspects, such as religious or sexual orientation), speaking your mind, and being treated equally. There are many types of rights, and a lot of them are applied to a specific group, but the Human Rights are the rights that are applied to absolutely everyone, and everywhere, that means kids, elderly, basketball players, cleaners, rappers, teachers, Afghanistan's, Indians, Albanians, Christians, Muslims, your mother, your father, your next-door neighbour and you. Everyone has precisely the same human rights. In other words, they are universal. Yet, what is brought to us through books, articles and laws was not born overnight.

The history of human rights is a journey that has given rise to different points of view around the world, and thanks to free-thinking individuals, humanity was able to synthesise all these ideas into a single document. In order to analyse this matter more clearly, allow me to go back in time, more precisely to 539 BC, when the armies of Cyrus the Great, the first king of ancient Persia, conquered the city of Babylon (Finkel, 2021). Yet, it was his later actions that marked a very important advance in human history. He abolished slavery, declared that everyone had the right to practice their own religion, and instituted racial equality. These and other decrees were written down on a clay cylinder known as the Cyrus Cylinder today (Lauren, 2011). This ancient record is recognised as the world's first human rights charter (US Institute of Diplomacy and Human Rights, 2021), and in one fell swoop, human rights were born.

The idea spread quickly, reaching other corners of the world such as Greece and India and eventually reaching the Italian community in Rome. At that moment and in that place, the conception of "natural law" emerged, and this flowed from the observation that people in their life journey tended to follow specific laws. However, these were not written, and Roman law was based on enlightened ideas. There are documents that assert individual rights and are the written precursors to many of today's human rights documents. Such documentation shall demonstrate the gradual way in which human rights came to become the concept that is known today by people.

Undoubtedly a important first step in the long journey for human rights, this type of document would not be created for another thousand years. Subsequently, in 1215 the notorious document named Magna Carta came into existence. This was undoubtedly the prime sway in the long and historical process that led us to the regulation of constitutional law today in the English-speaking world. For that given year, when King John violated the ancient laws and customs that had governed England (Cannon & Hargreaves, 2009), his subordinates constrained him to sign the Magna Carta, which rehearsed what would later be considered human rights.

Among which were the right of religion walking in different paths of government, and vice versa; therefore, each without interference from the other, were also the rights that all citizens were free to own and inherit property without the application of outrageous taxes, among other things. The “Great Charter” (its translation from Latin) established the right of widows who had assets to choose not to remarry and instituted principles of due process and equality before the law. It additionally contained provisions prohibiting bribery and abuse of power. Widely regarded as one of the critical legal documents in the development of contemporary democracy, the Magna Carta was a crucial juncture in the struggle to settle freedom (US Institute of Diplomacy and Human Rights, 2021).

Along with the words above and moving towards the next recorded milestone in the blooming of human rights was the Petition of Rights assembled in 1628 by the English Chamber and sent to Charles I by way of a declaration of civil liberties (The Editors of Encyclopaedia Britannica, 2019). As a result of Parliament's refusal to finance the king's foreign policies, the government demanded forced loans, and those who did not comply were subject to imprisonment. In this way, it was possible to verify that, due to the arbitrary arrests and detention of those opposed to these policies, they reproduced in Parliament adversities against Carlos and George Villiers, the Duke of Buckingham.

In this way, the Petition of Right, initially conceived by Sir Edward Coke, was based on previous statutes and letters, stating the following four principles: first, no tax could be levied without the consent of Parliament. Second, no subordinate could be detained without justification (reaffirming the right to habeas corpus). Third, soldiers could not be quartered over civilians. Finally, martial law could not be used during times of peace. Some of the demands made in the Magna Carta may sound familiar to those familiar with the US Bill of Rights. Prompted by the American Revolution, the

following major document would not be written for another hundred years (US Institute of Diplomacy and Human Rights, 2021).

Such a path took us later to July 4, 1776, Thomas Jefferson together with other prominent US political figures, drafted the United States Declaration of Independence and proclaimed the right to life, liberty, and the pursuit of happiness while also announcing the colonies' separation from Great Britain. The declaration, which was adopted by Congress, is based on the statement "all men are created equal." Despite not being legally binding, the document would inspire many great future human rights documents. The amount of progress made between the Petition of Rights and the United States Declaration is truly astounding. The success of the Declaration of Independence prompted the United States of America to draft the Constitution of the United States of America, a document that would eventually form a government and establish laws (US Institute of Diplomacy and Human Rights, 2021).

Evolving gradually for some years ahead, more thoroughly for the year 1787, the Constitution of the United States of America was being written and is the world's oldest surviving written governmental charter. It established the fundamental law of the United States federal government and defined the fundamental rights of citizens. The authors of the Constitution defined three branches of government: executive, legislative, and judicial. This separation of powers established a system of checks and balances that, in theory, prevented one branch from wielding too much power. With the outcome of the American Revolution completed, another country with similar values, France, was inspired to have its own Revolution (US Institute of Diplomacy and Human Rights, 2021).

In that instrument it is possible to verify the protection of freedom of expression, freedom of religious belief, the right to possess and bear arms, freedom of assembly and freedom of petition. Not only that, prohibits unwarranted searches and seizures, cruel and unusual punishments and forced self-incrimination. In the midst of the legal protections it offers, the Bill of Rights prohibits Congress from making any law relating to the enacting of any legislation that was related to the establishment of religion and prohibiting the federal government from depriving any person of his or her own life, liberty or property without due process of law. In federal criminal cases, for example, investigation and review by a grand jury is required for any crime in which there is a will to do so, guarantees a public trial, with the presence of the jury and prohibits double criminality.

In 1789, the well-known monarchy was abolished in France, opening the space for establishing the first French Republic. The Declaration of the Rights of Man and of the Citizen, born of the French Revolution and inspired by the US Declaration of Independence and the Enlightenment, explains a list of "natural and inalienable" rights. The Declaration asserted that all citizens must be assured, by rights, we mean the rights of "freedom, property, security and non-susceptibility to oppression" (Marks, 1998)

It argues that this comes from the fact that the exercise of our natural rights as human beings has these limits, where I can only enjoy my rights if other people do not interfere with them, just as, in the same way, I cannot impede with the rights of other people. Accordingly, as mentioned earlier, the document contemplates the right as a manifestation of the will of each one as a whole. It is intended to enable this equality of rights between people, seeking to avoid harmful actions to the group of society.

The next document to be discussed was so important that some delegates present at the Constitution's creation did not sign it due to a lack of it at the time: the United States Bill of Rights. The bill includes the first ten amendments to the Constitution, which limit the federal government's powers, guarantee civil rights and liberties, and protect basic freedoms such as speech, press, and religion, as well as the rights of all citizens, residents, and visitors to the territory from the United States (Levy, 1999). Although many documents in the United States' founding documents declared equality for all, it took a long time for this to become a reality. Many would argue that this is still not entirely true in modern times.

During 1864, sixteen European countries and several American states participated in a conference held in Geneva, which was held at the request of the Swiss Federal Council, by resolution of the Geneva Committee. The diplomatic meeting was held with the aim of adopting a convention for the treatment of soldiers wounded in combat. There were principles discussed in the Convention that, by virtue of their importance, were maintained over the years by the Geneva Conventions, which in turn provided for responsibility for the care of wounded and sick soldiers, which should take place without any discrimination; yet, one of the world's best-known landmarks for medical equipment, the distinctive sign of the red cross on a white background, was also established as a principle in the conventions, which should be treated with all due respect (Shaw, 2021).

Entering the end of the historical walk that guided us through different and vital moments of the history. It was possible to verify a gradual understanding of what human rights are and how they were conquered and built over time around the world. We now reach a brief passage through an unforgettable moment of history, the end of World War II, mid-year 1945. The closer you saw the end, the more visible the ruin in which the cities of the European and Asian continents found themselves. The extinction of human rights has never been closer. It was from this scenario that in April, of this same year, representatives from fifty countries met in the city of San Francisco.

The United Nations Conference on International Organisation aimed to form an international body that would promote peace and prevent future wars. The ideals of this meeting were set out in the preamble to a document called the proposed letter, which read: "We, the peoples of the United Nations, are determined to save succeeding generations from the scourge of war, which twice in our lives has brought unspeakable sadness to humanity" (United Nations, no date). The Charter with the specific words entered into force on October 24, 1945, a day known and celebrated worldwide as United Nations Day.

Finally, the crossbreeding of the entire historical trajectory made, in 1948, the new United Nations Human Rights Commission received worldwide attention. Under the care of President Franklin Roosevelt's widow, Eleanor Roosevelt, human rights defender and US delegate to the UN, the Commission began to draft the document that became the Universal Declaration of Human Rights. Also called the Magna Carta, it was adopted by the United Nations on December 10, 1948.

This piece, in its very first article, irrefutably declares the intrinsic rights of each and every human being: "Disrespect and contempt for human rights have resulted in barbaric acts that have outraged the conscience of humanity and the advent of a world in which human beings will enjoy the freedom of expression and belief and freedom from fear and want has been proclaimed the highest aspiration of ordinary people... All human beings are born free and equal in dignity and rights." As a result of the commitment and joint work of the member states of the United Nations, the thirty articles of human rights were created, which, for the first time in history, were gathered and codified in a single document. As a result, many of these rights are now part of the constitutional laws of democratic nations in several ways.

To sum up, the Declaration of Human Rights was drafted by representatives from all over the world and made a point of covering all legal traditions. As previously mentioned, the document was formally adopted by the United Nations on December 10, 1948 and is to date the most universal human rights document that has survived, outlining in its thirty articles the basis of a democratic society based on law. Following this historic act, the Assembly advised that all Member States should disseminate the text of the Declaration and “cause it to be disseminated, displayed, read and displayed primarily in schools and other educational institutions, without distinction based on the political condition of the countries or territories”.

The Universal Declaration of Human Rights remains relevant today as it was in 1948 when it was proclaimed and embraced by the General Assembly of the United Nations. The writers' extraordinary vision and determination produced a document that, for the first time, articulated the rights and freedoms that every human being has equally and inalienably. The Declaration is the most translated document globally - a heritage of its multinational nature. It came to light as a yardstick by which we measure right and wrong, providing a foundation for a just and decent future for all. It has given people a powerful tool to fight against oppression, impunity and affronts to human dignity.

The presentation of the following articles contained in the Universal Declaration of Human Rights, although it seems to take a lot of delay, is indeed enriching for the understanding of the rights that are guaranteed to all of us that will be discussed later, as well as a greater understanding of the research presented here. Having said that, let us move on to the articles, perceiving that each article stated:

Article 1 — concerns freedom and equality, both of which must be extended to all human beings.

Article 2 — all persons may claim the rights presented in the document for themselves. No discrimination of any origin can be made.

Article 3 — the most fundamental rights are presented: life, liberty and personal security.

Article 4 – says that no one can be kept in slavery or servitude.

Article 5 – says that no one can be subjected to torture, cruelty or any type of degrading treatment.

Article 6 — Legal personality (i.e., the legal and juridical recognition of everyone as a citizen) must be recognized everywhere and everywhere.

Article 7 — the law must be the same for everyone, it must protect everyone, and the declaration document is also valid for everyone, regardless of differences.

Article 8 — every person can appeal to the justice system against violations of the law that affect them.

Article 9 — prohibits arbitrary arrests, detentions or exiles, that is, those that were not the result of a legal process that proves the act as a determination of a judicial sentence or of some type of valid judicial measure.

Article 10 — Everyone has the right to an official, public, impartial and fair trial.

Article 11 - The article, broken down into two sections, states that an individual accused of a crime is innocent until proven guilty as well as that no one can be convicted of an action that was not a crime in the national or international frame of reference at the time it was committed.

Article 12 - The law must be protected so that no one suffers interference in the private sphere of their lives.

Article 13 - Concerning borders and territories, the two sections of this article state that everyone has the right to live wherever they want within a state and that everyone has the right to leave or return to their state of origin whenever they want.

Article 14 — The two items of this article guarantee the right to seek asylum in other countries due to persecution, except in the case of a legitimate legal process.

Article 15 — The two items of this right say that nationality is a right for everyone and that no one can be deprived of it.

Article 16 — The three items of this article say that: from the age at which marriage is allowed, everyone has the right to marry, regardless of any difference between them, provided that both parties consent; and that the State must guarantee the protection of the family, understanding that this is the fundamental element of society.

Article 17 - Says that every person has the right to property and that no one can be arbitrarily deprived of it.

Article 18 - Deals with religious freedom, guaranteeing the right to all to choose and change their religious beliefs, as well as to manifest them in public or private spheres.

Article 19 - Says that everyone has the right to freedom of expression, no one can be censored or discriminated against for their opinions, and everyone has the right to share them.

Article 20 – Everyone can assemble peacefully, and no one can be compelled to participate in any kind of meeting.

Article 21 – Everyone can participate in the politics and public life of their country, either directly or through representatives elected by vote. The third item of this article also says that the popular will is the first foundation that gives legitimacy to public authorities.

Article 22 – Everyone has the right to security and social security and can demand these rights in their various possible forms.

Article 23 – Dealing with work, the four items of this article guarantee to all people: the possibility of choosing work; decent work; compatible, fair and dignified remuneration for any type of work; equal pay for equal work; and the possibility of founding and joining trade unions.

Article 24 – Everyone has the right to rest, leisure, a working day compatible with rest and periodically paid vacations.

Article 25 – The first item says that everyone has the right to basic living conditions that guarantee, for themselves and their family, the basic conditions of subsistence (health, well-being, food, clothing, housing and necessary social services). In the event of involuntary loss of means of subsistence, social assistance is also provided. The second item guarantees support for motherhood and childhood, which must be protected.

Article 26 – In terms of education, this article states that everyone has the right to elementary, universal, and free education. It also states that higher education must be available to all on an equal basis, that education must promote respect and human rights, and that parents must choose the type of education their children will receive.

Article 27 – Everyone has the right to participate in and enjoy the culture, arts and science produced in their community.

Article 28 – Everyone, without distinction, has the right to order and to the guarantee of the rights established in the Declaration.

Article 29 – Everyone has duties towards the communities and, following the fulfilment of duties, their rights are guaranteed.

Article 30 - The rights and guarantees presented in the Declaration cannot be used to destroy or attack any fundamental right.

Concluding, Human Rights are a class of fundamental and inalienable rights. They guarantee fundamental human rights to all members of the human species. Its first recognition occurred during the American and French Revolutions and they were made official in the twentieth century by the United Nations Universal Declaration of Human Rights. They seek to protect fundamental human rights, by way of example, life, liberty, health, and safety, as well as the right to defence and a fair trial for anyone accused of a crime.

2.2 Human Rights in an Irish perspective

There is no corner of the world where the Universal Declaration of Human Rights has not touched. This document has inevitably influenced the laws we have today in our society, as is perceptible that many countries have internalized human rights and their laws have, in a way, a much more human essence, as they seek not to conflict with human rights. Accordingly, this research will focus on analysing Ireland from a global panorama so in this way, Ireland is positioned in a comparative context. Therefore, we analyse impacts on the following rights:

RIGHT TO HEALTH

The right to health is an essential human right. The World Health Organization (WHO) defines health as a complete state of physical, mental, and social well-being, not simply the lack of disease or infirmity. The right to health includes not only the right to healthcare, but also the right to equal access to healthcare and the ability to make decisions about your own body (World Health Organization, 2017).

COVID-19 has put states' ability to protect the right to health to the test. Underinvestment in health systems in the past has hampered the ability to respond to this pandemic and provide other essential health services. States with strong and resilient health systems are better prepared to respond to crises, but health systems all over the world have expanded, with some on the verge of collapsing (World Health Organization (WHO), 2021).

There was a time when public and private health institutions needed to work together in unprecedented numbers on a global scale. One of the most contentious issues, and one with the greatest impact on the right to health during the pandemic, was the availability of hospital vacancies (primarily in Intensive Care Units (ICUs)) and respirators (because the main effect of the disease is the excessive inflammatory response of the lungs to infection).

In Ireland, health policy is determined by the Department of Health, which is led by a Minister of Health, and publicly funded healthcare is provided by the Health Services Executive (HSE). There is also a considerable private sector involvement in healthcare delivery, ranging from general practitioners to allied healthcare professionals to private hospitals (Kennelly, et al., 2020).

The World Health Organisation does not specify the ideal proportion of hospital vacancies, but the global average is 3.2 beds per thousand inhabitants (counting ICUs and normal facilities). The lack of ICU beds in Ireland was a particular source of concern at the start of the pandemic. In February 2020, the total number of ICU beds in the public health system was estimated to be 255, or 5.5 ICU beds per 100,000 people (Kennelly, et al., 2020). Even the health systems of the world's wealthiest countries lacked the number of respirators required by the COVID-19 pandemic (Wallace, 2020). This eventually forced doctors in Italy and Spain to make the difficult decision of which patients to connect to these machines and which not to – a decision that, in many cases, equates to a death sentence (Ibid).

In a desperate attempt to fill the ventilator shortage, governments around the world have demanded that industries of all types – from automakers to vacuum cleaner manufacturers – devote their entire production capacity to the product (Ibid). However, it was well known that there were not many respirators available. Even if all manufacturers worked at full capacity, it would be impossible to meet the demand imposed by COVID 19. The American Hospital Association estimated

that one million COVID-19 patients in the United States alone would require respirators, despite the country's 160,000 machines (Ibid), which turned out to be much more during the pandemic.

In the context of a pandemic and mandatory social isolation, the increase in psychic suffering in the population is recurring, particularly among those who already had pre-existing factors. Previous epidemics or pandemics, such as Ebola in Africa in 2014, Sars in China in 2002, and Mers in the Middle East in 2012, had already shown signs of increased mental disorders in the population (Ferreira, 2020). However, "the samples of these diseases studies were relatively small, limited to individuals at risk, and with partial quarantine measures, a different situation than what occurs in the COVID-19 pandemic" (Ibid).

COVID-19 is associated with an increased risk of psychological distress in certain population groups. Frontline healthcare workers are particularly affected, as they face heavy workloads, life-or-death decisions, and the risk of infection.

As previously stated, the lack of ICU beds in the public health system (255 in total, or 5.5 per 100,000 people) was a particularly pressing issue in Ireland at the start of the pandemic. The government announced on March 24th 2020 that private hospitals had been incorporated into the public hospital system for the duration of the crisis. Furthermore, many public hospitals increased the number of ICU beds in their own hospitals or identified additional beds that could be used as ICU beds if admissions increased. The number of confirmed and suspected COVID-19 patients occupying ICU beds peaked in the second week of April and has steadily declined since then. Because of the increase in the number of ICU beds, there were always at least 90 ICU beds available on any given day (Kennelly, et al., 2020). No hospital, as far as the researcher know, had exceeded its ICU capacity.

FREEDOM OF MOVEMENT, ASSOCIATION AND ASSEMBLY

In response to the COVID-19 pandemic, states imposed several restrictive measures (coordinated) in violation of other human rights, with support for social and collective well-being, aimed at sanitary restriction measures to prevent the spread of the new virus. Coronavirus. In this regard, one of the most impacted rights has been freedom of movement (relating to the right to come, go and stay). According to article 13 of the Universal Declaration of Human Rights (UDHR), freedom of movement includes the ability for an individual to move willingly within the territory, establish

permanent or temporary residence, leave, enter, and return, as well as the right of emigration and migration.

As well as is stated at the Constitution, which guarantees to all citizens the right to liberty and freedom according to Article 40.4, except when prohibited by law. This means that, in general, you have the right to your own personal freedom (Irish Government, n.d.). In terms of restrictions on freedom of movement, article 12 of the International Covenant on Civil and Political Rights states that any limitation on a person's right to freedom must strictly comply with the limits imposed by International Law on States, particularly the requirements of strict necessity and proportionality; as such, limitations are only permitted for the period justified by the requirements (Office of the High Commissioner of Human Rights, 2020).

The restriction on freedom of movement imposed by COVID-19, which requires individuals to cease moving and interacting with one another (including the interruption of personal and physical socialization between people), consists of the prohibition of circulation, which must always be done in a lawful, proportionate, and reasonable manner.

Among the options available at the moment, this measure is a practical and necessary method of halting virus transmission while also preventing national health services from becoming overburdened (without the possibility of effective and necessary care for people). Thus, in light of the exceptional situation and with the goal of preserving human lives, states may impose extraordinary measures affecting the right to locomotion, such as true lockdowns, isolation or quarantines, closing domestic borders, travel restrictions, school closures, and limits on public gatherings, in order to delay the virus's transmission.

However, given that freedom of movement is a critical right for the realization of many others, the impact of these lockdowns on jobs and livelihoods, as well as the provision of other essential social services, can be severe. As a result, the competent federative entities must prepare measures to mitigate the consequences as well as efficient return plans. Finally, restrictions on freedom of movement based on discriminatory criteria cannot be tolerated. As stated in article 20 of the UDHR, the fundamental freedoms of association and assembly are recognized within the scope of International Human Rights Law as a foundation of freedom of expression and thought (essential components of democracy) (United Nations, n.d.).

The right to freedom of association is concerned with the peaceful participation of a formal or informal group in carrying out a collective action aimed at achieving the group's objectives (such as unions, clubs, religious associations, political politicians, and so on). It could include joining, participating in, remaining in, or even leaving the organization (which may include civil society organizations, cooperatives, non-governmental organizations, religious associations, foundations, etc.) (Frontline Defenders, n.d.). Freedom of assembly, on the other hand, ensures that the right to assemble in public or private, always peacefully, to express, promote, seek, and/or defend, collectively, common interests, rights, and objectives is realized through marches, vigils, group discussions, and even theatrical performances. As a result, a group meeting is sufficient.

Both freedoms can be suspended in exceptional circumstances for the sole purpose of protecting the community's interests. This is the case with the prevention of coronavirus contagion, which aims to combat its spread through the imposition of a government decision based on prohibiting the holding of events and/or activities in the presence of the public, even if previously authorized, precisely because they involve agglomeration of people, with the sole goal of protecting human life.

Articles 21 and 22 of the International Covenant on Civil and Political Rights provide for permissive elements of restrictions (i.e.: those aimed at protecting public health). In the case of COVID-19, freedom of association and assembly has been restricted as a result of the aforementioned social distancing and isolation measures, as part of a strategy to find the contagion curve and strengthen health systems.

Ireland, like many other countries around the world, has encountered measures to restrict movement, although this right is legally established as in the previous paragraphs, during a pandemic requirements and restrictions were introduced not with the intention of depriving people of this right, but actually keeping the entire population safe. When we talk about restrictions in everyday life, it is possible to recall some steps of restrictions that were introduced to control the contagion of COVID-19, and what was done to ensure that they were fulfilled.

The government used the powers granted by the Health Preservation Act to impose significant restrictions. These constraints have been divided into six steps, which we label from 1 to 6 (Doyle, Kenny, Lyons, & Casey, 2021):

1 - Total blocking: April 8, 2020 to June 8, 2020;

2 - Easing Lockdown: June 8, 2020 to June 29, 2020;

3 - Facilitated blocking: June 29, 2020 to August 31, 2020, although not in all municipalities;

4 - Modified Lockdown: August 31, 2020 to October 7, although not in all counties;

5 - Tight Blocking: October 7th to October 22nd, although Kildare, Laois, Offaly, Dublin and Donegal were at this stage earlier; and

6 – Renewed lock – October 7, 2020 to November 30, 2020.

In this way, it is possible to visualize and remember in a didactic way. I'm still receiving and the requirements that lasted until 2022, such as the use of the mask, for example, which only fell into disuse (not completely) this year. Regarding to the enforcement powers, it was possible to verify that some acts of the population became criminal offenses and some of them were punished with fines ranging from 80 to 500 euros (Doyle, Kenny, Lyons, & Casey, 2021).

FREEDOM OF EXPRESSION AND ACCESS TO INFORMATION

The right to free expression is an essential component of a just and democratic society. Prior censorship, restrictions on dissemination, circulation, and dissemination of ideas, opinions, information, and journalistic activities violate the right to free expression. Freedom of expression, like other rights, can only be restricted in exceptional and temporary circumstances. According to Greene (Greene, 2020), the measures taken to combat the pandemic must be compatible with common human rights obligations and, whenever possible, with the legal support of a state of emergency declaration.

In the face of the pandemic, some countries have edited measures that violate people's fundamental human rights, such as Thailand, where authorities limited critical opinions from the media and the general public, using the emergency decree to restrict freedom of expression (HRW (Human Rights Watch), 2020). As they criticized the government's response to the outbreak and reported on alleged corruption related to hospital supply hoarding, public health whistle-blowers and journalists faced retaliation and intimidation from authorities. (Ibid).

China has scrambled to try to control the spread of information, suppressing early reports and research on the outbreak and imposing stricter internet controls to threaten people who posted

criticisms of the Chinese Communist Party and its response to the disease (Rosenberger, 2020). Tencent's *WeChat*, China's most popular messaging app, censored coronavirus keywords for a period of time. On February 5, 2020, China's top Internet governance agency, the Cyberspace Administration of China (CAC), issued a public statement emphasizing that it would punish "websites, platforms, and accounts" for publishing "harmful" content and "spreading fear" about COVID-19.

The right to information is critical in the fight against the pandemic because it provides clear, objective information that explains how to proceed in the face of a health crisis to everyone. People can act correctly even without surveillance if they are informed of scientific facts and trust the public authorities who transmit these facts to them (Harari, 2020).

Concerned about the direction disinformation is taking, the United Nations launched a global initiative to combat it on May 21, 2020 (United Nations, 2020). The *Verified* campaign invited volunteers from all over the world to sign up and share content in order to combat misinformation and inform information-deficient areas. According to the UN Secretary General, the world "cannot give up virtual spaces to those who spread lies, fear, and hatred" (Ibid)

Under the guise of containing fake news, oppressive regimes enacted legislation to limit the spread of this misinformation about the coronavirus. Still, it was also used to silence dissenting or critical voices. In other words, they are used to restrict free expression. In Cambodia, for example, at least 17 people have been arrested for disseminating coronavirus information (Reventlow, 2020).

Fake news could stymie efforts to combat the new coronavirus. The UN Secretary-General pondered in a note that "disinformation is spreading online, in messaging apps, and among people," (United Nations, 2020) and that those who spread it "use sophisticated methods of production and distribution" (Ibid). He went on to say that "scientists and institutions like the United Nations must reach out to people with reliable information" (Ibid).

There are four publicly available official online data sources relating to Ireland's experience of the COVID-19 pandemic: Health Protection Surveillance Centre (HPSC), Department of Health (DoH), Irish government's open data portal, Health Service Executive (HSE) Daily Operations COVID -19 Update. All of these have websites and work punctually and truthfully with information and data

related to COVID-19, trying to convey information to the population in the best and most transparent way possible (Kennelly, et al., 2020).

HUMANITARIAN ASSISTANCE

Humanitarian assistance is required in emergencies, such as the COVID-19 pandemic, to assist vulnerable groups in developing countries (either as humanitarian or development assistance). It implies the importance of improving access to water, hygiene products, and basic sanitation (Refugees International, 2020).

Humanitarian assistance must include an inclusive, non-discriminatory response; (ii) access to information about the disease and how to prevent it; (iii) increased capacity to promote isolation and quarantine following medical and international public health recommendations; and (iv) implementation of access to supplies, protective equipment, and qualified medical personnel, particularly for vulnerable people.

Humanitarian assistance actions must also be directed toward increasing the number of tests performed, particularly for forced migrants, such as refugees, who are housed in refugee camps, which must also be secured and socially isolated (Refugees International, 2020). States involved in peacekeeping operations are severely impacted by the pandemic, and they rely on the continuation and maintenance of humanitarian assistance to avoid further harm. In these cases, UN troops and financial aid are withdrawn, with consequences for political and social processes as well as individuals (Ibid). Furthermore, several regions of the world that have already experienced political instability, conflicts, environmental impacts, and hunger, as well as difficulties in public services, particularly health, are being ignored (Ibid).

The situation of conflicting states is even more complicated. To begin, it is critical to emphasize that it is a rule of International Humanitarian Law to ensure the access of people destined for humanitarian aid, as well as not to attack means of transport, buildings, and personnel intended for it; ensuring a sanitary zone to receive and treat COVID-19 cases, and allowing for humanitarian assistance by impartial bodies (International Committee of the Red Cross, 2020). In these conditions, medical facilities, as well as trained professionals and adequate equipment, are required for effective humanitarian assistance (Ibid). Access to clean water and basic hygiene measures are also critical, particularly in war zones where sanitation systems have been destroyed by fighting (Ibid).

Having said that and taking into consideration the fundamental rights that were elapsd in the previous chapter, it is plausible to register that the just mentioned island has two acts that are legal support for human rights, being the Act 2003, European Convention on Human Rights and later the Act 2014, Irish Human Rights and Equality Commission. There are actually three spheres of human rights law in Ireland. Irish domestic law, European Community (EC) law and international law all contain guarantees of human rights that Ireland seeks to uphold. These are the legal support for those who need to resort to a legal instance for their right to be recognized.

By way of illustration of how a defence of human rights can happen in practice, it is worth mentioning the role played by the Irish Human Rights and Equality Commission in some cases being invited as *amicus curiae*. As the term implies, the friend of the court is the one who is a spectator who may inform the judge if he is doubtful or mistaken in a matter of law. The term implies the friendly intervention of an individual or organisation who is not a party to the legal case to remind the court of some point of law that might otherwise go unnoticed, offering information, expertise, or insight that has a bearing on the issues in the case. The decision and in relation to which it might go wrong. The decision on whether to consider the intervention of an *amicus curiae* is within the competence of the court. In order to appreciate the application of human rights in Ireland, it might be recalled the case of *Daniel McDonnell v Governor of Wheatfield Prison (Daniel McDonnell v Governor of Wheatfield Prison, 2015)*.

This case raises a significant human rights issue in terms of prisoner isolation for their own safety. In effect, the learned High Court judge found that there is a violation of a 20-year-old prisoner's constitutional rights once he is confined for his own protection to his (8 feet by 10 feet) cell for at least 22 hours a day and his moment out from his cell involves no social interaction with other prisoners, limited social interaction with other persons, and limited recreational and educational facilities. The judge concluded that such a solitary confinement regime had lasted eleven months and appeared to be continuing indefinitely into the future. The Judge decided that the Applicant's segregation regime was not proportionate to the risk of harm to him.

In this case, the Irish Human Rights and Equality Commission (IHREC) intervened in the case on appeal, as *amicus curiae*, asking that the decision rendered in the first instance be upheld. Such a request was made based on the arguments of the recognized risks resulting from solitary

confinement, explaining that it should only be applied as an extreme measure for a certain amount of time. When the time prescribed by law has passed, the extension must be justified and its proportionality evaluated. Therefore, the right defended for the given decision to be maintained, was the right of the prisoner's mental health. It is possible to find in the Universal Declaration of Human Rights the defence of the health of all individuals, in its article 25. Mental health, as a species of the health genre, must be observed in the same way.

The 20-year-old prisoner serving a life sentence for murder is a reflection of his past experiences with his family. The Commission therefore argued that if he served time in a way other than solitary confinement, he would hold a chance of getting out at a certain age that might help him rebuild his life in a healthy way. The Court upheld the first decision after appeal.

It is still possible to witness situations in which the human rights of both parties to the legal case have their rights conflicting, as in the *People v Shaw* (*People v Shaw* , 1982), The Supreme Court held that because of 'extraordinary excusing circumstances' evidence obtained in deliberate violation of an accused's constitutional rights was admissible in a murder trial. The police had detained the accused beyond the permissible period but had been motivated by the possibility of saving the victim's life. The court held that the right to life ranked higher than the right to liberty. In a few words, in the case of a conflict between constitutionally protected rights, it is the responsibility of the courts to balance those rights.

However, do not let the light of existing articles in the UDHR overshadow the fact that laws, resolutions and declarations will not always have the full answer to whatever the conflict is. There is no doubt that the laws and the UDHR were designed in a way that there are no breaches and people are left unattended, but there are factors that are not under human control and that can affect not only the rights of human beings but the whole world. This context specifically refers to the pandemic which we have just walked towards its end - or what we hope it is - COVID-19. It is not nebulous to imagine the correlation between the pandemic that devastated the world and human rights, as our life is governed by rights and duties, it is inherent to us what is allowed or not and a democratic society of law, and this being so, when some event befalls the whole of society, it is necessary that we watch over our rights.

2.3 Introductory notes to COVID-19 and its implications on rights

Coronavirus disease (COVID-19) is an infectious disease caused by the SARS-CoV-2 virus (World Health Organization (WHO), 2021)

COVID-19 is the infectious disease caused by the most recently discovered coronavirus, and both the virus and the disease were unknown prior to the pandemic, which began in December 2019 in Wuhan, China. On 30 January 2020, the WHO declared "that the outbreak of the disease caused by the novel coronavirus (COVID-19) constitutes a Public Health Emergency of International Concern – the Organization's highest alert level," defining it as a pandemic on 11 March 2020 (World Health Organization (WHO), 2021).

COVID-19 caused a variety of symptoms of varying severity. "COVID-19 may cause few or no symptoms, but some people become seriously ill," which can lead to death (Tenisi, 2020). Quarantine, lockdown, isolation, and social distancing measures have been implemented in a number of states "in an attempt to limit the local, regional, and global spread of this outbreak." (Ibid) Quarantine measures involve restricting activities in order to prevent disease spread by separating people who are not sick but may have been exposed from those who have developed symptoms (World Health Organization (WHO), 2021). Social isolation refers to separating people who have COVID-19 symptoms and are at risk of infecting those around them (Ibid). As a general preventive measure, social distancing entails keeping at least one meter between people. In some areas, strict adherence to these measures was successful in controlling the spread of infection. It can be said that the strict adherence to these measures was successful in controlling the spread of infection.

COVID-19 has had ramifications in areas other than health, including economic, health, political, and social. The disease and the responses to it have both had a direct impact on human rights, affecting specific rights and vulnerable groups. Coping strategies have ranged from protection to human rights violations. Recognizing these consequences is the first step in adequately protecting human rights in the face of COVID-19.

Keeping the introductory paragraphs in mind, imagine the end of the year 2019, when people are looking forward to changing the calendar, just like when we exchange an old outfit for a new one. Be that as it may, 2020 turned out to be less optimistic than the wishes that were projected into it. There was news of a virus in Asia in the media, being of potential and prompt contamination. The

information was timidly spread by word of mouth, but it was just a passing comment and the subject was soon changed.

As other countries were gradually being affected, something that seemed so far from our reality was gaining more and more strength and more and more towards us in Ireland. Gradually, the scenario became dizzying and devastating. Today's society, already so used to the action of man on nature - with his acts that modify it and benefit the most from it - is amazed when the opposite situation occurs, the environment acting on man. This contemporary fact was at least something disconcerting to present-day humanity (Batista, Neta, & Moretti, 2020).

News began to be broadcast about the beginning of a new and unknown way of life: the lockdown and social distancing. Without prior notice, studying, working and living methods were changed, and many contracts were not fulfilled or had to be modified. Other workers lost their jobs and found it hard to unlearn, as Bauman claims (Bauman, 1999), the hard-won dedication to work and hard-won emotional attachment to the workplace and personal involvement in the comfort of that environment. The professionals who performed their duties in this format narrate their difficulties in dealing with the absence of an adequate environment to carry out their work. However, those working in their workplaces of origin expressed the fear that accompanied them at every step (Batista, Neta, & Moretti, 2020).

From this brief, it can still be added: the COVID-19 pandemic has presented the most significant challenges to protecting human rights worldwide since the second World War. Henceforth, these critical aspects involved safeguarding human rights during the pandemic as the vulnerable groups were strongly affected, especially in countries where social indicators were already precarious, increasing the inequality gap. It generated impasses and collisions of rights, especially between individual and collective rights. It fostered omissions and denials of the most diverse types, leading, through inertia and undue delays, to deaths and people's exposure to unnecessary risks.

COVID-19 has had an impact on human rights, whether in terms of the disease itself, or in response to the pandemic, sometimes through practices and sometimes through legal changes. Human rights restrictions are exceptional measures that must occur only in motivated cases, based on public health justifications issued by scientific bodies with evidence, applied broadly (without arbitrariness, reaching all people, without distinction or discrimination of any kind), and for defined periods

(temporary and limited duration; and with restrictions having a temporal delimitation, with a clear and public expression of when they will end), as we have stated.

Furthermore, human rights limitations must be made in a general way to all who are within the territory of a given State, rather than being imposed in a discriminatory manner on specific groups. In addition, in order to avoid abuses, it is critical to ensure access to justice for any future complaints, as well as the protection of human rights defenders, rights officers, and journalists who monitor human rights violations.

It threatened multilateralism and solidarity with direct attacks on the World Health Organisation (WHO), such as the cyber-attacks that took place in the midst of the pandemic in 2021. The essence of human rights represented by the maxim "free and equal" was strongly questioned by those refractories to social distancing measures and restrictions on freedom of initiative and work, among others (which would affect freedom). The health crisis can only be fought with respect to rights and with the aim of achieving an inclusive society. In an inclusive society, the first right of every individual is the right to have rights. Arendt maintains that the first human right, from which the others derive, is the right to have rights. The recognition of a broad and open list of human rights requires consideration and eventual balancing of the rights involved.

The Covid-19 pandemic has highlighted two fundamental human rights truths. To begin with, violations of human rights are harmful to everyone. Frontline workers, people with disabilities, the elderly, women and girls, and minorities have been disproportionately affected by the Covid-19 pandemic. The pandemic has also emphasised the fact that human rights are universal and protect us all. A successful pandemic response must be based on solidarity and cooperation (United Nations, 2020).

In the face of a global threat, divisive approaches, authoritarianism, and nationalism are meaningless. People and their rights must be prioritised in response and recovery efforts. Indeed, it is undeniable that there are conflicting reactions to human rights. In addition to everything that has been discussed so far, the research will be directed to a specific group of people, the vulnerable group. In this way, an analysis will be made of a possible event or not of disrespect for the human rights of these people (United Nations, 2020).

3. Traditional vulnerable groups

The term vulnerability has been defined as a universal, inevitable and enduring aspect of the human condition (Fineman, 2008-2009). According to this viewpoint, vulnerability is an attribute inherent in human nature: individuals are constantly exposed to potential harm (whether intentional or accidental), to the risks of changing circumstances (due to societal changes or simply because of the changes that come with ageing), or to the prospect of being dependent (as a result of innate or acquired disease or disability). As a result, vulnerability is a particularly dynamic concept that encompasses, but also transcends, minority group concepts (Ippolito & Sánchez, 2015).

This notion is particularly difficult to define due to its universality and the various ways in which individuals can be considered vulnerable. Furthermore, the presence of vulnerability in any human life risks depriving the concept of its utility as an element to which legal consequences can be attached. As a result, attempts to define vulnerability are frequently accompanied by a narrowing down of the specific groups of people who may be considered vulnerable. As a result, the legal concept of vulnerable groups, albeit with hazy contours, has emerged. The Brasilia Regulations Concerning Access to Justice for Vulnerable Groups (Eurosocial, 2018):

Vulnerable people are those who, due to their age, gender, physical or mental state, or social, economic, ethnic, and/or cultural circumstances, find it especially difficult to fully exercise their legal rights before the justice system. Age, disability, belonging to indigenous communities or minorities, victimization, migration and internal displacement, poverty, gender, and deprivation of liberty are all potential causes of vulnerability.

People are autonomous beings, and they deserve to be respected as such. They have the right to self-determination and can make decisions about what happens to their bodies. Some people's autonomy may be limited in certain circumstances; when this occurs, they are considered vulnerable and entitled to certain protections. These vulnerabilities may be caused by age, a medical condition, or other factors (Peroni & Timmer, 2013). Vulnerable groups are gaining traction in European Court of Human Rights case law. So far, the Court has used it in cases involving people with mental disabilities, people asylum seekers, and others. Reasoning in terms of vulnerable groups opens up many possibilities, the most notable of which is the possibility of moving closer to a more robust concept of equality. However, there are some inherent difficulties with the idea (Ibid).

Vulnerability presents itself both universally and specifically. This is due to the characteristics from our embodiment: we are all vulnerable as embodied beings, but we experience this vulnerability uniquely, in different ways, through our individual bodies. The term's etymology reflects the importance of the corporeal dimension of vulnerability: the term derives from the Latin *vulnus*, which means "wound" (Turner, 2006). Turning first to the definition of vulnerability in the broadest sense, it is unsurprising that harm and suffering are central to most vulnerability accounts.

Mary Neal summarises the literature succinctly:

In two ways, vulnerability speaks to our universal capacity for suffering. First and foremost, I am vulnerable because I rely on the cooperation of others (including, importantly, the State). Second, I am vulnerable because I am permeable; I am constantly open and exposed to various types of hurts and harms (Neal, 2012).

However, theorists have recently moved toward an understanding of vulnerability that goes beyond (universal and specific) suffering to include positive aspects (Fineman, 2008-2009). According to the argument, human vulnerability generates not only suffering but also empathy, pleasure, innovation, social institutions, intimacy, and social-connectedness. According to Martha Fineman, vulnerability's generative capacity "presents opportunities for innovation and growth, creativity, and fulfilment." It compels us to reach out to others, build relationships, and establish institutions." Indeed, Fineman insists that we must re-conceptualize vulnerability in this positive light in order to remove the stigma associated with the term (Ibid).

Before delving into each group analyses, it is worthwhile to pause for a moment and consider the role of vulnerability in the context of human rights. At first glance, human rights are presented as something to be alleged in almost all circumstances, but the truth is their application can become a little contentious, given that some vulnerable groups were not provided for in the Universal Declaration of Human Rights. Thereby justifying the development of specific treaties, such as the Convention on the Rights of Persons with Disabilities, the Convention on the Elimination of All Forms of Discrimination Against Women, the Convention on the Elimination of Racial Discrimination, and the Convention on the Rights of the Child, proliferating in this way an answer to the aforementioned problem. Aside from specific treaties, general treaty bodies regularly emphasise the importance of

paying special attention to the needs of particularly vulnerable people in their General Comments and Concluding Observations.

In general, identifying and protecting vulnerable groups in the event of hazards or when a crisis unfolds is an issue that any crisis and disaster risk management should address, because people are exposed to hazards and crises at different levels. Next, we will analyse vulnerable groups traditionally considered, being able to perceive and acknowledge, from the explanation about rights in the previous chapter, disrespects that occurred to these groups, regarding their rights, during the pandemic.

3.1. WOMEN

According to the United Nations, a pandemic amplifies and magnifies all inequalities (World Health Organization, 2017). The COVID-19 pandemic demonstrated that this is especially true of gender-based inequalities (Kelly, 2020). The effects of COVID-19 are exacerbated for women and girls simply because of their gender in every sphere, from health to the economy, security to social protection (United Nations, 2020). The existence of stereotypes related to women perpetuate to this day. It is undeniable that the male role always occupies positions of power over women, whether culturally or religiously. Once again, a suitable place for human rights, seeking the equality that the genders need, as equality is the foundation of any democratic society committed to justice and human rights.

In this regard, the United Nations Charter was the first international legal document to explicitly affirm men's and women's equal rights by including gender discrimination as one of the prohibited forms of discrimination (along with race, language and religion). These guarantees were reaffirmed by the General Assembly in the 1948 Universal Declaration of Human Rights. Several international human rights treaties have since been amended or expanded to include equal rights for women. However, changes do not happen overnight, and there is still a significant gender gap at the days we are leaving and it will be demonstrated through the following paragraphs.

Moreover, the COVID-19 pandemic has had a wide-ranging impact on women, ranging from concerns about your health, safety, and income to additional responsibilities for assistance, the accumulation of professional and domestic functions, difficulties in deciding where/with whom to leave your children if they cannot socially distance, and increased exposure to domestic violence. Women face health risks that are inextricably linked to their roles in the community and

responsibilities as caregivers in the home and family (United Nation Women, 2020). The severe economic crisis that will accompany the pandemic permeated issues that are intrinsically linked to gender inequalities.

Previous outbreaks of highly contagious diseases demonstrated the importance of incorporating an analysis of existing vulnerabilities in relation to gender. During the Ebola outbreak, for example, statistics showed that women were more likely to be infected by the virus due to their primary roles as caregivers in families and front-line health professionals (Wenham, Smith, & Morgan, 2020). With their children out of school, many mothers found themselves responsible for their daily care as well as directly monitoring their school activities.

The closure of schools or, in many cases, the adoption of remote teaching created an overload for families, particularly for women, who spend three times as much time as men on unpaid household chores each day. In general, it has been observed that areas where there is a high risk of job loss concentrate a greater amount of male labour (Kelly, 2020). Women on the front-lines of healthcare were working long hours and putting themselves in danger while caring for patients.

Globally, women make up 70% of those working on the front-lines in the social and health sectors, such as nurses, midwives, and cleaners, increasing the risk of virus contamination. The increased demand on health-care systems resulted in harsh working conditions, such as long shifts, which increased the risk of contamination as well (United Nation Women, 2020). Women in this industry faced a double level of vulnerability because they continued to care for their dependents or people in need in their homes, which increased the workload and stress (International Labour Organization, n.d.).

Isolation and social distancing have also increased the risk of domestic violence and abuse. These safeguards end up enabling the emergence of an "invisible pandemic," namely an increase in violence against women and girls. As states reported infections and lockdowns, more domestic violence hotlines and shelters around the world reported increased demand (UN Women, 2021).

This includes an increased burden of care for women, the risk of increased levels of domestic violence, and a reduction in people's ability to respond to cases of violence as service providers. Women in abusive relationships are not only subjected to the abuser for extended periods of time, but they are also unable to leave the house or seek help. The reasons for the escalation of gender

violence are multifaceted, involving not only the confinement of victims and aggressors inside homes, but also female distancing from support and protection networks (friends, family members, non-governmental organisations, and so on) (United Nations Office on Drugs and Crime, 2021).

In Ireland, one of the points to be highlighted about women was that during the pandemic, many women experienced an increase in stress and anxiety, which are natural reactions to changes in our lives (Kelly, 2020). At the same time, women who were already experiencing mental health issues prior to the pandemic may now face additional challenges in terms of anxiety and stress, as well as access to mental health supports (Matvienko-Sikar, et al., 2021). In response to the COVID-19 pandemic, the government has had to take a gender-sensitive approach, particularly in the context of women's mental health.

The National Women's Council of Ireland (NWC) and Mental Health Reform (MHR) recommended as an urgent priority that the Government ensured that women in need of mental health services and supports have easy access to them on a continuum of primary, community and specialist services (National Women's Council & Mental Health Reform, 2020). This included meeting new emerging mental health needs and helping women who already had mental health issues. Improve measures to improve the mental health and well-being of women in Ireland, including promoting factors that protect women's mental health and reducing risk factors for poor mental health, such as income, violence against women, care, employment, and health.

As stated before, In Ireland, health policy is determined by the Department of Health, which is led by a Minister of Health, and publicly funded healthcare is provided by the Health Services Executive (HSE). The agency and the aforementioned booklet together developed a project called Sharing the Vision, a public initiative aimed at improving everyone's mental health. Thus, one of the requirements was also the immediate implementation of this initiative, including the formation of the National Implementation and Monitoring Committee to aid in the development of gender sensitive mental health services (Health Services Executive, 2020). Commit to implementing trauma-informed mental health services, as outlined in Sharing the Vision, that effectively identify and respond to women's unique experiences. Ensure that women have an equal voice in all COVID-19 mental health response planning and decision-making. This was one of the ways to deal with one of the problems related to women during the pandemic in Ireland.

3.2. PEOPLE WITH DISABILITIES OR UNDERLYING MEDICAL PROBLEMS

People who had any underlying medical conditions were thought to be at a higher risk of developing severe COVID-19 outcomes (Bennett, et al., 2021). According to the World Health Organization, people over the age of 65, as well as those with underlying medical conditions such as cardiovascular disease, diabetes, chronic respiratory disease, and cancer, are more likely to develop serious illness (World Health Organization (WHO), 2021).

The COVID-19 pandemic is exacerbating the inequalities faced by the world's 1 billion people with disabilities. Even in normal circumstances, people with disabilities are less likely to have equal access to education, health, and income opportunities, or to fully participate in their communities (UN News, 2020). They are among the hardest hit by the pandemic, with limited access to public health information and significant barriers to implementing basic hygiene measures, as well as a lack of health-care facilities. COVID-19-related deaths in nursing homes – where older people with disabilities are overrepresented – ranged from 19% to 72%. Furthermore, in many states, health-care decisions are based on discriminatory criteria, such as age or assumptions about the quality or value of life based on disability (UN News, 2020).

The situation of people with disabilities, particularly those with underlying health conditions or in institutions, is particularly dire. Persons with disabilities may find it more difficult to take precautionary measures to protect themselves. This occurs because the outbreak jeopardises the independence of people with disabilities who live in their own homes but rely on outside assistance. Furthermore, they may face difficulties in obtaining basic necessities such as food and medicines (UN News, 2020). People with disabilities are vulnerable because they are unable to comply with contamination prevention requirements. They use surfaces more frequently as a support for their mobility, which can contribute to contact with contaminated surfaces; they require support from others, which prevents or hinders social distancing; and they may have limited access to and availability of medications for long-term use as a result of medical efforts focused on COVID-19 (Minority Rights Group International, 2020).

Furthermore, they may be at a higher risk of contracting COVID-19 due to barriers to implementing basic hygiene measures, such as hand washing, because sinks and washbasins may be physically inaccessible, or the person may have difficulty moving to rub hands (World Health Organization,

2020). Face masks were made mandatory in many places as a precautionary measure to prevent the spread of coronavirus among people who attend public or collective environments. Masks, on the other hand, had a negative impact on people who are deaf or have hearing loss, preventing them from communicating because they interfere with their ability to lip-read and recognize facial expressions (Taylor-Coleman, 2020).

3.3. ELDERLY PEOPLE

The COVID-19 pandemic had a massive impact on the world's population. According to WHO, it was critical that older people have access to health services during the pandemic, both emergency and primary care (World Health Organization (WHO), 2021). While people of all ages are at risk of contracting the new coronavirus, the elderly are at a higher risk of developing serious illness due to physiological changes associated with ageing and pre-existing conditions. In Europe, people aged 50 to 79 years old accounted for 79 percent of all ICU admissions, while people aged 60 and over accounted for 94 percent of all deaths (Ibid).

Age discrimination against older people may also occur in decisions about medical care, screening, and life-saving therapies, resulting in inequality and increased risk. Some additional vulnerabilities emerge from pipelines that are less visible but equally concerning in the current scenario, such as denied health care for non-COVID-19 related illnesses, neglect and abuse in institutions and care facilities, the impact on well-being and mental health, and the trauma of stigma and discrimination. Many countries lack national legislation to protect the human rights of the elderly and to prevent discrimination, exclusion, marginalization, violence, and abuse, which can contribute to the elderly's vulnerability and, in some cases, inadequate responses to the COVID-19 crisis.

According to AGE Platform Europe, a European network of non-profit organisations for people over 50, generational solidarity and social cohesion are the best responses to the pandemic (AGE Platform Europe, 2020). Specific health risks, as well as support and needs of these people, must be considered in planning and policy responses. Some elderly people will require additional assistance in order to obtain essential goods and services such as food, social or health care, and to maintain human interaction. As a result, states must take additional social protection measures to ensure that assistance reaches those who are most at risk of being disproportionately affected by the crisis. Any failure to provide critical support during a pandemic constitutes a violation of human rights.

Older people have the same rights as people of other ages and must be protected in the same way during the pandemic. The COVID-19 response measures must be necessary, proportionate, and non-discriminatory (Ibid). The age chronology should not be used to allocate goods and services, nor should it be used to determine prognosis or treatment options. Guaranteeing income security for the elderly, particularly women, through universal pension coverage at adequate levels of entitlement, as well as the development of stronger legal frameworks at the national and international levels to promote and protect the human rights of the elderly, are key goals to achieve (World Health Organization, 2020).

On May 19, 2020, the World Health Assembly (WHA) adopted a resolution, which defines the WHA's response to the COVID-19 pandemic. The Resolution acknowledged that COVID-19 has a disproportionately negative impact on the poor and most vulnerable, particularly people with pre-existing health conditions, the elderly, and other risk groups such as healthcare professionals, relevant frontline workers, women, people with disabilities, children and adolescents, and other people in vulnerable situations (World Health Organization, 2020).

The Resolution emphasises the importance of multilateral cooperation and equity, which is consistent with the WHO Strategic Preparedness and Response Plan and the Global United Nations Humanitarian Response to COVID-19. Still, it invites states to implement national action plans that are tailored to their specific contexts, are sensitive to age, disability, and gender, and ensure the respect of human rights, fundamental freedoms, and a keen eye on the needs of people in vulnerable situations (Ibid). The elderlies are not the only vulnerable group in the context of the COVID-19 pandemic, and analyses from this perspective tend to marginalise or dismiss other groups, such as younger people, people with disabilities, heart disease, lung disease, diabetes, high blood pressure, or cancer, to name a few.

Even though the elderlies are vulnerable, labelling them as fragile, passive, or a "burden" violates their dignity and can lead to discrimination and hate speech. By stereotyping the elderly as "burdensome," we risk creating the impression that their lives are less valuable (AGE Platform Europe, 2020).

In Ireland, much of the response from health decision makers has focused on hospital-related issues, particularly in the first month of the pandemic. Given the developing situation in some other

countries, this was understandable. During the first phase of the pandemic, nursing homes and other residential facilities received insufficient attention. The focus on the hospital system can sometimes obscure the fact that the real battle must take place in our communities, including long-term households. Another notable advancement was the introduction of the contact tracing app, which was downloaded by a sizable portion of the population (Kennelly, et al., 2020).

In order to combat COVID-19, it was critical to reduce the risks and existing vulnerabilities, with a focus on meeting the human rights needs of the elderly (UN News, 2020). To that end, four action priorities have been identified. The first was to ensure that all healthcare decisions affecting older people are guided by a commitment to dignity and the right to health as a human right. A second action is to strengthen social inclusion and solidarity while physically distancing oneself.

The third action is to integrate the elderly in socioeconomic and humanitarian aspects in order to reduce the impact of social and economic consequences. As the fourth action, this bundle is encircled by the expansion of partnerships with civil society and the promotion of elderly participation in the formulation of public policies that affect their lives (World Health Organization, 2017).

3.4. VICTIMS OF TRAFFICKING

During the pandemic, the United Nations Office on Drugs and Crime (UNODC) warned of increased risks for victims of human trafficking around the world, as disease containment measures leave them more vulnerable to exploitation and removed from supportive actions. Because funds are concentrated to fund COVID-19 prevention and response policies, the fight against the new coronavirus narrows the focus of government actions and causes other issues to be overlooked (United Nations Office on Drugs and Crime, 2021).

Human trafficking preys on the weakest members of society, with women and children being the most common targets of criminal organizations. The goal of this crime is to exploit its victims, which can occur in a variety of ways, including: armed groups recruiting children to be soldiers in wars and armed conflicts; babies being sold; women and children being sexually exploited; people being forced into forced labour; children being forced to beg; women and girls being forced to marry against their will; and people being trafficked for the removal of their organs and tissues.

It is a type of crime that is inherently difficult to identify because it is committed to having hidden actions orchestrated by multiple people. In situations like the COVID-19 pandemic, where social isolation and movement restrictions became the norm, criminals took advantage to facilitate their actions, because restrictions on movement do not prevent crime and, at times, send it further underground with the help of the internet (United Nations Office on Drugs and Crime).

The pandemic has brought to light economic and social inequalities, which are seen as major contributors to human trafficking (Ibid). The decrease in income and increase in unemployment benefits those in this situation, making them easy targets for exploitation as they seek ways to survive. The difficulty of making a profit during this period also allows for larger-scale worker exploitation, including the job seeker's vulnerability as a justification for accepting less-than-ideal situations (Ibid).

Isolation measures made it easier for victims in the possession of traffickers, particularly those in domestic or sexual slavery, to remain hidden, making it difficult to identify them. For victims in transit to another country, government actions or civil society organisations monitoring migrant detention centres or the migration sector itself had a high likelihood of identifying a potential victim, but there was a concern that this work was reduced in scope and superseded by pandemic concerns (United Nations Office on Drugs and Crime).

Access to legal advice was also hampered, particularly because it was only available online for the majority of the pandemic, posing an additional barrier to privacy. Furthermore, the closure of civil society and public organizations, where employees have begun to work from home, makes it difficult for victims to seek assistance, as well as those who require ongoing psychosocial support and legal assistance for services already rendered, isolating them from any support network. One example is the case of victims who planned to return to their home countries but were forced to cancel their plans due to movement restrictions or temporary visas or passports that had expired and could not be renewed due to activity suspensions.

Migrants who did not have proper documentation, as well as sex workers, were more likely to become infected. Many human trafficking shelters have closed due to infections or have begun to deny access. Homelessness, a lack of access to health care, and a lack of legal representation all increased victims' vulnerability and their chances of contracting the disease. COVID-19.

In Ireland, according to Ruhama (an Irish non-governmental organization that works on a national level with women affected by prostitution and other forms of commercial sexual exploitation), despite the pandemic, demand for sexual services remained high in 2021. The organization that fights sexual exploitation, prostitution, and human trafficking stated in its annual report that it worked with more women in 2021 than the previous year. According to the agency, it assisted 369 women this year, a 21.5 percent increase over 2020. Among those, 136 were victims of human trafficking for the purpose of sexual exploitation (Michael, 2022).

4 Vulnerable groups by the COVID-19 pandemic

In the previous chapter, we examined the effects of the pandemic on traditionally vulnerable groups. This means that these groups were vulnerable regardless of whether or not the pandemic discussed here existed. However, there are groups that were created, or rather groups that became vulnerable as a result of the pandemic discussed here. Clearly, these groups were not vulnerable in the absence of the pandemic, but they became vulnerable in its presence. Let us now turn our attention to some of these groups and the effects that COVID-19 has had on them.

4.1. HEALTH WORKERS OR FRONTLINE

The COVID-19 is wreaking havoc on those working to reduce disease transmission risk and ensure the right to health. This *front* includes a variety of professionals such as doctors, physiotherapists, nurses, and support teams such as nutritionists and cleaning agents, as well as other medical workers. As the global market fails to supply personal protective equipment, health professionals become more vulnerable. Another issue is overwork, which occurs frequently in the absence of adequate rest and recovery, in the absence of support and assistance, and with little regard for your physical, mental, and emotional well-being.

As a result of the coronavirus pandemic, many challenges in the field of human rights protection had to be overcome. Such concern looked at how governments responded to the various dimensions of such rights, and as a result, *Human Rights Watch* issued recommendations to governments in response to the pandemic. The recommendations included receiving infection control training from health professionals who worked in the fight against COVID-19, as well as the use of appropriate protective equipment (HRW (Human Rights Watch), 2020).

To prevent the spread of the pandemic, health care facilities must have access to water, sanitation, hygiene, adequate medical waste management, and cleaning. Governments must also protect health professionals from attacks motivated by a fear of being exposed to COVID-19 (Ibid). Once such a practice is identified, a prompt, sufficient, and adequate response is required. To prevent the spread of the pandemic, health care facilities must have access to water, sanitation, hygiene, adequate medical waste management, and cleaning. Governments must also protect health professionals from attacks motivated by a fear of being exposed to COVID-19. Once such a practice is identified, a prompt, sufficient, and adequate response is required (Ibid).

Similarly, some measures, once implemented, have a positive impact on the protection of health professionals, such as (i) the need for employers and directors of companies to provide healthcare facilities; (ii) the assumption of overall responsibility to ensure that all protective and preventive measures necessary will be taken to minimise security risks; (iii) the provision of occupational safety and health information, education, and training; and (iv) the provision of occupational safety and health information, education, and training (World Health Organization, 2021).

4.2. ESSENTIAL SERVICES

Employees were invited to work from home in order to comply with public health precautions implemented in response to the COVID-19 health disaster. For specific groups of employees, this was conceivable. Non-essential employees who were unable to work from home were more likely to lose their jobs. Essential employees such as doctors, nurses, those who worked in supermarkets, food industries, and others could not perform their duties from home.

Having a considerable number of employees working from home had apparent advantages. First, working from home was more compatible with social isolation from a public health standpoint. Second, with schools and day-care centres closing, the option to work from home could relieve short-term childcare demands. However, it is essential to realise that combining childcare and cleaning was not a viable long-term solution. Third, non-essential workers could keep their jobs and incomes if they could work from home, resulting in a decreased unemployment, fewer welfare claims, and less economic disruption (Adams-Prassl, Boneva, Golin, & Rauh, 2020).

Concluding, despite the necessary call for social isolation, many workers were forced to continue with their essential tasks. While their actions are socially viewed as heroism, as they live with the

imminent risk of infection in order to maintain the collectivist's basic needs, the reality is often permeated by a great fear of leaving their homes, of returning home where they live with dependents who are disabled. Perhaps as a result of low pay and a possible scarcity of personal protective equipment (PPE). However, staying in the workforce may be the best option at a time when unemployment is at an all-time high.

The Irish government has taken very effective security measures to protect the people of the country. First the lockdown, later even without the lockdown measures such as social distance, availability and requirement of the use of masks in all closed establishments, reduced number of people inside the bus and train. Hands sanitizer everywhere to maintain correct hand hygiene in order not to cause an even greater contagion. All of these measures have been extremely effective in containing the contagion and keeping essential workers in their jobs safe (Redmond & McGuinness, 2020).

4.3. JOURNALISTS

On June 4, 2020, the United Nations High Commissioner for Human Rights emphasized the critical importance of free and independent journalism. He stresses the importance of providing the public with accurate and reliable information to build trust in public health authorities and aid in the fight against COVID-19. On June 4, 2020, the United Nations High Commissioner for Human Rights emphasized the critical importance of free and independent journalism. He underlined the importance of providing the public with accurate and reliable information to build trust in public health authorities and aid in the fight against COVID-19 (Bachelet, 2020).

During a pandemic journalist award ceremony, the *Deutch Welle*, Germany's international broadcaster and one of the world's most successful and influential media outlets, which annually awards the *Freedom Speech Award* information, the journalistic newspaper, in independent facts and results. It also emphasized all forms of censorship creams, as well as who are victims of crimes they did not commit, as well as who is known, accused of crimes they committed, and even the pandemic (Kaschel, 2020).

According to the secretary general of Reporters Without Borders, the health crisis magnifies all other existing crises and affects journalism and the right to information, emphasising the need to end exception measures and citing some examples of violations, such as one in Bangladesh, where

the country's only medical school has prohibited doctors, teachers, and officials from speaking out in the media or communicating without the prior consent of the authorities (Reporters Without Borders, 2020).

In contrast, a joint statement signed by representatives from over 40 countries reaffirms the importance of journalists' security and access to information during the COVID-19 crisis, encouraging states to protect the safety of journalists and other media professionals so that they can develop free and independent journalism while also ensuring free access to information. As a result of being on the front lines of reporting on the COVID-19 pandemic, journalists and other media professionals face physical and psychological risks (Government Offices of Sweden, 2020).

The International Press Institute (IPI), a global network of media professionals, has so far documented 15 journalists killed for reasons related to their profession in 2020, as well as 338 press freedom violations during the pandemic (International Press Institute, 2020). Journalists covering the COVID-19 pandemic in Venezuela have reported having their homes raided and being arrested on hate speech charges. (Ibid).

In the United States, media professionals were frequently attacked by the government, which employed the term *Fake News* indiscriminately when reports did not meet their standards. Following the outbreak of the pandemic, the United States imposed a visa limit of 100 for the Chinese state-owned media company. In response, China suspended visas for at least 13 US journalists from *The New York Times*, *The Washington Post*, and *The Wall Street Journal* (Jacobsen).

According to IPI data, several states in Central and Eastern Europe have used the health crisis to restrict press freedom and information flow. Some governments with limited press freedom, such as Bulgaria and Romania, imposed harsh criminal penalties for spreading "fake news" about the virus. THE HUNGARY has enacted a new law that makes the dissemination of "false" or "distorted" information that undermines the authorities' fight against COVID-19 a crime punishable by fines and up to five years in prison (International Press Institute, 2020).

5. RESEARCH METHODOLOGY AND METHODS

The purpose of this study was to identify and systematize possible human rights violations or disrespects that occurred during the COVID-19 pandemic, focusing on the effects that were caused

and suffered by vulnerable groups. Such consequences can result not only from the pandemic itself, but also from the responses and coping strategies employed in its fight. Concerning the rights implications, in the context of and in response to the pandemic, a preliminary diagnosis of COVID-19-affected human rights was conducted. The right to health (physical and mental), health rights, freedom of movement, freedom of association and assembly, access to information, and humanitarian assistance were all mentioned.

It was then determined whether there were any consequences and, if so, what they were. The definition of human rights is illustrative rather than exhaustive. Understanding these rights is critical to understanding the foundation of all other laws enacted and governing our daily lives today. They instil in us the value of being treated equally before the law and having many of our fundamental rights respected.

Preliminary findings on the impacts on vulnerable groups revealed which vulnerable groups were disproportionately affected by COVID-19 prevention and response measures. There were two large groups diagnosed: those who had previously been identified as minorities and vulnerable groups, and whose social exclusion and history of rights violations tended to worsen as measures to prevent and combat the new coronavirus were implemented (the traditional vulnerable groups); and those whose vulnerability stemmed from the pandemic itself, such as health professionals, essential service workers, and journalists (vulnerable groups by the COVID-19 pandemic). Gender minorities (women); age minorities (elderly); stateless people; victims of human trafficking; and disabled people are included in the first group. The definition of the groups studied in the study is not exhaustive, but it aims to highlight protection gaps and vulnerabilities caused or exacerbated by the pandemic.

The study was organized around two pillars: the impact of the pandemic on specific rights and vulnerable groups, and the responses and strategies for dealing with COVID-19 in its relationship with human rights. In terms of scope, the research chose to collect both international and Irish data in order to diagnose the effects of COVID 19 and its confrontation on human rights from all angles. The research had analytical goals, but it also aimed to collect and systematize information that would allow monitoring of the intersections between human rights and the COVID-19 pandemic.

Data and information collection took place in March 2022 and the text was prepared in April and May 2022. It is, therefore, research carried out in the post-pandemic phase, which implied a current analysis of the Human Rights and COVID-19. Doctrinal works, journalistic news, reports from international organisations, and information from databases were used as research sources, seeking to obtain a panoramic picture of Human Rights and COVID-19, with technical and empirical information. The data were submitted to analysis, always from the theoretical framework of International Human Rights Law.

6. DATA PRESENTATION: ANALYSIS AND FINDINGS

From the information collected through the interviews, it was possible to identify a small difference between the responses of both people belonging to the same vulnerable group. The interviews were organized as follows, four vulnerable groups from those analysed above were chosen to collect people's testimony in order to investigate personal experiences in virtue of the attitudes taken by the Irish government in response to the COVID-19 pandemic.

The groups chosen were women, people with underlying medical conditions, essential workers and frontline workers. It should be noted that for each group there were three questions and two people were interviewed. The present analysis will take place as follows, the researcher chose a question from each group and both answers will be presented in relation to it, in order to establish a comparative parameter between the answers itself and the Irish government measures.

WOMEN GROUP

QUESTION 3 – Did you feel overwhelmed at some point by the accumulation of duties that may have happened at your household? Have you ever felt overwhelmed by the backlog of tasks that may have happened in your household?

Below, answers from both participants to the same question (see more in Appendix 1 and 2):

Person 1: We all had to face a new way of living, which includes duties being equally shared, specifically with a new born, everything was new and we learned how to share our duties so this moment could be enjoyed. I had a massive support from my family although life with a new born is extremely challenging and living that in a pandemic support was everything and really help to take that burden off. I am very grateful to have them around. But that didn't cancel out the fact that I

felt very anxious, not knowing when we could go back to living the way we lived before, in complete freedom.

Person 2: The truth is that it was quite difficult to go through that moment of pandemic and lockdown. Unfortunately, there was not a fair division of tasks in my house and I felt overloaded responsible for the education of the children, organization and cleaning of the house and work. I felt extremely tired at times, much more mentally than physically. To this day I can see reflections of the pandemic on me, I became anxious and much more stressed.

UNDERLYING MEDICAL CONDITION GROUP

QUESTION 2 – Before the vaccine even came to light, in your opinion, was there a lack of any essential support that was needed to keep your underlying condition stable?

Below, answers from both participants to the same question (see more in Appendix 1 and 2):

Person 1: No. Because of my anxiety I felt a lot of shortness of breath, which was a symptom of asthma, so I looked for my GP and he detected that I had other symptoms. I got tested for COVID which went undetected but he treated my anxiety instead. I felt very supported by my doctor.

Person 2: Not. I even had some anxiety attacks and in one of them I called the hospital because I had tachycardia for a long time and they sent an ambulance to my house to attend to me.

ESSENTIAL WORKERS GROUP

QUESTION 2 – Were you as an individual protected? In other words, was personal protective equipment provided? Did the pandemic bring any circumstances that helped you perform your work in a better way?

Below, answers from both participants to the same question (see more in Appendix 1 and 2):

Person 1: My workplace was very quick in putting measures in place to prevent the spread of covid. Masks, hand sanitiser, plexiglass units, temperature huts before you entered the factory every morning, social distancing, fortnightly testing, strict covid rules, so this made working through the pandemic a little easier knowing all these measures were in place.

Person 2: Yes. Masks were provided, as well as gloves when it was necessary for me to go to the establishment.

FRONT LINE WORKERS GROUP

QUESTION 3 – Regarding your workday. How would you describe it? Regarding hours worked, rest time, etc. Below, answers from both participants to the same question (see more in Appendix 1 and 2):

Person 1: I had an exhausting routine but I was not overwhelmed because all my colleagues helped each other a lot.

Person 2: Although we tried to respect the doctor rotation that was stipulated, my rest hours were not of quality due to the high pressure we worked

7. DISCUSSION

In this section, we compare the concepts and information that were brought up through the literary research with the reports that were gathered through interviews with eight people. They were divided into four groups, namely: women, underlying medical condition (people with disabilities), essential services and front-line workers. Then we discussed how human rights protected these people or not through the government measures that were taken in the country where they reside, which is Ireland. In this way, the current study examined the effects of COVID-19 on human rights and vulnerable populations, with vulnerability historically established or created by the pandemic itself.

The findings of the study provided practical substrates that highlight the impact of COVID-19 on human rights, as well as the importance of using human rights as guides in the search for the best responses and strategies to deal with the pandemic. Human rights must be used as guidelines in the fight against COVID-19, in addition to serving the values shared in international law and guidelines for the legitimacy of actions (state, international, and individual) to avoid deepening vulnerabilities or even establishing themselves.

Firstly, in relation to the women group, although different routines, it is possible to notice through the answer to question three a similarity in relation to the mental health of both participants. As

can be seen, even if one had more support than the other, both suffered some wear on their mental health, due to concerns, for different reasons, regarding the COVID-19 pandemic. As mentioned earlier in the literature review of this research, health, as already known, is one of the fundamental rights of all human beings. Mental health is an extension of this, given that it is classified as one of the ways to be healthy. As something essential to exercise your right to health.

The women interviewed do not report whether they sought psychological help as a form of help to get through the pandemic or even now, as a way to mitigate possible vulnerabilities that may have established themselves, such as being more anxious and stressed by concerns related to the lockdown and the pandemic. However, it is possible to note that the Irish government was aware that this was a need to be met at that time and even now. Motivated by the emergence of this need a program, of a public nature, was developed to help these people, namely Sharing the Vision, developed by the HSE to better serve the population.

Second, about the underlying medical condition group, it was possible to visualize satisfaction of both people with the health services provided. As presented in this research, the UN itself defended the need to take care measures for people and, in particular, not to let vulnerabilities become greater than they already were. Although at the beginning of the pandemic everything was quite unknown, Ireland has developed brilliantly during it. Even because, no country was prepared for such a global event, everyone had to take emergency measures to adapt to the moment we were experiencing. As may have been noted in the literature review of this research, not all countries faced the pandemic in a way with greater government support, often due to the economic power of the latter.

Ireland, however, provided various forms of support to the population, such as initiatives to test the population for free, as well as demanding the isolation of the population if they were contaminated. Through the responses of this group of underlying medical conditions, it was possible to perceive that hospitals and GPs were always available to listen and help people who needed their help, even if it was not COVID. They were treated with the same importance in the midst of all the chaos that was the pandemic. Ireland became known as one of the biggest lockdowns in Europe, which is understandable given the small number of ICU beds in relation to the number of the population. The measures that were taken were precisely so that hospitals did not reach their limit, causing a

breakdown in the health system. All the measures that were taken were necessary to face the pandemic in the most supportive way possible.

Third, about the essential workers. It is worth remembering all the preventive measures that were taken by the Irish government so that vulnerabilities do not deepen. Ireland took the total lockdown as a first measure, everyone must remember that only markets, hospitals and pharmacies were open to the public at this time, environments that workers classified as essential, because without them it would be practically impossible to maintain our survival, since the most important thing at that moment was to stay alive and healthy. Having said that, it is possible to verify in both responses from the participants that even though they faced challenges to continue working, their respective jobs followed the Irish government guidelines in providing the correct PPE for their employees, which made them feel more confident to be developing the work that was needed.

it is possible to conclude that there was a great deal of collaboration between people, establishments with the rules that were imposed by the government. We experienced the comings and goings of waves of greater numbers of covid cases and throughout this period, workers at establishments that remained open followed government guidelines in order to keep themselves and others safe.

Last but not least, about the front-line workers. Initially, analysing the responses of both participants to this group that experienced the disease so closely, it is possible to notice that perhaps their rights have been violated a little, due to the number of hours worked, high-pressure, poor-quality rest, a lot of stress and anxiety. Such emotions are easy to understand, assuming that both experienced their pandemic days in the worst place (from our layman's point of view) that were hospitals. However, both reported that even feeling tired, the work was shared. They were listened to by their superiors and were never forced to do the work, on the contrary, they did it by virtue of their profession in wanting the good for people.

The Irish government has never allowed hospital staff to lack PPE. Although exhausting, rotation was implemented so that doctors, nurses, cleaners could rest. There were people to support these doctors, people they could talk to inside the hospitals about their mental health. Frontline workers were seen as heroes but also as human beings that needed to have their needs met as all of us needed in that moment.

8. CONCLUSION

Since the start of the COVID-19 pandemic, Ireland suffered a significant loss of life and health. The effects of effectively blocking much of normal economic and social life on health and well-being are also significant. There is already evidence that the difficulties people faced during the crisis caused an increase in mental health problems. The proportion of adults reporting high life satisfaction fell significantly, with particularly large drops among younger people. COVID-19 had a wide-ranging and multifaceted impact on health, economics, politics, social issues, and the environment. The pandemic or its responses also had an impact on human rights, whether in terms of rights or for vulnerable groups, whether directly or indirectly. The identification of such consequences is the first step toward preventing (intentional or unintentional) human rights violations or initiating the reparation process. The current study examined the effects of COVID-19 on human rights and vulnerable populations, with vulnerability historically established or created by the pandemic itself.

Compliance with various public health measures was generally high. There was little disagreement on the political level about the various steps that were taken. In dealing with the pandemic, there was a high level of trust in the NPHET (National Public Health Emergency Team) and politicians, and most people acted with a strong sense of national solidarity. In many ways, Ireland's response to the COVID-19 crisis was understandable and timely. Transparency, commitment to relatively open data policy, use of traditional and social media, informing the public, and the frequency with which the Department of Health and the HSE provide updates are all admirable. Other areas, such as testing and contact tracing, took some time to get up and running, but they did so quickly.

A notable feature of how the healthcare system prepared for and responded to the COVID 19 situation is that it essentially behaved in the same way as a tax-funded public healthcare system, given that people were not charged for any aspect of care related to the virus. To increase capacity, the HSE took over the operation of private hospitals at the start of the crisis.

9. REFLECTING

Developing a work of such magnificence will never be an easy task. I believe that the degree of difficulty becomes greater because English is not my native language and the master's degree was the experience that first provided me with this form of contact with the English language. Leaving

the obvious, leaving the grammar lessons of the language and moving to a level where reading, understanding and thinking about what has been studied should be something natural. I confess that my initial fear was not fully understanding the classes, which turned out to be no problem at all. Developing reasoning yes, but not a problem, a new challenge.

The education system these days focuses too much on books and forgets to show us the most valuable facet of being an informed person, which is the possibility and power that education truly has. I say this because I believe in the power that education would have if it were correctly established in my country of origin, Brazil. Such violence and corruption would not exist at such high levels if our colonization had been different, unfortunately there was a lack of education. I am not saying that such characteristics would be non-existent, but it is possible to notice the difference in indices when we compare Brazil to any country in the European Union.

Although I seem to have lost the thread, having said that, I turn to the importance of education once again. It is through its changes occur and thanks to its that we are able to change our lives. The end of the master's degree and of this thesis makes me reflect on the process of typing these words, which was not easy but rewarding. The master's degree did not only bring me knowledge of the subjects that were studied, but mainly of my development in the English language and my professional development. I believe that the course through its disciplines and two semesters has helped me to develop abstract skills, which are the basis for many professions. But also practical skills.

Having said that, it is possible to connect the dots of the entire development during the master's degree with the moment of the thesis, where in addition to thinking and studying in another language, it was necessary for me to transform my starting point of information. With that, I want to say that all the reality that I know about my country was not applicable to Ireland and it was necessary to change that key in my head and try to internalize the conflicts of this thesis in a European way. I wrote about conflict experiencing another internally. But this interpretation is necessary and applicable in the most varied ways. It is a matter of colonization and development of the country over the years. I believe this was the most enriching challenge when I describe my reflections on the research, having a different starting point. Depending on your starting point your route will consequently be different.

Regarding the dissertation itself, it is possible to cite many reflections about it. Developing this research was quite exhausting but very enriching. What lay people know about the pandemic, although a lot, is not all facets of the story. By developing the present research, it was possible to perceive details where minorities sometimes fared much more harmed. For example, deaf people, who need to see the movement of other people's lips to better understand what is being said. It was possible to read, study and understand how people need to move together to put projects on paper to work. As well as Sharing the Vision, which was developed by the HSE after the request that was described in the survey. Understanding how people were affected while sad is important for a better understanding of the community, in terms of limitations, culture and development.

Still, as it is a very current topic, it was not possible to seek support in many books regarding the disease and the government's responses to it, most of the resources found were news. However, it is also valid to say that I am not completely satisfied with the present research. I believe and recognize that much more data could have been collected and analysed and the research could have had a more informed literature review. It is necessary to recognize that the time given by the faculty for such research to be carried out was quite short and the work and study routine is extremely exhausting. Even for those who do not work, this type of research requires a lot of time to be developed correctly and to be done well.

The time factor put students under constant and high pressure, which is indeed a complicating factor for the development of works like this, where it is necessary to calm down and have time to think about possible presentations of information and conclusion of the research. In general, I am happy to have concluded the research, but I recognize that it could have been better developed. The subject of the same is extremely extensive, many other details could have been addressed, which may seem incomplete research.

In terms of support, I believe that my supervisor met my expectations. He guided me through the most coherent path of research, was available to help, kept in touch through zoom meetings and responded to all my emails. As well as the group of friends I found in this course who were an exceptional base for me to complete it.

10. Bibliography

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11. Appendix 1

QUESTIONS OF THE INTERVIEW

The interviews were carried out in the first week of May. The interviews were conducted in the following way: four vulnerable groups were chosen, two of them groups that are considered traditionally vulnerable and the other two groups those that have become vulnerable due to the pandemic. Each group had three questions to be answered, and for each group two people were invited. Totalling eight participants and consequently twenty-four responses.

QUESTIONS TO THE VULNERABLE GROUP OF WOMEN

1 - The Covid 19 pandemic has affected women in many ways. What was your biggest concern during this pandemic period and why?

2 - Assuming the analysis of some points such as health, economy, your role in the community and responsibilities towards your home and family, from your point of view, do you believe that there has been an increase in gender inequalities?

3 - Did you feel overwhelmed at some point by the accumulation of duties that may have happened at your household? Have you ever felt overwhelmed by the backlog of tasks that may have happened in your household?

QUESTION TO THE UNDERLYING MEDICAL CONDITION GROUP

1 - In my first question, I would like you to tell me about your underlying condition, what it is and how you have dealt with it throughout your life. Consequently, what were the difficulties encountered by you in the face of COVID-19

2 - Before the vaccine even came to light, in your opinion, was there a lack of any essential support that was needed to keep your underlying condition stable?

3 – Have you ever been infected by the virus? If yes, do you believe that some preventive measure is responsible for you being well today?

QUESTIONS TO THE FRONT-LINE WORKERS GROUP

1 – Due to the nature of the activity you carry out, the exposure to the risks that the pandemic has as a consequence is enhanced. Based on this assumption, where your function was to prevent the spread of this disease and take care of the greatest right of human beings, which is the right to health, were your rights guaranteed as a health professional?

2 – Protecting health professionals is a good response to the spread of COVID-19 and other diseases. Taking as a starting point your experience inside hospitals and even outside them on pandemic days, was sufficient equipment provided for your own protection?

3 – Regarding your workday. How would you describe it? Regarding hours worked, rest time, etc.

QUESTIONS TO THE ESSENTIAL SERVICE WORKERS GROUP

1 – Regarding social isolation and the role you play in your work, what was the biggest challenge you faced to continue working where you work?

2 – Were you as an individual protected? In other words, was personal protective equipment provided? Did the pandemic bring any circumstances that helped you perform your work in a better way?

3 – The Irish government financially helped people who had to stay at home because of the isolation. Have you witnessed situations where people preferred to stay at home earning money from the government than risk going to work?

12. Appendix 2

INTERVIEW ANSWERS

INTERVIEW RESPONSES WITH THE WOMEN'S GROUP

ANSWERS FROM PERSON 1

Q1 – During the pandemic my biggest concern was my health and my child's, he was a new born, I gave birth a day before first lockdown started, had complications after birth myself and the baby was a bit vulnerable and this was my main concern. I was terrified of catching COVID especially with the health condition we had at the time. At the same time, I was devastated cause due to the lockdown all type of visits in the hospital was cancelled and even at home we couldn't have any visits as a first-time mum there was a lot of mixed emotions good and bad.

Q2 – In my experience and among my family and friend I didn't notice that increase. I believe it still the same and in some cases the gender equality is even higher now as I believe for example household duties during pandemic had to be shared as the majority of families had to adapt to a new way of living and working from home on top of all the house duties a family has.

Q3 – We all had to face a new way of living, which includes duties being equally shared, specifically with a new born, everything was new and we learned how to share our duties so this moment could be enjoyed. I had a massive support from my family although life with a new born is extremely challenging and living that in a pandemic support was everything and really help to take that burden off. I am very grateful to have them around. But that didn't cancel out the fact that I felt very anxious, not knowing when we could go back to living the way we lived before, in complete freedom.

Name: Jessica Correia

Age: 28

Profession: Payments Specialist

ANSWERS FROM PERSON 2

Q1 – Biggest concern was initially worrying that we might contract covid, then trying to cope with working from home, kids' school and manage the housework.

Q2 – To a certain extent yes. I still had to do most of the housework. Nothing changed there but my overall work increased. I had to do work from the kitchen table while my husband was working in peace and quiet in the bedroom. I also had to take full responsibility for the kids' education. All because I was working part-time! Even though I would have to work in the evenings again because I couldn't get enough done during my normal working hours.

Q3 – The truth is that it was quite difficult to go through that moment of pandemic and lockdown. Unfortunately, there was not a fair division of tasks in my house and I felt overloaded responsible for the education of the children, organization and cleaning of the house and work. I felt extremely tired at times, much more mentally than physically. To this day I can see reflections of the pandemic on me, I became anxious and much more stressed.

Name: Audrey O'Reilly

Age: 45

Profession: Legal Secretary

INTERVIEW RESPONSES WITH UNDERLYING MEDICAL CONDITION GROUP

ANSWERS FROM PERSON 1

Q1 – I have had asthma since I was 4 years old. I underwent treatment when I was a child and the crises were stronger and today and when I have crises, I take medication and that's enough.

Q2 – No. Because of my anxiety I felt a lot of shortness of breath, which was a symptom of asthma, so I looked for my GP and he detected that I had other symptoms. I got tested for COVID which went undetected but he treated my anxiety instead. I felt very supported by my doctor.

Q3 – Unfortunately, I have already been infected twice. However, I firmly believe that the vaccine played its role brilliantly and I only had mild symptoms when I was contaminated.

Name: Cintía de Souza

Age:32

Profession: Nurse

ANSWERS FROM PERSON 2

Q1 – Well, I have high blood pressure problems and I take medication daily to keep this situation under control. Honestly, the pandemic, although very scary for all of us, has not given me any problems regarding my medical condition, as all necessary measures have been taken by the Irish government.

Q2 – Not. I even had some anxiety attacks and in one of them I called the hospital because I had tachycardia for a long time and they sent an ambulance to my house to attend to me.

Q3 – No, I have never been infected with COVID.

Name: Pedro Marcon

Age: 24

Profession: Manager

INTERVIEW RESPONSES WITH ESSENTIAL SERVICE WORKERS

ANSWERS FROM PERSON 1

Q1 – The biggest challenge for me was wearing a face mask at all times, and the reason for this is because I work in extreme temperatures, oven rooms and freezers so the masks were unbearable to wear because of the heat and cold temperatures

Q2 – My workplace was very quick in putting measures in place to prevent the spread of covid. Masks, hand sanitiser, plexiglass units, temperature huts before you entered the factory every morning, social distancing, fortnightly testing, strict covid rules, so this made working through the pandemic a little easier knowing all these measures were in place.

Q3 – I witnessed plenty of people preferring to stay at home and receive the covid payment instead of working, and the main reason for this was because people were actually earning more money from the covid payment than working, when you take into account lunch every day, travel expenses, babysitter, etc.

Name: Paul O'Connell

Age: 31

Profession: Electric Engineer

ANSWERS FROM PERSON 2

Q1 – As a supermarket information technician, my biggest challenge was leaving the house to do maintenance on machines and systems while everyone could isolate themselves. I was very afraid of contracting the disease, because my family does not live here and I was afraid of going through by myself.

Q2 – Yes. Masks were provided, as well as gloves when it was necessary for me to go to the establishment.

Q3 – Yes, a flatmate was in that situation. He said what the government paid weekly was enough to keep him home and safe.

Name: Arturas Budrikas

Age: 34

Profession: IT

INTERVIEW RESPONSES WITH FRONT-LINE WORKERS

ANSWERS FROM PERSON 1

Q1 – As far as possible, yes, because as it was a pandemic, it was not possible to follow exactly everything that needed to be done. But they tried to respect the limits of each professional. I was listened to by my superior, people had empathy

Q2 – Yes, always, at all times

Q3 – I had an exhausting routine but I was not overwhelmed because all my colleagues helped each other a lot.

Name: Gisele Franca

Age: 40

Profession: Nurse

ANSWERS FROM PERSON 2

Q1 – I was a doctor in the children's area, however, I had to take care of the adult sector due to the pandemic. I felt a little violated but I understand that at that moment there was no other alternative. I accepted because I wanted the best for people.

Q2 – Yes, there was never a lack of PPE.

Q3 – Although we tried to respect the doctor rotation that was stipulated, my rest hours were not of quality due to the high pressure we worked.

Name: Alexandra Ferreira

Age: 38

Profession: Doctor