

# REPEAL OF LEGISLATION DISCRIMINATING AGAINST PERSONS AFFECTED BY LEPROSY IN SINGAPORE

Submitted for the consideration of the 12<sup>TH</sup> Pre-Session of the CRPD Committee

Submitted by:

**International Federation of Anti Leprosy Associations (ILEP)**

(The submission may be posted on the OHCHR website)

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This submission is made by the International Federation of Anti-Leprosy Associations (ILEP), a federation of 13 member associations working in leprosy-related activities in 69 countries. Its goal is zero leprosy, including zero stigma and discrimination against persons affected by leprosy and their family members. Persons affected by leprosy<sup>1</sup> play a significant role in organisational decisions through the operation of a high-profile Advisory Panel.

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1. Around 8,500 cases of leprosy were recorded in Singapore since registration began in 1951, but the disease has been almost eliminated, with less than 20 new cases a year. There is a high standard of leprosy treatment and case management in Singapore.
2. In 1899 legislation was passed that made it compulsory to isolate leprosy patients from the general population. This law was based on erroneous misconceptions about leprosy and was also a reflection of dehumanising attitudes towards leprosy that were prevalent at the time. Two leprosy 'camps' or homes were built to implement this policy of segregation. The law was repealed only in 1976. During its 77 years in force, it contributed to discriminatory attitudes that resulted in discriminatory provisions in other legislation. Some of these other discriminatory laws are still in force.
3. The Prisons Act, initially passed in 1933 and revised in 2000, contains discriminatory provisions in section 45(2). This section allows the Minister for Home Affairs to direct the removal of any prisoner suffering from leprosy to a hospital or place specified by the Director of Medical Services, there to be kept and treated until cured of leprosy. Although, in some cases, medical complications of leprosy may require hospital care, there is no medical justification for this policy of segregation. **In accordance with Article 5, the government is asked to take steps to ensure that this section of the Act is repealed.**

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<sup>1</sup> Persons with personal experience of leprosy prefer this descriptive term. The alternative term 'persons with leprosy' is rejected as being more descriptive of persons currently suffering from the disease, rather than its consequential effects in terms of disability, stigma and discrimination.

4. A similar provision appears in the Internal Security (Detailed Persons) Rules of 1963, revised in 1990. Section 64 allows the officer-in-charge at a place of detention to order the removal of any person who 'appears ... on the certificate of a medical officer, to be a leper' to be removed to a Government hospital and kept there until cured. Similar to s.45 of the Prisons Act, there is no medical justification for this policy of segregation. Moreover the use of the labelling term 'leper' is deeply offensive to persons affected by leprosy. **In accordance with Article 5, the government is asked to take steps to ensure that this section of the Act is repealed.**
  
5. The Infectious Diseases Act, initially passed in 1977 and revised in 2003, relates to the quarantining and prevention of infectious diseases. The First Schedule includes leprosy in a list of diseases defined as infectious diseases. Several of the provisions of the Act, such as disease notification, are valuable in ensuring that persons diagnosed with leprosy can access prompt and correct treatment. However, section 15 allows the Director of Medical Services to order anyone suspected of having leprosy, or any contact of that person, to be detailed and isolated in a hospital or other place (which may be the person's own home) for such period of time and subject to such conditions as the Director may determine. There are penalties for leaving the place of isolation or for other non-compliance. Other sections of the Act allow the Director to take other actions with the effect of isolating persons suffering from leprosy from the general community. Although good public health systems rightly contain provisions to reduce the spread of infectious diseases which cause risk to the population, the risks of infection from leprosy in Singapore are extremely low and are eliminated altogether once a person starts leprosy treatment. There is therefore no medical justification for the segregation provisions in this Act insofar as they apply to leprosy. **In accordance with Articles 5 and 19, the government is asked to take steps to ensure that this legislation is amended.**
  
6. The Railways Act, initially passed in 1906 and revised in 1985, contains discriminatory provisions in section 75. This section makes a person suffering from leprosy guilty of an offense and liable to a fine if s/he travels on the railway. It also permits any railway official to remove the person and makes the person liable for the cost of disinfecting the carriage or area occupied. The only other disease specifically mentioned in this section is smallpox – for which such a restriction may have been justifiable. It is certainly not justifiable for leprosy on medical grounds and therefore constitutes an abuse of rights. **In accordance with Articles 5 and 20, the government is asked to take steps to ensure that this section of the Act is repealed or amended.**