Dear Ms. Rossbacher:

Attached is the U.S. response to the Advisory Committee’s letter referencing HRC Resolution 29/5, which asks member states to provide information on their efforts to eliminate discrimination against persons with leprosy. We appreciate the opportunity to highlight a number of U.S. policies and programs on this subject.

Sincerely,

Keith M. Harper
Ambassador
U.S. Representative to the Human Rights Council

Attachment:
- Elimination of Discrimination Against Leprosy Affected Persons and their Family Members Questionnaire for States and National Human Rights Institutions
Elimination of Discrimination Against Leprosy Affected Persons and their Family Members
Questionnaire for States and National Human Rights Institutions

The United States co-sponsored UNGA Resolution 65-215 from December 2015 on “Elimination of Discrimination Against Persons Affected by Leprosy and their Family Members.”

The United States addresses discrimination on the basis of disability through laws that typically protect all persons with disability, regardless of the type. U.S. disability rights laws include disability-specific statutes, such as the Americans with Disabilities Act (ADA) and the Individuals with Disabilities Education Act (IDEA). They also include broader non-discrimination statutes, such as the Fair Housing Act and the Matthew Shepard and James Byrd, Jr. Hate Crimes Prevention Act. These laws protect against a wide range of discrimination – including in employment; education; housing; transportation; access to public services, programs, and activities; access to public accommodations, such as stores, restaurants, and medical care – and prohibit criminal conduct motivated by animus toward people with disabilities. A core principle of the ADA and other disability rights statutes is the integration of persons with disabilities into society. The United States is not aware of any laws that single out persons with leprosy, also known as Hansen’s Disease (HD), for discriminatory treatment.

Nonetheless, should the need arise, the legal structure in the United States affords flexibility to ensure that any serious, imminent threat to public health may be properly addressed. Therefore, the U.S. Department of Health and Human Services retains the right to take steps to prevent the spread of communicable diseases. See 42 U.S.C. § 264 (a). However, any such steps are unlikely in the case of HD because it is a treatable disease that ceases to be contagious once treatment begins. See http://www.cdc.gov/leprosy/exposure/index.html (last accessed October 15, 2015). The ADA includes a narrowly-construed direct-threat defense that requires careful consideration of facts specific to each particular case, so as to determine if a person with a disability could pose an immediate “direct threat,” meaning substantial risk of serious harm to his or her own or others’ health or safety, and if reasonable accommodations or modifications cannot eliminate or effectively reduce that threat. Because the risks of exposure to HD are eliminated once treatment commences, the viability of raising any such defense regarding a person with HD would likely be extremely low. Any attempt to assert a direct-threat defense that relied on stereotype, stigma, fears, ignorance, or patronizing attitudes would not meet the high threshold of demonstrating, with reliable medical or other objective evidence, that an individualized assessment indicates an immediate and serious threat of harm.