

Principles for Protecting Civil Rights and Privacy during the COVID-19 Crisis

The undersigned civil rights, civil liberties, civil society, and consumer protection organizations endorse the following principles to protect the civil rights and privacy of all persons, especially those populations who are at high risk for the virus and communities of color, when considering the deployment of technological measures in response to the COVID-19 crisis.

Both the health and economic effects of COVID-19 disproportionately impact people from historically disadvantaged communities, including Native Americans,¹ African Americans,² Hispanics,³ as well as Native Hawaiians and Pacific Islanders.⁴ People with disabilities have also faced devastating obstacles as a result of this virus.⁵ As a consequence of historical systemic discrimination and related policy choices, people of color today are more likely to be essential workers without paid sick leave, more likely to live in densely populated areas or living quarters, less likely to have health insurance or access to healthcare, and more likely to suffer from inequities in the healthcare system, resulting in a disproportionate impact of the disease on these communities.⁶

As employers, policymakers, businesses, and public health authorities consider strategies to reopen American society, they must not harm communities of color and people with disabilities already suffering disproportionately from the virus and economic hardships. They must avoid improperly deploying *information technologies designed specifically to monitor, track, or trace individuals in order to mitigate, or respond to the COVID-19 public health crisis (hereinafter “COVID-19 response technologies”)*. Digital tools should be implemented only to augment, and not to replace traditional manual contact tracing. Moreover, neither manual tracing nor digital tools will be effective without widely available COVID-19 testing, supported isolation, partnerships with vulnerable communities, and other supportive public health measures, such as equitable access to healthcare.

No COVID-19 response technology has been proven trustworthy and effective for combating the pandemic in the United States. Use of such technology must only be allowed if it is non-discriminatory, effective, voluntary, secure, accountable, and used exclusively for public health purposes.

¹ Acee Agoya, “Coronavirus Takes Higher Toll on Native Americans in Hard Hit Region,” *Indianz*, April 15, 2020, <https://www.indianz.com/News/2020/04/15/coronavirus-takes-higher-toll-on-native.asp>.

² “COVID-19 in Racial and Ethnic Minority Groups,” *Centers for Disease Control and Prevention*, April 22, 2020, <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/racial-ethnic-minorities.html>.

³ “COVID-19 in Racial and Ethnic Minority Groups,” April 22, 2020.

⁴ Ku’uwehi Hiraishi, “Native Hawaiians, Pacific Islanders Face Higher Rates of COVID-19.” *Hawaii Public Radio*, April 27, 2020, www.hawaiipublicradio.org/post/native-hawaiians-pacific-islanders-face-higher-rates-covid-19-1#stream/0.

⁵ Abigail Abrams, “This Is Really Life or Death.’ For People With Disabilities, Coronavirus Is Making It Harder Than Ever to Receive Care,” *Time*, April 24, 2020, <https://time.com/5826098/coronavirus-people-with-disabilities>.

⁶ “COVID-19 in Racial and Ethnic Minority Groups,” April 22, 2020. *See also* Pallavi Gogoi, “Why A Historic Wave Of Latino Prosperity Is Under Threat Now,” *NPR*, May 10, 2020, www.npr.org/2020/05/10/853049239/historic-wave-of-latino-prosperity-is-threatened-by-devastating-job-losses.

Non-Discrimination

Collection of data for COVID-19 response should focus on the information that public health authorities need to combat the pandemic. To the extent that any collection and use of data involves protected characteristics, such as race or gender, it must be narrowly tailored to the compelling public interest of tracking, studying, and treating COVID-19. Government surveillance disproportionately targets and affects marginalized communities,⁷ contributing to the inequities they face from the use of big data.⁸ COVID-19 response technologies should neither add to these inequities nor be used to discriminate in employment, housing, credit, education, insurance, healthcare, public accommodations, or public benefits. In addition, under no circumstances should anyone be able to use COVID-19-related data to deny or restrict the right to vote.

Exclusive Public Health Purpose

COVID-19 response technologies need to be trusted to be successful. To build that trust, these programs must minimize the data they collect to only that which is necessary for public health purposes, prohibit any other uses unrelated to public health, and promptly destroy data when it is no longer necessary to serve a public health-related purpose. Furthermore, just like Census data, data collected to protect public health should not be shared with law enforcement or immigration authorities. The only government entities with access to COVID-19 health and location data should be public health authorities and researchers. Use of COVID-19 response technologies should sunset once the public health emergency ends so that they cannot be repurposed.

Effectiveness

Developers of COVID-19 response technologies should design their tools to meet the actual needs of public health authorities, and test and self-certify that their products are safe and effective prior to widespread deployment. No one should use such a tool if public health experts deem it ineffective. After deployment, the technologies and programs should be regularly assessed by independent auditors to ensure they maintain the highest level of data security, protect privacy, and function as intended. Continued deployment of COVID-19 response technologies must be dependent on proving effectiveness.

Voluntariness

Public health officials stress that technological approaches to addressing the pandemic only work if they are trusted and voluntary.⁹ In general, any COVID-19 response technology must be used with informed, express consent, which an individual can revoke at any time. Outside of limited medical applications defined by orders from public health authorities,

⁷ Elizabeth Davis, Anthony Whyde, and Lynn Langton, "Contacts Between Police and the Public," *U.S. Department of Justice*, October 2018, <https://www.bjs.gov/content/pub/pdf/cpp15.pdf>; *See, e.g.*, Dorothy Roberts and Jeffrey Vagle, "Racial Surveillance Has a Long History," *The Hill*, January 1, 2016, <https://thehill.com/opinion/op-ed/264710-racial-surveillance-has-a-long-history>.

⁸ *See* The Leadership Conference on Civil and Human Rights, "Civil Rights Principles for the Era of Big Data," February 27, 2014, <https://civilrights.org/civil-rights-principles-era-big-data/>.

⁹ Luca Ferretti, et al., "Quantifying SARS-CoV-2 Transmission Suggests Epidemic Control with Digital Contact Tracing," *Science*, May 8, 2020, <https://science.sciencemag.org/content/sci/368/6491/eabb6936.full.pdf>.

employers, businesses, and government agencies should not be allowed to compel use of COVID-19 response technology or retaliate against those who choose not to participate.

Security

The technologies under consideration may collect extremely personal and private health information about health, location, and associations. Entities deploying this technology must implement cybersecurity and data security practices that comply with recognized best practices, provide data access only to public health entities who need it for public health purposes, and protect data integrity. Moreover, if a government uses a COVID-19 response technology to assist with digital contact tracing or exposure notification, it should be built with open source code so that security, privacy, and civil rights experts can identify and report any issues.

Accountability

All use of COVID-19 response technologies requires oversight, transparency, and accountability. This means that proposals to regulate these technologies should provide for clear and comprehensive privacy policies, routine public reporting, enforcement of violations by federal and state authorities, and a private right of action for those whose rights are violated. Marginalized communities historically have not been able to rely upon the government to protect their interests, so individuals must be empowered to safeguard their rights through other avenues.

In this time of global emergency, it is heartening to see so many people coming forward to share ideas and resources to help those in need and prevent further suffering. However, we must also be mindful of the risks of overreach and unintended consequences, especially to marginalized communities already suffering disproportionately from the virus and economic hardships.

“Experience should teach us to be most on our guard to protect liberty when the government’s purposes are beneficent,” Justice Brandeis wrote. “The greatest dangers to liberty lurk in insidious encroachment by men of zeal, well-meaning but without understanding.”¹⁰ Public health expertise and scientific rigor is necessary to save lives; thoughtful consideration of equity and civil rights is necessary to safeguard them.

Supporting organizations include:

Access Now	Asian & Pacific Islander American Health Forum
Alianza Nacional de Campesinas	Asian Americans Advancing Justice AAJC
American Atheists	Association of Asian Pacific Community Health Organizations (AAPCHO)
American Federation of Teachers	Augustus F. Hawkins Foundation
American-Arab Anti-Discrimination Committee (ADC)	Autistic Self Advocacy Network
Americans for Financial Reform	Campesinos Sin Fronteras
Amnesty International - USA	Center for American Progress
Arab American Institute	

¹⁰ *Olmstead v. United States*, 277 U.S. 438, 479 (1928) (Brandeis, J., dissenting).

Center for Democracy and Technology
 Center for Digital Democracy
 Center for Science and Democracy, Union
 of Concerned Scientists
 Center on Privacy & Technology at
 Georgetown Law
 Common Cause
 Constitutional Alliance
 Consumer Action
 Consumer Federation of America
 Customer Commons
 Democracy 21
 Economic Policy Institute
 Electronic Frontier Foundation
 The Electronic Privacy Information Center
 (EPIC)
 ELEVATE AAPI @ Irvine Valley College
 Equal Rights Advocates
 Equality California
 Farmworker Association of Florida
 Filipina Women's Network
 Free Press Action
 Freedom House
 Government Accountability Project
 Government Information Watch
 Human Rights Campaign
 Impact Fund
 Japanese American Citizens League
 Justice for Migrant Women
 Justice in Aging
 Lawyers' Committee for Civil Rights Under
 Law
 League of Women Voters of the United
 States
 Matthew Shepard Foundation
 Media Alliance
 MediaJustice
 Multicultural Efforts to end Sexual Assault
 (MESA)
 Muslim Advocates
 NAACP
 National Action Network
 National Alliance for Partnerships in Equity
 (NAPE)
 National Black Justice Coalition
 National Center for Lesbian Rights
 National Consumer Law Center, on behalf
 of its low-income clients
 National Council of Jewish Women
 National Education Association
 National Employment Law Project
 National Employment Lawyers Association
 National Health Law Program
 National Hispanic Media Coalition
 National Indian Education Association
 National Network to End Domestic
 Violence
 National Partnership for Women & Families
 National Queer Asian Pacific Islander
 Alliance (NQAPIA)
 National Urban League
 New America's Open Technology Institute
 Oakland Privacy
 OCA-Asian Pacific American Advocates
 Open MIC (Open Media & Information
 Companies Initiative)
 Pacific Islander Health Partnership
 Prison Policy Initiative
 Public Citizen
 Public Knowledge
 Ranking Digital Rights
 Restore The Fourth, Inc.
 Silver State Equality-Nevada
 South Asian Network
 The Leadership Conference on Civil and
 Human Rights
 UnidosUS
 Union for Reform Judaism
 United Church of Christ, OC Inc.
 Workplace Fairness