## Amnesty UCC, Human Rights at the Time of COVID-19

Special Issue



Ever since the beginning of the COVID-19 pandemic, afflicted countries have been struggling to help contain the spread of this disease. Unfortunately, the methods put in place by certain countries are thinly-veiled attempts to undermine the human rights and privacy of their citizens. These countries (China and Russia, for example) are taking advantage of this outbreak to further tighten their grip on their citizens. This is an issue that will no doubt have to be addressed alongside the rest of the effects of the COVID-19 pandemic.

The situation in Russia is curious, as there is potential for surveillance to increase, but currently, the Kremlin has not yet entirely rolled out its new surveillance software. One of these 'solutions' for the issue of people breaking quarantine is a QR-code system, which requires users to obtain a QR-code whenever they leave their house, and show it to police when asked. Putin has not yet introduced this system all around Russia; rather, he has allowed provincial governments to make their own decision, such as the region of Nizhny Novgorod. Officials in Moscow said that, because of the decrease in people leaving their homes, the new system would be unnecessary. However, it is suspected that Putin is holding off on introducing more authoritarian measures because he fears backlash from the public. Thus, his decision to let the provincial governments choose whether or not to introduce the QR-code system may be an attempt to shift any potential blame from the Kremlin.

Nevertheless, Russia has introduced other authoritarian measures: Moscow's 170,000 cameras have been paired with facial recognition software to detect anyone breaking quarantine, the punishment for which could be as much as a short prison sentence. In fact, the facial recognition software is so accurate that it works even when someone is wearing a mask. In one case, a man ordered to quarantine after a trip was caught leaving his house to take out his garbage by the software; he left his house for no longer than a minute, and within half an hour, the police were at his door. Instances like these have led many to fear about the implications of this software, such as Russian digital rights group Roskomsvoboda, who worry that this software could lead to a 'Chinese situation'.

But what exactly is a 'Chinese situation'? China has rolled out even more authoritarian measures than Russia, one of the primary examples being 'Health Code', an app which gets users to input their personal information, whether or not they have the virus or not, and other related questions. The users are then given a colour code: green means they can go anywhere, yellow means they must quarantine for 7 days and red means they must quarantine for 14 days. People are required to show that they are 'green' on the app when going to supermarkets, entering the subway, and entering residential areas. Some residential areas even have facial recognition software, which only allows people with the green code to leave their homes (this indicates that this software is linked with Health Code).

Another app introduced by China is 'StayHomeSafe'. Essentially, people arriving in Hong Kong are tested by the Department of Health and forced to download the app, which requires them to wear a wristband. Many people have raised concerns over the privacy of the app: Janis Wong, a data protection advisor, took a screenshot of the StayHomeSafe app after she arrived in Hong Kong. The screenshot showed the app asking for numerous Android app permissions; the app has not asked Wong to take or upload pictures, and thus she is skeptical about what the permissions are actually needed for. Worse, the app can even send out an alert if someone is detected walking past a certain point.

All in all, the situation in Russia and China is a pitiful symptom of the coronavirus crisis, and is almost as much of a concern as the virus itself. If this is not addressed soon by the international community, this virus of government surveillance could mutate into something far worse, infecting millions, even billions, of people, throughout China and Russia. For their sake, something must be done: the international community should band together, not just to combat the virus, but also those who wish to take advantage of the virus to stomp on the rights of others. People in places of power need to be made aware of this dire situation so that pressure can be applied to these countries. Only then, hopefully, will international pressure force these countries into restoring the rights of their citizens.

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The World Health Organization enshrines the highest attainable standard of health from any given nation as a fundamental right for every human being, regardless of the circumstances; something that has become especially difficult to achieve during these pressing times. COVID-19 has cost the lives of hundreds of thousands of people, a mere fraction of the millions of total cases across the globe. However, there is a group of individuals who willingly place themselves in harm's way, exponentially increasing their susceptibility to the virus, in an effort to save the lives of others: medical workers.

Yet still, those working in the healthcare sector make up a disproportionate percentage of deaths caused by COVID-19 as hospitals have become an obvious hotspot for viral transmission. And as the entire planet enters an economic recession, the "frontline" of defense is receiving fewer and fewer support. It may be necessary for governments to utilize more of their executive powers to control the daily functioning of society, but they must do so in a fashion that maintains the safety, security, and basic human rights of workers in the health industry.

Italy, which quickly climbed to the global highest in number of infections and deaths, serves as an example of a need for increased protection of medical workers. Almost 10% of Italy's COVID-19 cases are made up by its already meager medical force; an understandable figure considering they are famished of personal protective equipment and have received little support even after months of calls for a more robust supply chain to be put in place.

In the UK, another nation with medical workers who compose a blunt of COVID-19 casualties, three-quarters of medical staff who responded to a poll were worried that they weren't being given enough protection. Another third of respondents noted that they were overworked, undercompensated, and felt that their health was both physically and mentally deteriorating. While the government has now made efforts to increase their supply of personal protective equipment, the health industry states that they have been asking for help since December and that any support now may be too little too late.

Even in a country that is doing far better than nations which have been hit much harder, Canadian doctors have begun to question where they should draw the line between their occupation and their own personal safety after seeing how the virus has impacted the healthcare industries of places like New York City and Lombardy. It is unsound to even imagine the risk that healthcare workers are witnessing to consider walking off the job, and even worse to imagine how much more dangerous that could be for patients.

It is completely understandable that governments may have difficulty allocating funds and distributing supplies to various industries during times like this. However, the world is really asking for too much from medical workers, and we must acknowledge their personal safety and health as an absolute priority and their human right. If healthcare is allocated to those who need it most, there are few who are more deserving of it now than those who deliver healthcare themselves.

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As death rates skyrocket in the familiar, democratic countries around us, it becomes easy to overlook the impact of COVID-19 outside of the western bubble. Specifically, for countries where sanctions have crippled the national economy for years even before the crisis, a continued imposition of these policies could spell mass hunger and contagion during a critical time.

Unilateral sanctions already inflict severe economic consequences in vulnerable countries - including Syria, Venezuela, Iran and Cuba. Many, however, fear a further progression into complete famine as employment opportunities become rarer and rarer. This is largely due to an impoverished population that is unfairly denied from foreign food aid as large trade tariffs substantially mark up the price of these products, disregarding the people's fundamental right to sufficient and adequate food. In fact, WFP director David Beasley notes that the current trend could lead to a worst case scenario of some three dozen countries trapped in a "hunger pandemic". Many UN officials have voiced their support for lifting international food sanctions in hopes of ensuring enough food supplies reach hungry populations during the COVID-19 crisis.

More imminently, however, is the demand for essential medicines and medical equipment that are impeded by strict international export constraints. Take Iran for instance, where the infected count rises by almost fifty every hour, and the death count by one every 10 minutes (as of March 19th). These alarming rates come largely as a result of a lack of medical supplies to support the country's debilitated healthcare infrastructure - which in turn is caused by a combination of weak purchasing powers (due to depreciating Iranian currency) and underfinanced humanitarian imports (due to, again, the sanctions). Even exemptions designed specifically to allow for humanitarian aid in times like these - are largely ineffective in practice. For one, Human Rights Watch found that these exemptions have "failed to offset the strong reluctance of US and European companies and banks to risk incurring sanctions [...] by exporting or financing exempted humanitarian goods." Systemic issues with mandatory licensing for these goods have also plagued the process - general licenses are capped at \$500,000 and excludes certain supplies that are crucial to fighting the virus (e.g. decontamination equipment, full-mask respirators), while special licenses that do grant access to these supplies have an acceptance rate of a mere 10% under the Trump administration. In all, if drastic changes to international sanctions are not influenced soon, the western hemisphere would only be guilty of compounding these countries' agony by "depriving them of access to the critical medical resources they urgently need".

Sanctions have long been used to address authoritarian regimes that threaten the peace and security of the international community, but its true effects could be perverse to the expected. As the upholders of human rights, it is our responsibility - and particularly so during this unforeseen crisis - to ensure that it is not the civilians who suffer from these broader consequences. And we can only do so with a thorough

re-envisioning on the role of sanctions to protect the accessibility to crucial food and medicine for the most vulnerable.

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