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INVEST IN COMMUNITIES NOT POLICING AND SURVEILLANCE

UNMASKED: IMPACTS OF PANDEMIC POLICING

COVID19 Policing Project
#COVIDWithoutCops

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UNMASKED: Impacts of Pandemic Policing

This report was written by Pascal Emmer, Woods Ervin, Derecka Purnell, Andrea J. Ritchie, and Tiffany Wang for the COVID19 Policing Project, hosted by the Community Resource Hub for Safety & Accountability. It gathers and expands on regular project updates, and is the first in a series on the impacts of policing and criminalization in the context of the coronavirus pandemic.

The COVID19 Policing Project is a collaboration among the following partnering organizations:

ACLU
Action St. Louis
Advancement Project
BYP100
Center for Constitutional Rights
Communities United for Police Reform
Community Resource Hub for Safety & Accountability
Dream Defenders
Health in Justice Action Lab
Interrupting Criminalization
Just Futures Law
Kilómetro Cero
Law for Black Lives
Legal Aid Society of New York
Mijente
National Lawyers Guild
People's Parity Project
Positive Women's Network
Tewa Women United
Thurgood Marshall Center at Howard University School of Law
University of Michigan Law COVID Corps

We would like to acknowledge the contributions of all of the project partners, and of the Center for American Progress, to tracking COVID-19-related public health orders and enforcement, submitting and litigating freedom of information requests, conducting legal research, supporting rapid response, and offering recommendations toward a more just, humane, effective, transformative, and liberatory response to the pandemic.

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THEY LOVED EACH OTHER SAFE:

Envisioning #COVIDWithoutCops

They loved each other through it.

When the first person landed in New York City, they welcomed her with love and care. They asked her what she needed to feel safe and heal, and made sure she had it. They cheered and celebrated her for loving everyone by staying away, and eased her time with songs and prayers and laughter and beauty. They asked her to share lessons of how to survive separately, and told each other stories that would prepare them all. They loved her families and peoples by immediately lifting the cruel sanctions they had imposed on them for reasons no one could remember, and eased her worry for them by sending them love, and supplies.

They loved each other by immediately shifting to new ways of being together and apart. They made sure everyone had a safe place to be—hotels opened their doors to survivors—of the streets, of violence, of jails, prisons, detention—and people made sure they had clothes, food, care, and connection. They closed schools and in person communities—and made sure that everyone had everything they needed to stay connected, wiring free, high speed and unsurveilled internet into every home, making sure everyone had a way of using it. They set up a loveline staffed by people whose jobs were on pause to share information and strategies—everything from how to stay safe together and apart, to how to care for children and elders, to how to do home pedicures to safe shopping to safe copping. They loved each other with songs and dance and poems and love letters. They all carefully learned the distance of six feet and

They loved each other by immediately shifting to new ways of being together and apart. They made sure everyone had a safe place to be ... and people made sure they had clothes, food, care and connection.

lovingly gave it to each other with smiles as they moved through the world to breathe in the clean air and flowers.

They loved each other by looking for the cracks it crept through and closing them—they canceled rent and mortgages, they made sure everyone had quality, affordable housing, they paid everyone—everyone—what they needed to stay home, they made all healthcare free, they made tests available to anyone who wanted one—and mandated no one to take one. They told the police to stay away, stay home. They loved the people who had been caged by setting them free and welcoming them home to safe places, and inviting them to dream a new life for themselves.

They loved the healthcare workers by giving them everything they needed to stay safe, enough equipment, ventilators, medication, humane schedules, healers for healers, care for their families, and ways to come home to them without fearing that they were bringing death with them. They loved them like they were life itself, and celebrated them with permanent living wages, protections, and sustaining working conditions. They loved the farm

workers by giving them everything they needed to stay safe. They loved them like they were life itself, and they celebrated them with permanent living wages, protections, and sustaining working conditions. They loved the service and delivery workers for making life possible in this time and all times, by giving them everything they needed to stay safe, and celebrated them with permanent living wages, protections, and sustaining working conditions.

They loved disabled people and gave thanks and gratitude for sharing all the ways they had learned to live together and apart, all the wisdom they had grown about how to care for themselves and each other, and all the brilliance of their beings. They loved them by prioritizing their care, and by refusing to deem anyone disposable.

They loved survivors by making them safe, by asking what they needed, by understanding when they didn't know, or were too scared to step into

safety, by loving them fiercely until they were safe, no matter what and how long it took.

They loved each other by spending the quiet time dreaming and imagining new ways of living, being with each other and the earth, together and apart. They loved each other by grieving and celebrating each one lost, and asking themselves what lessons and gifts from each life they would carry forward. They loved each other into the world they couldn't imagine before, which is now the only possibility.

They loved each other safe. They loved each other home. They loved each other free.

—Andrea J. Ritchie, in response to Pandowrimo prompt #3 from adrienne maree brown: “Tell a story from an alternate timeline that runs parallel to this one, sparked at the beginning of the pandemic (if we took it seriously from the beginning).”



“Stronger Together” by Cai Diluvio. Visit bit.ly/solidaritycards for more.

TWO FACES OF STATE VIOLENCE

If you are Black, Brown, or poor, you are disproportionately over-represented in COVID-related death, hospitalization, or infections. Obesity and diabetes are not to blame for these disparities. Rather, structural racism and continued barriers to establishing an effective community health system are.

This form of medical apartheid (i.e., violent racialized negligence) converges with ever-expanding policing and surveillance of Black, Brown, and poor communities. Historically, there have always been points of convergence. Currently, policing and public health surveillance technologies are emerging as responses to the spread of COVID-19, via increased profiling and the increased investment in private surveillance businesses tracking people's behavior and health data.

Similar to 9/11 and other crisis moments in history, the policing apparatus is ushering in technosolutionism, guided by the idea that private technologies and expanded surveillance can manage our biologies. This is clear in the role of these new technological tools to enhance public health surveillance practices, data collection, analysis, and sharing. Besides Apple and Google launching sweeping new contact tracing applications, there is Palantir—known for bolstering the police surveillance systems and the federal deportation machinery—which is contracted with the Department of Health and Human Services to help the government create HSS Protect Now, a data platform to track COVID+ patients.”

—Stop LAPD Spying Coalition, “Two Faces of State Violence—Murder by Law Enforcement and Medical Apartheid,” Medium.com, July 22, 2020 [1]

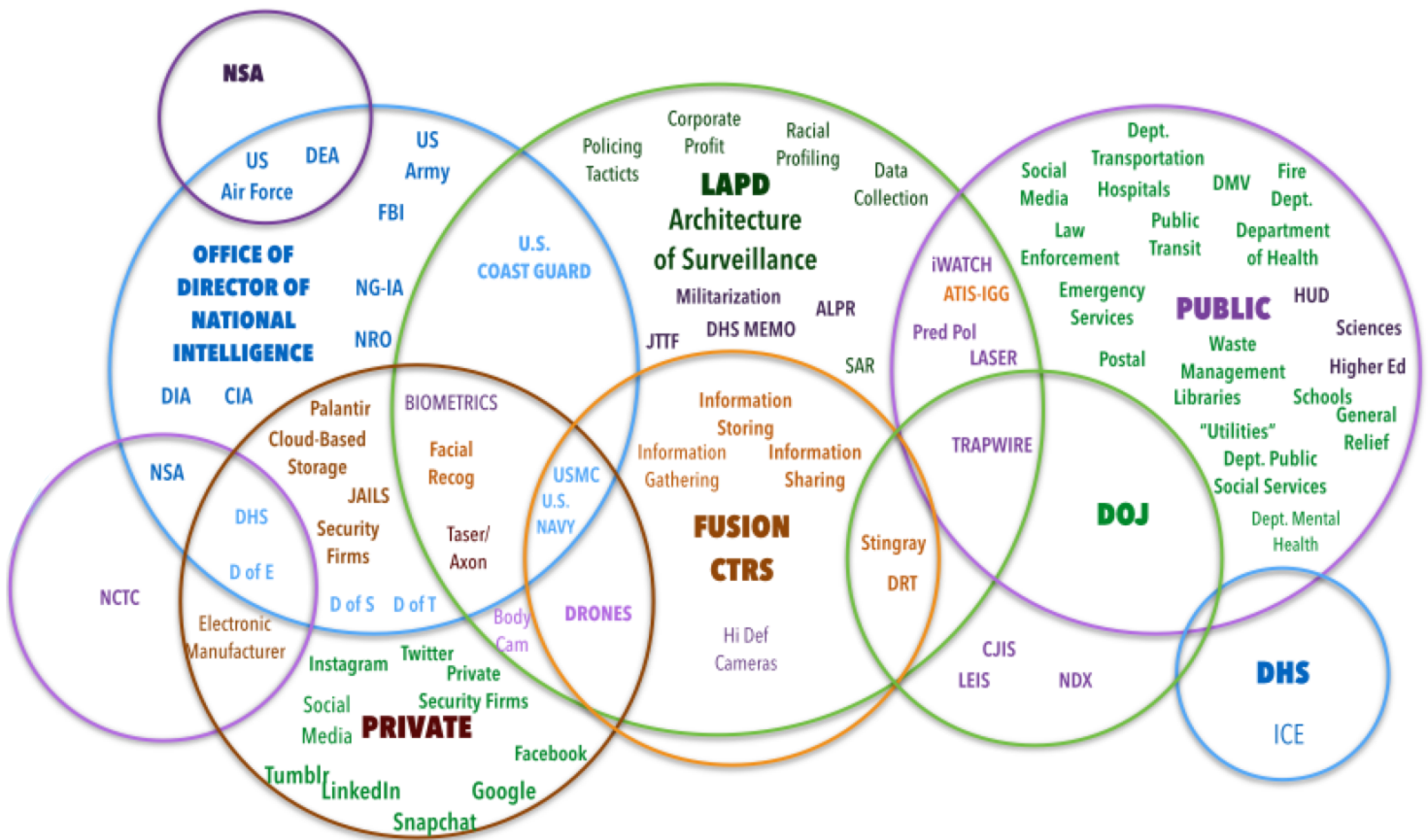
The STOP LAPD Spying Coalition is hosting a series of critical webinars on pandemic policing, surveillance, contact tracing, response, and resistance.

Please visit stoplapdspying.org/action/webinars to learn more.



STOP LAPD SPYING COALITION

INFORMATION SHARING ENVIRONMENT "STALKER STATE"



INTRODUCTION

WHAT IS THE COVID19 POLICING PROJECT?

CONTEXT

As of this report's release in October 2020, over 37 million people around the world have been infected with COVID-19, and over one million have been killed by the virus. **The U.S. death toll from coronavirus is approaching a quarter of a million people and counting**, many of whom died trapped in jails, prisons, ICE detention centers, nursing facilities, and other places of detention, or from lack of medical care and widespread structural failures in prevention, detection, treatment, and economic support at every level of government.

We are living in multiple intersecting pandemics—the coronavirus pandemic, the unprecedented economic crisis it has precipitated, featuring record unemployment and looming mass evictions, the ongoing pandemic of police violence, and an intensifying climate crisis producing raging wildfires, mudslides, and storms around the globe. Instead of meeting these life-threatening conditions with investments in health, safety, and survival, policymakers have used the pandemic as a pretext for expanding

policing, criminalization, and surveillance, placing individuals and communities at increased risk of violence, illness, and death.

Criminalization is increasingly the default response to every harm, conflict, and need, and the COVID-19 pandemic is no exception [2]. As infection rates rose, jurisdictions across the U.S. and around the world began enforcing emergency “shelter-in-place,” “stay-at-home,” “social distancing,” and quarantine orders through aggressive surveillance and policing tactics, steep fines, criminal charges, and harsh penalties. Consistent with existing policing practices, enforcement has focused on communities hardest hit by both the pandemic and economic crisis it has caused—Black, Indigenous, and Brown communities, migrants, essential workers, low and no-income, unhoused, young, and disabled people—while the U.S. president, police, and white nationalist militias defiantly disregard public health orders and practices with impunity [3]. As the pandemic persists, with the threat of a second, larger wave of infection predicted later this fall and winter, authorities are doubling down on policing and punishment by continuing to impose exorbitant fines and offering people financial rewards to turn in community members who

violate public health orders instead of reaching out to support them as we enter the seventh month of the pandemic.

Delegating the task of protecting our communities' health to law enforcement is counterproductive at best, and enables new forms and contexts of criminalization and police violence. Enforcement of mask and social distancing orders involves police officers—who have died more from contracting COVID-19 than all other causes combined, and who, in many jurisdictions, don't or inconsistently wear masks—violating social distancing guidance by coming within 6 feet of people to harass, ticket, and take people into custody in jail facilities that have experienced some of the highest infection rates in the country [4]. Even a brief encounter with an officer or short detention in a police car can dramatically increase risk of infection, and that risk increases the longer a person spends in a holding cell or jail where social distancing is impossible, and there is little or no access to soap, water, and sanitizer [5]. In a number of cases that have come to light, and no doubt many more that haven't, officers have enforced public health orders using physical violence, further threatening public health.

Instead of offering our communities the information and support we need to stay safe, policymakers are conflating public health with policing, slashing funding for medical care and social service programs while increasing or maintaining police budgets. The federal government allocated \$850 million per state for local law enforcement from the Coronavirus Aid, Relief and Economic Security (CARES) Act, while offering individuals a one-

time \$1200 economic stimulus payment intended to keep a faltering economy alive, instead of long-term income support enabling individuals to survive [6]. Adding insult to injury, in addition to criminalizing non-compliance with public health orders, legislators seized on the pandemic to further penalize abortion, survival, and protest.

The conflation of public health and policing is nothing new. As Trevor Hoppe describes in *Punishing Disease*, “Punitive disease control and the criminalization of sickness represent two sides of the same coin; they share an interest in enforcing social norms and sanctioning behavior labeled deviant. ... This is sometimes evidenced through the direct action of health officials who surveil and coerce people living with diseases. Or punitive disease control may be achieved indirectly, by promoting the idea that people living with infectious diseases are (at least in part) individually responsible and thus culpable for their infection and the infection of others.” Cara Page, Susan Raffo, and Anjali Tejada situate the criminalization and control of Black, Indigenous, and migrant bodies under the pretext of public health promotion within the Medical Industrial Complex, noting that “the state has systematically determined who is ‘normal,’ ‘healthy,’ ‘diseased,’ and ‘dangerous’ as a way of determining access to its rights and benefits” [7].

“The medical industrial complex emerged as an extension of policing and state violence to control the biology and healing practices and to define the line between ‘normal’ and not.” Mia Mingus elaborates: “Oppressed communities have had long and complicated histories with the MIC. From the continued

targeting of disabled bodies as something to fix, to the experimentation on Black bodies, to the pathologized treatment of and violent attempts to cure queer and trans communities. From the humiliating, lacking or flat-out denial of services to poor communities, to forced sterilization and dangerous contraceptives trafficked to young women of color. From the forced medicalization used in prisons today, to the days when the mental institutions used to be the jails, and the ways that ‘criminal’ and ‘mentally disabled’ are still used interchangeably” [8].

“From slave patrols to “Starbucks while Black,” policing has long represented a threat to public health for Black, Indigenous, LGBTQ communities, disabled people, and people involved in the sex and drug trades and other informal economies, as acknowledged by the American Public Health Association [9].

And public health has long been invoked to justify criminalization, restrictions on migration, incarceration of disabled people, and forced sterilization of people deemed unworthy of parenting. Proximity to Blackness often determines who is considered part of the “public” whose health is worthy of protection, and whose isn’t. Blackness itself has historically been framed as a threat, both to public health and broader society. It is magical thinking to believe that this would suddenly shift during the greatest public health crisis of our time.”

— Robyn Maynard and Andrea J. Ritchie, “Black Communities Need Support, Not a Coronavirus Police State,” *VICE*, April 9, 2020 [3]

The expansion of policing in response to a public health and economic crisis was thus sadly predictable based on the origins of public health itself, as well as the forms of policing, surveillance, and criminalization deployed in response to the HIV pandemic, and the ongoing growth of policing in the response to the impacts of neoliberal economic policies of divestment and organized abandonment of low-income Black and Brown communities now ravaged by COVID-19 and its economic aftershocks [10].

The expansion of surveillance, xenophobia, and abuse of migrants in response to widespread fear was similarly foreseeable based on the dramatic growth of policing post 9-11. And, in many ways, our collective experience resisting and organizing against the growth of the carceral state over the past four decades has prepared our movements for this unprecedented moment.

The partners in the COVID19 Policing Project seek to offer a different vision to the dominant narrative of criminalization in the name of public health—one rooted in an understanding that criminalization is never the answer to health, economic or climate crisis.

Policing, in any guise, threatens public health and predictably punishes populations deemed inherently diseased, disorderly, and disposable. Envisioning #COVIDWithoutCops reminds us that increased surveillance, policing, and criminalization are not the only—or inevitable—trajectory of an unfolding pandemic response.

And, in the midst of and in response to these current crises, communities are rising up in outrage at the killings of George Floyd, Breonna Taylor, Tony McDade and over a hundred people since May 2020—and in resistance to law enforcement’s continued looting of the resources we need to survive these multiple pandemics through demands to #DefundPolice and reinvest in communities and healthcare for all. At the same time, we

are also dreaming and creating mutual aid networks grounded in the principles of disability justice, healing justice, and transformative justice to model the world we want to create [11,12].

We are fighting for a world where we keep ourselves and each other safe—from coronavirus, poverty, and police violence—without surveillance, policing, or punishment.

COLLABORATION

The COVID19 Policing Project is a collaborative effort to track and challenge policing and criminalization in the context of the coronavirus pandemic, including the violent policing of protest which further jeopardizes public health. Together, we created a web resource offering tools and resources for individuals and communities to stay safe and to mobilize for what we need—instead of more cops, stops, tickets, cuffs, and cells.

Our goals are to:

Provide up-to-date information on public health orders, criminal and civil penalties, and enforcement patterns across the U.S., occupied territories, and Indian Country;

Track surveillance and policing in the context of enforcement of public health orders;

Monitor the intersection of protest policing and public health;

Elevate and support cross-regionally networked local organizing efforts;

Coordinate and support rapid response to individual incidents and patterns of enforcement;

Offer recommendations and alternate visions for promoting wellness, safety, and survival of our communities.

The COVID19 Policing Project was co-conceived by Andrea J. Ritchie and Derecka Purnell in April 2020 following a national call convened by the Interrupting Criminalization initiative in March 2020, and launched in May 2020 through the Community Resource Hub. The project is coordinated by a team including Pascal Emmer (data collection and analysis), Woods Ervin (Interrupting Criminalization), Tiffany Wang (digital organizer), Noor Mir (former digital organizer), Timothy Colman (Community Resource Hub), Derecka Purnell, Andrea J. Ritchie, and Hiram Rivera (Community Resource Hub).

The project brings together partners from national and local grassroots organizations concerned with racial justice, criminalization, civil liberties, policing, and public health, including the following organizations:

ACLU
Action St. Louis
Advancement Project
BYP100
Center for Constitutional Rights
Communities United for Police Reform
Community Resource Hub for Safety & Accountability
Dream Defenders
Health in Justice Action Lab
Interrupting Criminalization
Just Futures Law
Kilómetro Cero
Law for Black Lives
Legal Aid Society of New York
Mijente
National Lawyers Guild
People's Parity Project
Positive Women's Network
Tewa Women United
Thurgood Marshall Center at Howard University School of Law
University of Michigan Law COVID Corps

The project hosts regular calls with partners and publishes bi-weekly updates on enforcement trends, offering recommendations and amplifying resistance. This is the first in a series of reports summarizing and analyzing what we've learned, and offering visions and guidance for responding to #COVIDWithoutCops.

SHIFTS OVER TIME

As the pandemic has unfolded and political terrain has shifted, the project has taken a number of turns over time. After an initial conversation in late March at the beginning of the pandemic, we came together out of concern that the state response to COVID-19 in the U.S. would unfold in ways similar to other countries around the globe—with an escalation of policing and surveillance technology deployed to track and control communities in the name of disease prevention and detection.

As the CDC recommended business and school closures and released guidelines for states, we assumed that enforcement of state and municipal public health orders would be inconsistent, and would endanger people moving about their communities for work or social reasons. In the context of rapidly enacted and changing emergency declarations, we worked to create an up-to-date and easy-to-use website at COVID19policing.com with searchable databases of mandates and enforcement actions to make it easier for people to find out what is prohibited and permitted in their area, who was enforcing the orders and how, the existence and scope of any exceptions, and what punishments were being meted out.


In addition to offering information about orders and enforcement, our goal was to create a reporting mechanism on the site and network of partners for rapid response to individual cases in which people were charged or incarcerated for violating public health orders, and to elevate local organizing efforts in response to systemic enforcement patterns. This aspect of the project remains underutilized, in part because enforcement efforts declined and protest policing rapidly ramped up around the time that our reporting mechanism was launched.

In response to public outcry around incidents involving police officers violently enforcing public health orders and investigative reporting uncovering stark racial disparities in enforcement, many cities sought to improve the public image of enforcement, conscripting city employees to serve as “social distance ambassadors” in New York City, Savannah, GA, and Nashville, TN. In New York City, this resulted in deployment of school “safety” officers, department of correction employees, and others with long track records of rights violations and abuses into the role of public health enforcement.



By May, as the impacts of business closures on the economy deepened, and, as the fact that COVID-19 was primarily impacting Black, elderly, disabled, incarcerated, and unhoused communities became more widely known, exposing the deadly and devastating effects of structural racism, ableism, mass incarceration, and structural exclusion, states rushed to re-open in spite of caution from public health officials. Denial and mismanagement of the pandemic by Federal, state, and local governments intensified. As collective restrictions were lifted and arrests for violations of stay-at-home orders decreased, our focus expanded to tracking how the surveillance practice of contact tracing and individualized, rather than community, containment through quarantine would be used to criminalize under these new conditions.

During this period and since, in many jurisdictions, including New York City, Hawai'i, Puerto Rico, and Chicago, enforcement has become site specific, focusing on public parks, transit spaces, and beaches, thereby more explicitly targeting low-income and unhoused people unable to seek respite from enforced isolation in private outdoor spaces and locations, and without access to private transportation options. Most recently, New York City has focused enforcement on specific zip codes with higher than average rates of infection, with the effect of targeting low-income communities and communities of color already disproportionately impacted by the pandemic for enforcement [13]. Protests in these communities have explicitly been named as targets in relevant police orders.



The landscape shifted again at the end of May when the country erupted in mass protest against systemic police violence against Black people and communities after the murders of George Floyd, Breonna Taylor, and Tony McDade. We again expanded our scope again to track protest policing tactics that were contributing to increased threats to public health such as maskless police officers, kettling, tear gas, and pepper spray, and long periods of detention under unsafe conditions. We also worked to combat misinformation and thwart attempts to blame protestors for the spread of COVID-19 and deter protest in the name of prevention and detection.

In the midst of the wave of protest, we also turned our attention to the inevitable results of the forced rush to reopen the economy—skyrocketing infections. As the pandemic spread more rapidly in states with previously low infection rates, we saw increased enforcement of mask ordinances in jurisdictions which had previously eschewed or even prohibited them, again disproportionately targeting unhoused and low-income Black and Brown people. Threats of citations with increasing fines and promotion of snitch lines were once again on the rise across the country, as states and localities again defaulted to criminalization rather than supporting and resourcing communities ravaged by the pandemic. Additionally, as businesses fear fines and policing for failure to enforce mask and social

distancing requirements, it has fallen to frontline essential workers and service workers—largely Black people and people of color—to enforce public health guidance, leading to multiple instances of assault and abuse. Again, instead of resourcing businesses and communities to respond, states have defaulted to enhancing criminal penalties for assault.

As people began to travel during the summer, states put in place quarantine requirements for individuals entering states or returning from states with high infection rates, prompting a new wave of surveillance through vehicle checkpoints, snitch lines, and use of social media to track people's movements, and additional fines for violation of quarantine requirements. In July we also saw the use of CARES Act funds by law enforcement to purchase body scanners and drones as opposed to providing PPE and care for health personnel and incarcerated people.

As infection rates continue to rise, so are enforcement efforts in locales like New York City, Nashville, South Florida, and Massachusetts [14]. In other areas, thanks to sustained public protest of policing over the past four months, many public officials are reconsidering use of law enforcement officers to enforce public health orders [15].

As we moved into August, debates around reopening schools, colleges, and universities for in-person education began to surface, with many schools adopting hybrid approaches mixing in-person and on-line learning. This has contributed to increased discipline and criminalization of students for both COVID and non-COVID related issues, which we are now also tracking.

Over the past six months, we have worked diligently to update community organizers on the uneven uses of policing and surveillance for COVID enforcement—on the streets, at businesses, and in homes—from stops, tickets, and arrests, to quarantine monitoring, to the proliferation of contact tracing, to the non-consensual disclosure of individuals' COVID status to law enforcement. Throughout the twists and turns of the project, we've worked to develop and circulate recommendations on best practices and resources that will expand our capacity to build safe resilient communities under COVID without policing. In conjunction with the release of this report, the Interrupting Criminalization initiative is releasing a set of COVID-19 Solidarity postcards and posters featured throughout this report to spark conversation and shared strategies to build toward #COVIDWithoutCops.

WHY THIS PROJECT? PARTNERS PERSPECTIVE

COMMUNITY RESOURCE HUB FOR SAFETY & ACCOUNTABILITY

“Amidst a global health pandemic and series of uprisings across the nation protesting the pandemic of police violence, the Community Resource Hub for Safety & Accountability was moved to follow the leadership of our communities and support the work to keep people safe during these trying times. As a result, we helped launch the COVID19 Policing Project to not only track constantly changing policies and practices regarding policing during COVID, but also provide resources to organizers on the ground fighting both crises in their communities.”

The Community Resource Hub for Safety and Accountability is a resource hub that serves as a conduit of information and assistance for local grassroots organizations across the United States and beyond. The Hub works to ensure all people have access to resources and tools to advocate for systems change and accountability in law enforcement.

#COVIDWithoutCops TEAM

“I was moved to join the COVID19 Policing Project because, like everyone, I was bearing witness to the latest crucible of expanding criminalization in response to a global health crisis. Having been involved in the radical AIDS movement and abolitionist organizing with imprisoned trans communities, I began noticing striking parallels in the enforcement of COVID-19 emergency orders—from the use of terrorism statutes to charge individuals for alleged acts of viral exposure to the denial of healthcare and release for people who were COVID-19 positive or at higher risk of infection inside jails, prisons, ICE detention centers, and locked medical facilities. By mapping the emerging landscape of COVID-19 criminalization and offering alternative visions for a more just pandemic response, may this report serve as a resource for anyone who is imagining and building toward a future of #COVIDWithoutCops.” —Pascal Emmer

ACTION ST. LOUIS

“The COVID-19 pandemic, alongside the pandemic of police violence, has brought about increased jeopardy for Black bodies in St. Louis who have the highest rates of COVID-19. The police are arresting people for not following COVID-19 protocols, while not following the rules themselves. In St. Louis, facial covering is mandatory and maintaining 6 feet distance is mandatory, yet the police are kettling people who are protesting, and clumping people together for mass arrests by unmasked police officers. Violating the stay-at-home order is a Class A misdemeanor in St. Louis and St. Louis County, punishable by up to one year in jail and a fine not to exceed \$2,000. In a time where everyone needs to follow CDC guidelines to save lives, police powers have been expanded. Operation Legend, a federal law enforcement operation initiated

by the Trump administration, has increased the size, scope, and power of the police in St. Louis. The increased numbers of police have heightened the spread of COVID-19 and police violence. Instead of continuing to pour millions of dollars into the police, local grassroots organizations such as Action St. Louis are calling to defund the St. Louis Police Department (STLPD) and invest into life-saving programs like homeless shelters and the health department to mitigate the harm of COVID-19. Action St. Louis shared the COVID19 Policing Project's resources because our communities are most directly impacted by policing and COVID-19 and are in need of resources to keep ourselves and each other safe.”

Action St. Louis is a grassroots organization that seeks to build power for Black people in the St. Louis region.

AMERICAN CIVIL LIBERTIES UNION (ACLU)

“The COVID19 Policing Project illustrates how, during a pandemic that has already had especially harsh physical and economic consequences for low-income people and people of color, granting new powers and authorities to police departments has inflicted further trauma and harm on these communities. This is in addition to the ongoing harms that police violence and abuse inflict: in spring 2020, despite far fewer people traveling outside of their homes and police departments reducing contact with the public so as not to spread COVID-19, police continued to fatally shoot people at the same rates nationwide as they did pre-pandemic.

“This project also highlights just how powerful and impactful the movement can be when national non-profits and advocates collaborate with and follow the lead of activists, organizers, and impacted community members on the ground. ACLU National seeks to continue to support this project, as part of our larger priority of divesting from police and reinvesting in positive, community-based alternatives that are better suited to respond to community needs. Shifting roles, responsibilities, powers, and funding from police to other programs—including in the COVID-19 context—will foster improved safety and health outcomes, and present opportunities in Black communities where decades of underinvestment in everything except police has helped fuel a mass incarceration crisis.”

The ACLU is a national legal and policy advocacy organization focused on protecting civil rights and liberties.

COMMUNITIES UNITED FOR POLICE REFORM (CPR)

“The impact of this project has been unprecedented in terms of helping us understand and situate our work in NYC in the evolving and explosive national context. In early 2020, none of us expected to be dealing with a global health pandemic or the concurrent pandemics of white supremacy, police violence, and economic devastation that COVID-19 exacerbated. This project gave the movement an immeasurable gift through their vision, foresight, coordination, and love for our peoples—helping us identify trends, best practices, and lines to hold. We're thankful beyond words.”

Communities United for Police Reform (CPR) is an unprecedented campaign to end discriminatory policing practices in New York, bringing together a movement of community members, lawyers, researchers, and activists to work for change.

DREAM DEFENDERS

“In April, at the height of the pandemic, I was racially profiled and detained by a cop in front of my house. The Miami police officer had no mask on; he berated me in front of my family and tried to bait me into resisting arrest so he could use force to further accost me. It didn’t work. What he didn’t know was that the entire 3 minute encounter was caught on my home security camera. I am a doctor, and I was preparing to go serve and support people who are unsheltered and unhoused. Footage of his harassment sparked national outrage.

“After an investigation, I found that the officer had 12 use of force complaints, 6 civilian complaints, failed a psychological exam to get the job, and yet was promoted on the force anyways—an almost identical background to Derek Chauvin, the cop who killed George Floyd. Equally disturbing, the City of Miami police officer could not identify a reason for detaining me, simply stating rules under *Terry vs. Ohio* in the internal affairs report. Using this as a reason for detainment during a stop-and-frisk is a violation of the Fourth Amendment, something Black people have seen play out hundreds of thousands of times in places like New York City and every urban city across the nation. I am taking this case to federal court to challenge *Terry vs. Ohio*, one step that is needed to limit abuse of power by law enforcement.” —*Dr. Armen Henderson*

The Dream Defenders is organizing Black and Brown youth to build power in our communities to advance a new vision we have for the state. Our vision of safety and security focuses on moving away from prisons, deportation, and war and towards healthcare, housing, jobs, and movement for all.

INTERRUPTING CRIMINALIZATION

“We co-founded the COVID19 Policing Project based on our observation, early in the pandemic, of the ways public health orders were and are being enforced around the world—through door-to-door police searches, massive ticketing and fines, electronic surveillance, criminalization of actual or perceived transmission, and police “man hunts” for people who left quarantined areas. Our understanding of the U.S. as the central purveyor of violent policing practices around the globe, of criminalization as our default response to every conflict, harm, or need, and of the need to limit, not increase, police contact and police power, informed our decision to immediately begin tracking enforcement and mobilizing with partners to prevent and interrupt the spread of criminalization in the name of public health. Our work on the COVID19 Policing Project is deeply informed by our ongoing work to interrupt criminalization through access to medical care, decriminalize survival, defund police, and dream and invest in community-based safety strategies.”

Interrupting Criminalization is an initiative that aims to interrupt and end the growing criminalization and incarceration of women and LGBTQ people of color for criminalized acts related to public order, poverty, child welfare, drug use, survival, and self-defense, including criminalization and incarceration of survivors of violence.

KILÓMETRO CERO

“For our organization, Kilómetro Cero, in Puerto Rico, it is of great importance to follow and collaborate in the COVID19 Policing Project, as after seven months from the first lockdown, we in our islands are still facing criminalizing restrictions and punitive strategies that have opened the door to an even greater extent of broken windows and discriminatory policing.”

Kilómetro Cero aspires to a Puerto Rico in which the state protects human life, freedom, and dignity in the pursuit of public safety, in service of a more democratic and just society.

LEGAL AID SOCIETY OF NEW YORK

“Legal Aid Society is working to ensure that our clients are informed and protected during this unprecedented time. Our clients are particularly vulnerable to the myriad harms that this pandemic has unleashed in public health concerns as well as misguided government responses to it. Disparate policing of social distancing enforcement orders threaten to further displace, destabilize, and dehumanize our clients. It’s important for organizations to communicate, share, and collaborate to better protect and serve our communities.”

The Legal Aid Society works throughout New York City to ensure everyone has access to justice. Our expert teams work across practice areas on nearly every area of law that impacts New Yorkers.

NATIONAL LAWYERS GUILD

“The National Lawyers Guild is a proud member of the COVID19 Policing Project. In this critical time of multiple pandemics—a public health crisis and a national Black-led uprising—this coalition is crucial as it maps the connections and patterns of state and federal repression against Black, Indigenous, and People of Color and other vulnerable communities in the name of ‘public health’ and safety. The policing and surveillance of Black and brown bodies is always a mechanism of the state, and, as predicted, COVID-19 is being used to further these goals.”

The National Lawyers Guild is a progressive public interest association of lawyers, law students, paralegals, jailhouse lawyers, law collective members, and other activist legal workers.

PEOPLE'S PARITY PROJECT

“The People's Parity Project has been proud to partner with the COVID19 Policing Project. Originally through our COVID-19 Rapid Response Network, and then through the COVID-19 Rapid Response + Systems Summer Institute (in partnership with Justice Catalyst and the Systemic Justice Project), we were able to bring over a dozen law student volunteers in to work with the project, expanding the Policing Project's research capacity. This was an incredible opportunity for law students to learn more about the ways in which even policies people might be inclined to support—such as social distancing orders—can be weaponized by police as a way to target and harass communities of color. Through this partnership, students saw the urgency of moving quickly and creatively to dismantle our existing police state and the white supremacy it's tied to.”

The People's Parity Project is a nationwide network of law students and new attorneys organizing to unrig the legal system and build a justice system that values people over profits.

POSITIVE WOMEN'S NETWORK

“While there are distinct differences between HIV and COVID-19, people living with HIV are uniquely positioned in their understanding of the harm and stigma associated with criminalization as a response to public health. In addition to criminalization concerns, Positive Women's Network has concerns about patient privacy and data sharing with localities, states, and the federal government's COVID-19 surveillance system, also known as contact tracing.”

The Positive Women's Network-USA (PWN) is a national membership body of women and people of transgender experience living with HIV and our allies that exists to strengthen the strategic power of all women living with HIV in the U.S. Founded in 2008 by 28 diverse women leaders living with HIV, PWN developed a leadership pipeline and policy agenda that applies a racial justice and gender justice lens to the domestic HIV epidemic grounded in social justice and human rights.

KEY THEMES

The predominant approach to COVID-19 prevention and intervention in the U.S. has been enforcement of public health guidance through policing, surveillance, criminalization, and civil fines targeting individuals and communities already the focus of existing policing practices while allowing others to violate public health and emergency orders with impunity.

There is another way beyond the binary of surveillance and punitive enforcement and abandonment of all public health efforts in a rush to reopen. ***Through public education, universal, no-cost, accessible, high quality healthcare, widespread dissemination of up-to-date and reliable public health information, safe housing, rent and mortgage cancellation, income support and unemployment benefits, worker protections, and resourcing community-based organizations, credible messengers, and individuals, we can provide individuals and communities with the health, economic, and social supports and infrastructure necessary to protect ourselves, each other, and our communities, now and in the long term.***

Throughout the pandemic, blanket public health restrictions have been unevenly enforced, and have become increasingly individualized and targeted to specific people and locations. These strategies are consistent with neoliberal policies which lay blame on individuals for structural conditions while promoting deregulation and absence of corporate or government responsibility [10].

The use of criminalization, policing, and punishment to address public health orders and efforts to survive in the midst of an economic crisis are worsening the impacts of the pandemic by increasing risk of infection and illness through incarcerating people in jails, prisons, and detention centers with high rates of infection under conditions which make compliance with public health guidance and precautions virtually impossible, further the spread of infection, and provide substandard medical care.

Contact tracing cannot be effective so long as it carries potentially punitive consequences and threats of increased government surveillance and information sharing with law enforcement and immigration authorities, and does not offer wrap-around support, including employment protections, for individuals who test positive and disclose their status.

THE EVOLUTION OF COVID-19 ORDERS OVER TIME

At the outset of the pandemic, cities, states, territories, and tribal jurisdictions implemented emergency public health orders in an effort to “flatten the curve” and avoid overwhelming local capacity to provide medical care. Public health authorities initially discouraged the public from wearing masks, causing significant confusion once they rescinded this guidance and began encouraging or mandating masks.

Beginning in March, emergency declarations gave police power to arrest, cite, stop, or harass people for perceived violations of COVID-19 public health orders. This first wave of COVID-related laws were generally very similar across different geographies, and almost all of them clearly defined violations as criminal offenses carrying steep fines and potential for incarceration.

After the number of infections subsided in states where stay-at-home orders were in place, the majority of these orders were lifted in late May, replaced by others that grew increasingly vague around what are considered mandatory versus “recommended” practices for preventing contagion and ensuring community safety.

Shifting the pandemic response from a collective strategy under which everyone is encouraged to stay at home as much as possible to individualized restrictions around mask-wearing, social distancing, and limiting

gatherings has had significant consequences—both in terms of widely discriminatory enforcement and rebounding infection rates, especially in states that rushed to reopen their economies despite warnings from public health officials. In addition to increasing opportunities for police harassment, ticketing, and arrest, this approach has also had the effect of delegating responsibility for ensuring that people wear a mask in reopening businesses to essential and service workers who are already at higher risk of exposure to the coronavirus, and now also to verbal abuse, violence, and retaliation by individuals who oppose or resist mask requirements.

Shifting the pandemic response from a collective strategy to individualized restrictions has had significant consequences

The shift from a collective to an individualized response has also put the burden on individuals to comply with quarantine requirements if they are exposed, test positive, get sick, or care for someone with COVID-19, without any additional support, employment protections, or material resources from the state to ensure they have a safe space to quarantine and are able to remain isolated for 14 days. Contact tracers, a recently expanded sector of workers tasked

with monitoring compliance of people who are required to quarantine or self-isolate, report that many people are expressing fear and frustration about possibly losing their jobs, having no support with children or elder care, or simply not being able to afford to stay home from work [16].

We built the COVID-19 orders tracker on our website to broaden access to information on rapidly evolving COVID-19 mandates imposing fines and criminal penalties on individuals at the city, county, tribal, state, and federal levels, along with information about enforcement mechanisms. We wanted to

make it easily accessible because the information about prohibited and permitted conduct, and potential penalties, is usually buried within the legal text of executive orders and health department directives that are constantly changing with pandemic conditions. Even after many state and local governments added coronavirus resource pages to their websites, it remains difficult to find specific information on mandatory requirements and punishment for violations. The inaccessibility of this information, in tandem with increased COVID-19 policing, has created conditions rife for criminalizing communities under emergency orders.

WHO HAS THE POWER TO ENFORCE COVID-19 ORDERS?

Indigenous Communities vs. Settler Colonial Governance

Tribal jurisdictions issued their own emergency orders in response to the devastating impact that COVID-19 has had on Indigenous communities, worsened by the lack of, or delay in, federal recovery support. Yet, state officials and law enforcement have repeatedly undermined the sovereignty of tribal jurisdictions to protect their people from the pandemic. In South Dakota, Gov. Noem threatened the Cheyenne River Sioux Tribe and the Oglala Sioux Tribe with a federal lawsuit if they did not remove the health and safety checkpoints the tribes had set up to reduce COVID-19 spread on their lands under their own stay-at-home orders [17]. The Cheyenne River Sioux Tribe sued the federal government in order to keep its checkpoints [18].

Cities vs. States

COVID-19 prevention practices like mask-wearing, social distancing, and staying at home quickly became a politicized issue, as white nationalist Trump supporters and conservative politicians opposed such practices. This sparked feuds between Democratic city mayors and Republican state governors in Florida, Georgia, and Texas, creating confusion around mandatory laws versus recommended guidance on COVID-19 prevention, and enforcement at the local versus state level. Some states even prohibited local jurisdictions from requiring masks, only to turn around and impose mask requirements of their own weeks later when infection rates surged as a result of

rushed re-openings and defiance of public health guidance by “anti-maskers”—people who are willfully noncompliant with mask requirements and other public health guidance based on political and anti-science positions.

Public Health Officials vs. Police vs. Public vs. Private Enforcement

While the role of securing compliance with public health orders normally falls to public health employees, the majority of state public health laws provide for deputization of law enforcement officers or “public health officers” for enforcement, as well as access to courts for people challenging individual quarantine orders. In the majority of jurisdictions we tracked, local police departments, sheriffs, and retired law enforcement officers were explicitly or implicitly charged with enforcement [19]. In many jurisdictions, officials sought to secure cooperation of members of the public by setting up snitch call lines or online forms, or by encouraging people to call 311 to report violations. Businesses were also conscripted for enforcement of mask and social distancing mandates under threats of police checks and fines, leaving frontline employees to serve as enforcers. There have also been a number of instances where social media surveillance has been used to identify, charge, and in some cases arrest people who posted pictures of themselves or others violating quarantine or public health orders. More recently several cities contracted with private enforcement companies who have handed out hundreds of citations [20].

UNEVEN EXCEPTIONS

Some COVID-19 orders make exceptions to stay-at-home orders and mask mandates for specific populations, including essential workers, unhoused people, survivors of domestic violence, disabled people, and children under a certain age, with varying degrees of specificity and respect by law enforcement.

In spite of clear exceptions to stay-at-home orders for essential workers, there have been instances of violent enforcement of curfews against essential workers traveling to and from their places of employment, including a violent beating of a nurse in New York City, harassment and violence against medics offering assistance during protests, and harassment and arrest of a delivery worker and other essential workers [21–23]

In Puerto Rico, public health orders were largely enforced through a curfew which prohibited travel on public roads except for essential purposes, and restricted travel to certain days, leading to hundreds of tickets, car seizures, and aggressive enforcement of orders barring Puerto Ricans from their own beaches, while allowing tourists free rein [24].

Early reports indicate that domestic violence has increased in the context of stay-at-home orders. Some cities and states made exceptions to stay-at-home orders for survivors of domestic violence, providing—at least in theory—that they could leave their homes to seek safety. Several limited this exception to people going to a domestic violence shelter—which, as group facilities, represent different safety threats in the context of the pandemic—leaving survivors who left their homes temporarily to seek safety or respite at risk of police harassment and enforcement [25].

Similarly, some state and city orders provided exceptions to stay-at-home orders for unhoused people who did not have a place in which to shelter safely. While some orders claimed to provide assistance, few offered safe and sustainable places to shelter, whether to avoid infection or quarantine. None of them outlined how these groups would be spared enforcement of stay-at-home orders. In places like Miami and Seattle, this left unhoused communities to be targeted by police for violations of stay-at-home and travel restrictions, while in New York City the police conducted nightly raids, removing unhoused people from public transit in the middle of the night to wander the streets in the cold while shelters were full and unsafe [26–28].

Only 15% of the city and state orders we tracked made exceptions to mask mandates for some disabled people and people with certain medical conditions (such as asthma and other respiratory conditions) based on access needs or potential health risks. Some orders made exceptions for neurodivergent people, D/deaf people, and anyone communicating with D/deaf individuals and other disabled people where “the ability to see the mouth is essential to communication.” However, none of the orders clarified how these exemptions would actually prevent police from targeting disabled people for enforcement of mask mandates. Roughly a third of the orders didn’t require children under a certain age to wear masks, but this didn’t stop police from charging their parents or guardians with child endangerment for other violations of emergency orders, including outdoor gatherings [29].



“Mzansi Stay Safe” by Trevor Paul. Visit bit.ly/solidaritycards for more.

EXPANDING STATE SURVEILLANCE

COVID-19 orders have created a conduit for increased data-sharing between public health agencies and police. For instance, in Arizona, Gov. Doug Ducey issued an executive order for an “enhanced surveillance advisory,” which authorizes the Arizona Department of Health Services to access confidential patient information from hospitals and requires laboratories to report positive COVID-19 test results to ADHS [30]. This set a dangerous precedent as state and local health authorities ramped up contact tracing efforts, amassing more and more data on individuals and their social networks that could be shared with and weaponized by police.

Numerous state and local health departments are sharing personal data from people who have tested positive for COVID-19 with law enforcement as a blanket rule, prior to responding to calls for assistance, or at the point of arrest [31]. Health data surveillance is thus increasingly becoming another vector for health-based profiling, criminalization, and police violence against Black and Brown communities in the midst of the pandemic.

Finally, in some places courts are issuing subpoenas to order people to speak with contact tracers under penalty of criminal fines and confinement [32].

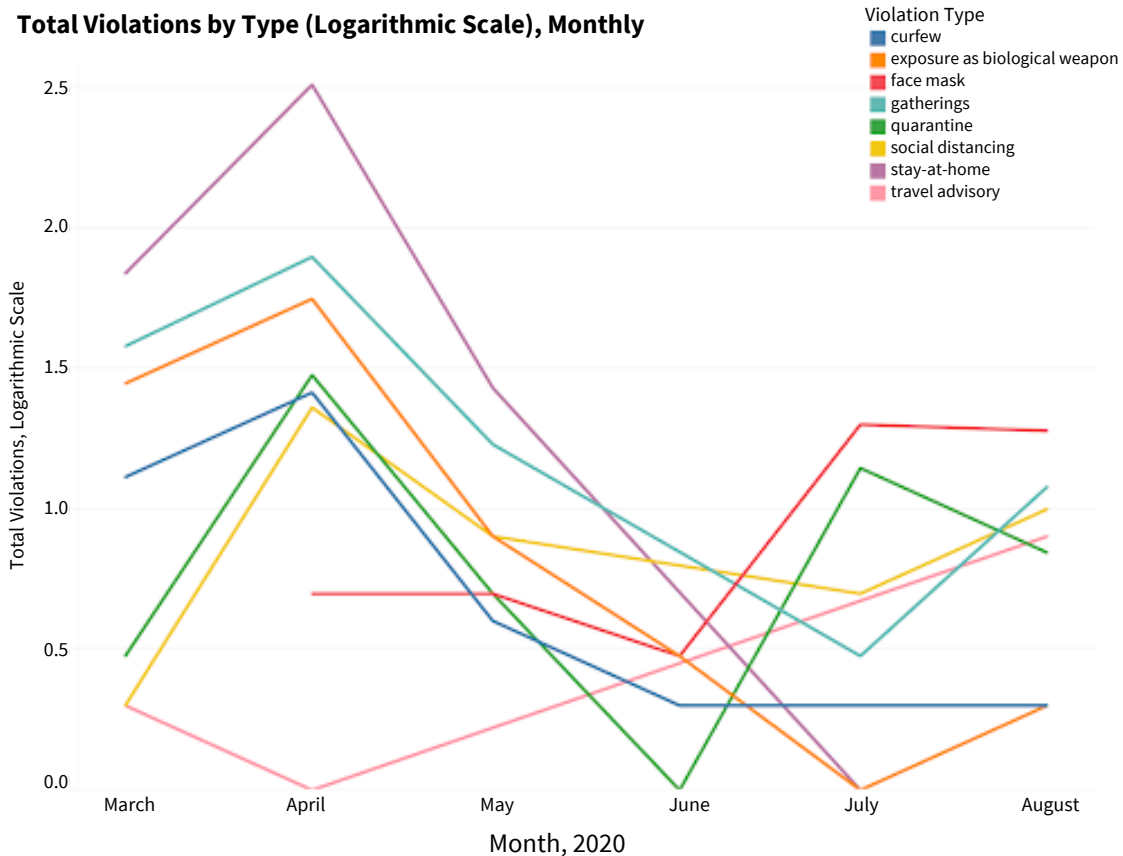
WHAT WE’VE LEARNED ABOUT COVID-19 POLICING

DATA ANALYSIS OF COVID-19 ENFORCEMENT

By tracking incidents and emerging patterns of COVID-19 enforcement through media reports, social media, and information from our partners, we aim to gain and offer insights into how to interrupt and prevent further criminalization under the pretext of the pandemic. We collect and analyze data on arrests, citations, and other enforcement actions by law enforcement for alleged violations of social distancing, gathering limits, mask mandates, curfews, quarantine, travel advisories, stay-at-home orders, and other pandemic-related prohibitions. See our note on methodology at the end of this section about the limitations of our sources.

Here is what we have learned so far about trends in COVID-19 enforcement and race, age, and gender disparities.

TRENDS IN ENFORCEMENT



Graph by Leah Gluck, People's Parity Project.

As COVID-19 enforcement has unfolded over time, several trends have emerged among different types of violations:

- Violations of stay-at-home orders represent the bulk (40%) of enforcement overall.
- Enforcement of all offenses peaked in April during weeks when cities, states, territories, and tribal jurisdictions declared states of emergency and ordered residents to shelter-in-place and not leave their homes except for essential purposes or unless they are essential workers.
- Between early March, when infection rates spiked, through May, violations of stay-at-home orders and gathering limits, as well as “exposure as a biological weapon,” were the most common charges. The latter refers to cases where individuals were charged under terrorism laws for alleged exposure of a police officer or civilians to the coronavirus, now deemed to be a biological weapon by the federal government.

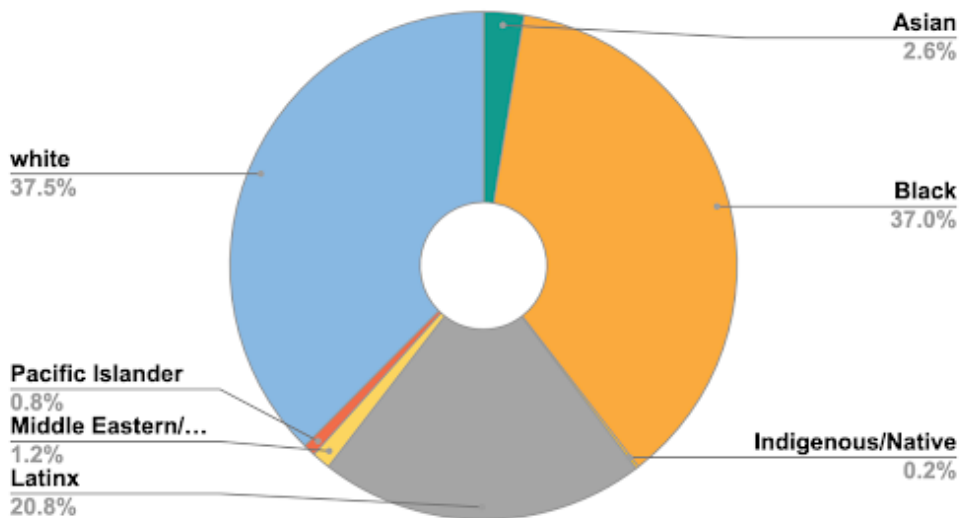
Enforcement, or at least media coverage of enforcement, dropped off in June as many states rescinded their stay-at-home orders and began to reopen their economies. This premature reopening sparked another surge of infections in early July, prompting stricter enforcement of mask mandates, quarantine, and travel advisories.

COVID-19 policing is currently back on the rise as many places continue to ramp up arrests and citations for violations of emergency orders, using contact tracers, snitching hotlines, and surveillance technologies. We have particularly noted an increase in reporting on enforcement of quarantine orders imposed on individuals who have tested positive for or been exposed to COVID-19, and on violations of COVID-related travel advisories requiring quarantine upon entry or return to particular states.

RACIAL DISPARITIES IN COVID-19 POLICING

The co-occurring pandemics of COVID-19 and state violence are deeply interconnected. Black, Indigenous, people of color, and migrant communities who bear the brunt of the COVID-19 outbreak are also subject to the most punitive enforcement of emergency public health orders.

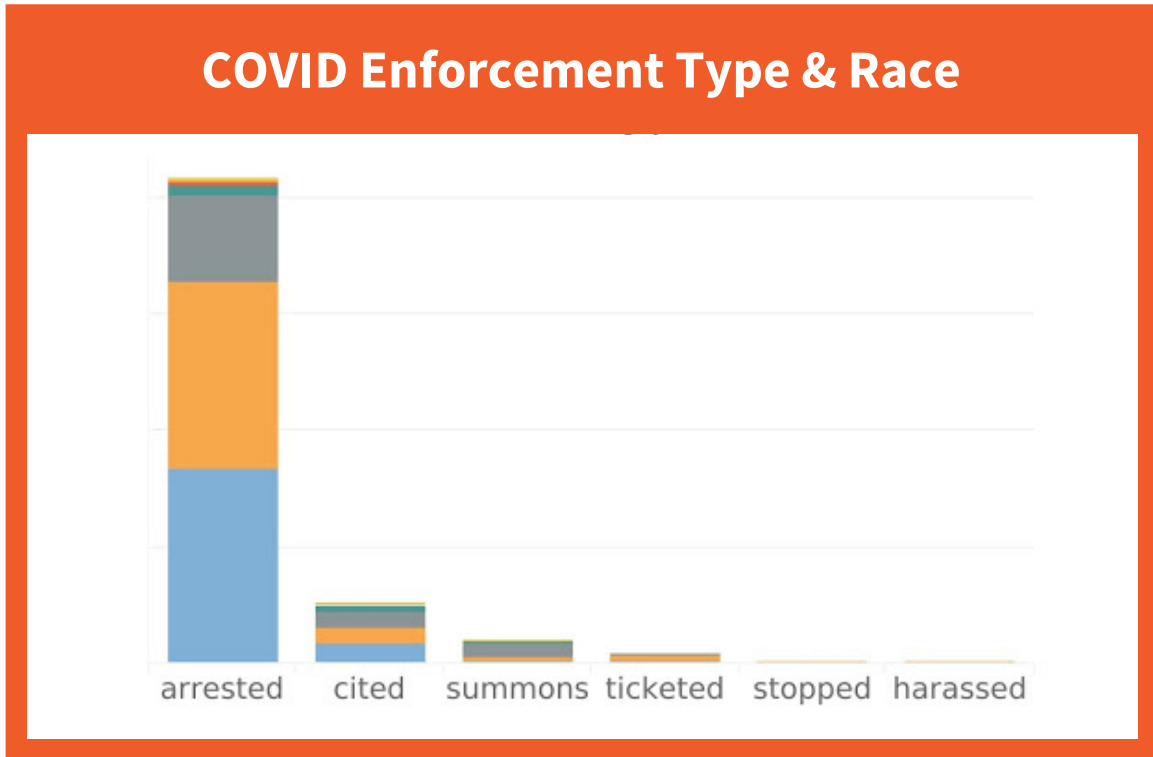
COVID-19 Enforcement by Race



Black, Indigenous, and People of Color (BIPOC) were 2.5 times more likely to be policed and punished for violations of COVID-19 orders than white people.

Black people specifically were 4.5 times more likely to be policed and punished for violations of COVID-19 orders than white people.

We found racial disparities in rates as well as types of enforcement. Black, Indigenous, and People of Color (BIPOC) were 2.5 times more likely than white people to be policed and punished for violations of COVID-19 orders (1). Black people specifically were 4.5 times more likely to experience some form of enforcement of public health related orders (2).



Graph by Allison McBride, Health in Justice Action Lab. Visit healthinjustice.org/covid19-response for more.

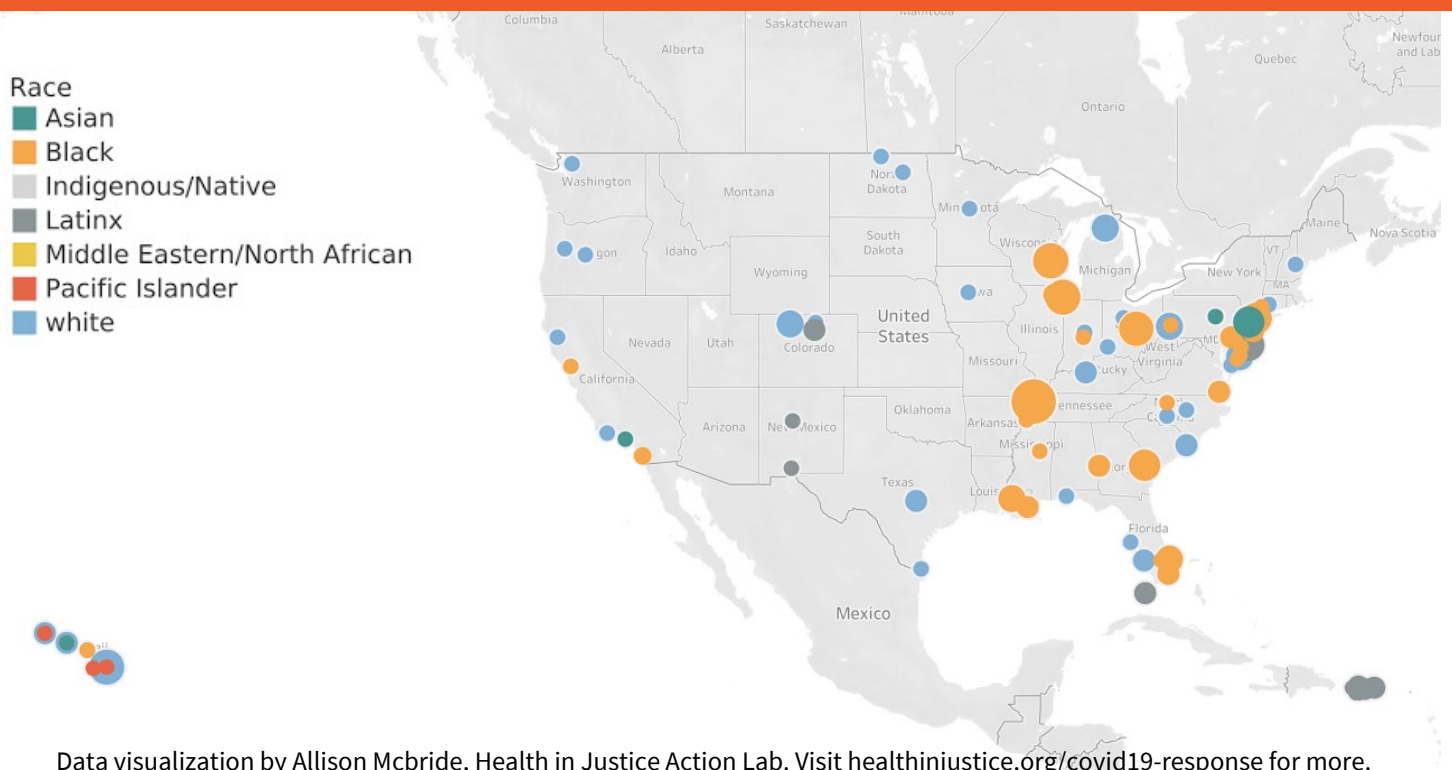
Arrests comprise the vast majority of documented enforcement actions. For Black people, the racial disparity in arrests is greater than for all types of enforcement combined.

Black people were also the only group to experience the full spectrum of enforcement types: arrests, citations, summonses, tickets, stops, and harassment by police officers.

(1) In discussing racial disparities, we intentionally avoid using language like “disproportionately policed,” which suggests that the solution is for everyone to be policed at an equal rate. We understand the solution to racialized state violence to be the abolition of policing altogether.

(2) We calculated racial disparities in rates of COVID-19 policing using a Relative Rate Index (RRI) to compare percentages of enforcement data against percentages of 2019 U.S. Census demographic estimates [33]. Though the percentages of Black and white people subject to enforcement were virtually identical, the rate of enforcement was 4.5 times higher for Black people, who make up 13.4% of the population, compared to white people (non-Hispanic), who make up 60% of the population. RRI is a method used to analyze racial disparities in the criminal legal system and prison industrial complex.

Map of COVID Enforcement by Race (March - August)



Data visualization by Allison McBride, Health in Justice Action Lab. Visit healthinjustice.org/covid19-response for more.

This map shows “hot spots” of COVID-19 enforcement according to race and geography. Place-based patterns of policing reveal the uneven enforcement of emergency orders from the beginning of the pandemic.

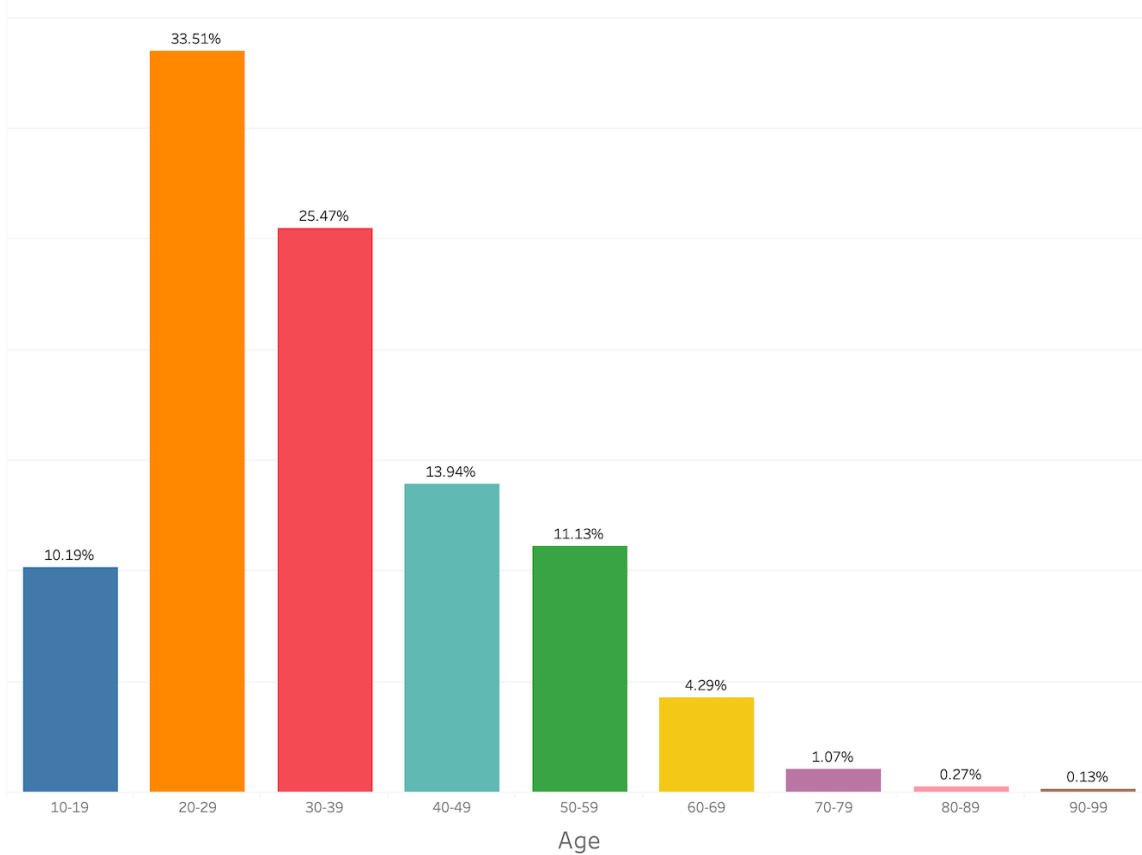
- In Hawai’i, immigrant Micronesian communities represent 26% of arrests for stay-at-home orders despite being just 1% of the state’s population [34].
- In Chicago, all 13 arrests and 11 of 13 citations for violations of stay-at-home orders happened in majority Black neighborhoods, and predominantly Black neighborhoods remain primary sites of harassment by officers enforcing beach and park closures [35,36]
- According to NYPD data, 81% of the 374 summonses for social distancing between March 16th and May 5th were issued to Black and Latinx residents of New York City [37]. In Brooklyn, 35 of the 40 people arrested for social distancing violations were Black [38].
- In Ohio, Black people accounted for 61% of the 107 people charged with violations of COVID-related orders in Cincinnati, 78% of the 23 people charged in Toledo, and 57% of the 129 arrests in Franklin county [39].
- In San Diego, CA, Black residents make up only 6.5% percent of the city’s population but 24% of all people charged with COVID-related infractions [40].

Far from being an effective public health strategy, COVID-19 policing is simply the latest iteration of historic patterns of criminalizing BIPOC communities under a declared state of emergency.

AGE DISPARITIES IN COVID-19 POLICING

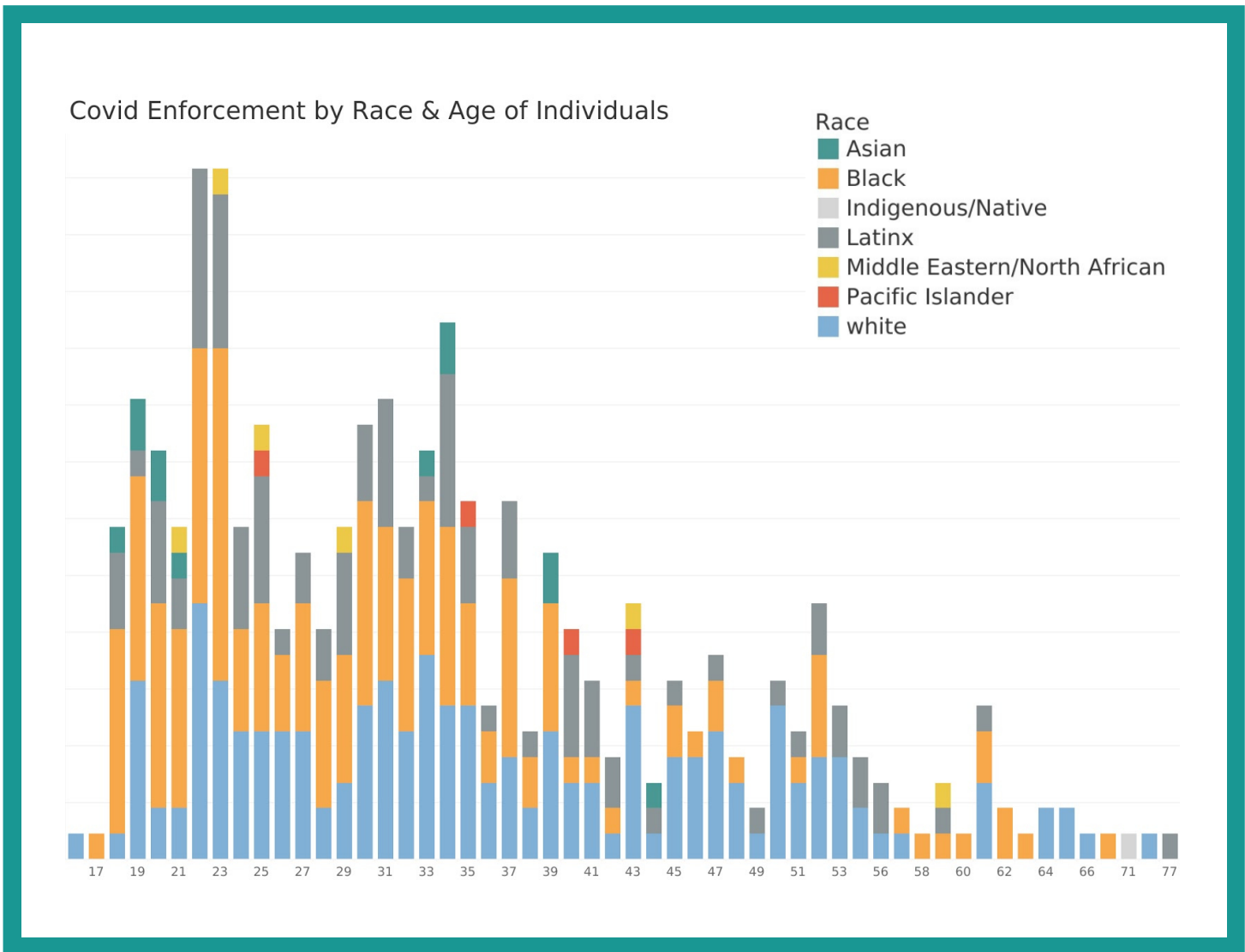
While enforcement of COVID-19-related orders targets people across a wide age range—the youngest person charged to date with a COVID-related offense was 12 years old and the oldest person was 99 years old—as is the case with policing generally, people between the ages of 20 and 29 are subject to heavier enforcement of COVID-19-related orders than any other age group.

Percent of Total Violations with Age Reported



Graph by Leah Gluck, People's Parity Project.

Black and Brown young people (18-25 years old) were more likely to be targeted for COVID-19 policing. They make up nearly a quarter of all enforcement actions compared to their white peers, who account for less than 9% of enforcement.



Graph by Allison McBride, Health in Justice Action Lab. Visit healthinjustice.org/covid19-response for more.

Among people aged 18 to 25, Black and Brown young people were more likely to be targeted for COVID-19 policing. They were targeted in nearly a quarter of all enforcement actions, while their white peers, who make up a significantly greater portion of the population, account for less than 9% of enforcement—in spite of widely publicized violations by large groups of white youth participating in Spring Break, “white parties,” and other large social gatherings.

This trend is especially concerning as students are returning to colleges and universities this fall, where already school administrators have demonstrated a punitive approach to enforcing mask-wearing, quarantine, social distancing, and gathering limits by arresting, citing, suspending, and expelling students, and Black and Native students already experience high rates of discipline and school-based arrests [41].

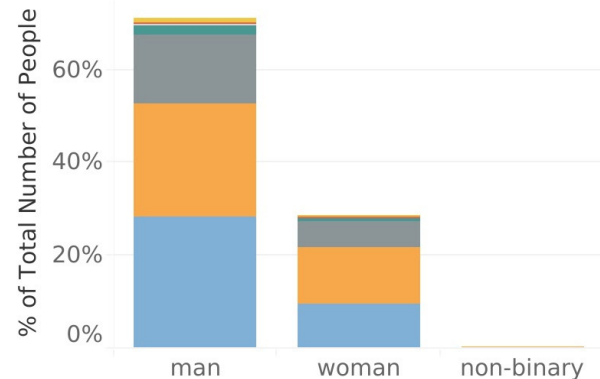
GENDER AND RACE IN COVID-19 POLICING

As with all news reporting on police violence, media coverage of COVID-19 policing has focused on people perceived to be heterosexual cisgender men. This reflects the ongoing problem of invisibilizing state violence against Black and Indigenous women and women of color [42]. Our analysis found that racial disparities in COVID-19 policing were greater between Black women and white women than between Black men and white men. Black women were 5 times more likely than white women to be policed and punished for violations of COVID-19 orders, while Black men were 3.7 times more likely than white men to be policed and punished for such violations (3). Combined gender and racial disparities in COVID-19 enforcement impact Black women more than any other group.

The lack of data on non-binary, trans, and Two-Spirit people speaks to the limitations of sourcing information from media reports and law enforcement news releases, both of which violently misgender people's identities in the process of criminalizing them. However, given the significant proportion of the unhoused population that is LGBTQ, it stands to reason that enforcement efforts targeting people in public spaces and on public transit have disproportionate impacts on queer and trans people. Additionally, members of the STOP LAPD Spying Coalition report police harassment of women, trans, and gender nonconforming people of color involved in the street-based sex trades in Los Angeles and other areas in Southern California.

(3) We again used a Relative Rate Index (RRI) to determine combined gender and racial disparities in rates of COVID-19 enforcement based on 2019 U.S. Census demographic estimates. Black women and white women represent 11.9% and 9.7% of enforcement respectively, and Black men and white men represent 24.2% and 28.4% of enforcement respectively. Both populations of Black women (24%) and Black men (23%) are roughly a quarter of the populations of their respective white counterparts. Since these relative population ratios are almost identical, the higher enforcement percentage for Black women over white women makes this disparity larger.

Gender & Race of Individuals



Graph by Allison McBride, Health in Justice Action Lab. Visit healthinjustice.org/covid19-response for more.

Combined gender and racial disparities in COVID-19 enforcement impact Black women more than any other group.

Black women were 5 times more likely than white women to be policed and punished for violations of COVID-19 orders, while Black men were 3.7 times more likely than white men to be policed and punished for such violations.

The case of Kaleemah Rozier highlights how COVID-19 policing tactics perpetuate police and state violence on Black women [43]. On May 13, 2020, 22-year-old Rozier was with her 5-year-old son in a Brooklyn subway station when several NYPD officers followed her, later claiming that she was “improperly” wearing her mask while making a phone call on the platform. One officer separated her from her son while six officers wrestled her to the filthy ground. A video shows an officer pinning her with his knee on her neck while arresting her. She was briefly separated from her son until he was picked up at the precinct by his father. She was charged with disorderly conduct and resisting arrest, and is currently suing the New York City Police Department.

A NOTE ON METHODOLOGY

First, we wish to thank our partner organizations whose critical movement work and support helped to deepen our understanding of COVID-19 policing and how to track it. In many ways, the data analysis and visualizations in this report are a quantitative echo of the qualitative stories and organizing strategies our partners shared with us around patterns of policing and surveillance during the pandemic.

Our data analysis is based on the available information we collected from news reports, social media, and press releases from police departments and state attorneys general between March and August of this year (4). From these sources, we were able to identify emerging trends in COVID-19 policing and illuminate key findings around how enforcement is being carried out and who it is impacting.

It’s important to acknowledge up front that this data does not represent the full scope or scale of COVID-19 enforcement. What is reflected here is simply the tip of the iceberg of unreported interactions, enforcement, and abuses. Part of the violence of COVID-19 policing includes hiding from public knowledge the extent to which police powers and state surveillance are expanding under the pretext of a pandemic response. Our early attempts at filing FOIA requests to obtain this information were denied by law enforcement agencies, who conveniently used the pandemic as an excuse to not respond to such requests, citing limited staffing due to COVID-19 spread.

(4) Even with publicly available media sources, there are limits to the data we can collect. We searched for sources through a combination of Google news alerts, social media scans, official government and law enforcement website announcements, and Meltwater searches. Often, media reports provided scant detail on the context of police contact or the individuals subjected to enforcement, prompting us to cross-reference multiple reports to try to fill in information gaps.



“Mask Up” By Lisa Vollrath. Visit bit.ly/solidaritycards for more.

In addition to being limited to incidents and patterns deemed newsworthy, we recognize that primarily sourcing data from media reports, which often violently misrepresent or invisibilize the complex identities and lived realities of our communities, further limits our understanding of the experiences of communities living at the intersections of multiple systems of oppression.

News articles that provided any level detail on the individuals involved tended to focus on white people’s experiences of criminalization, which suggests that COVID-19 policing of BIPOC communities is woefully underreported because it is simply an extension of business as usual. Waning media coverage of COVID-19 policing after the stay-at-home period (March to May) has also contributed to downplaying the second wave of enforcement that began in July when many places (re)imposed strict laws on mask-wearing, quarantine, and travel due to a dramatic resurgence of infection rates.

Given the limitations of relying on media reporting for data collection, we created a self-report form on our encrypted website to encourage people to report (anonymously, if they chose) their experiences of being stopped, harassed, cited, or arrested by police for alleged violations of COVID-19 orders. We invited people to describe their age, gender, race, and other social identities in relation to their experiences of policing. The self-report mechanism was also part of building a rapid response network to connect individuals with legal support and local organizing to challenge COVID-19 criminalization. We did not receive many responses from people self-reporting through our website, which in part likely reflects well-founded concerns about the broader digital ecosystem of police spying and capturing personal information online to stalk organizers and individuals who report police violence [44].

KEY FINDINGS

COVID-19 ENFORCEMENT REPLICATES EXISTING POLICING PATTERNS & PRACTICES & REINFORCES “BROKEN WINDOWS” POLICING

Racial disparities and police violence in enforcement of public health orders are consistent with existing policing patterns and practices. It should come as no surprise that police focus on the places they usually engage in enforcement, and against the people they usually target—low-income communities of color. Public health orders armed law enforcement officers already charged with surveillance, regulation, containment, and criminalization of oppressed communities with additional powers under emergency orders and public health laws to stop, harass, ticket, and arrest Black, Latinx, Asian, and Indigenous people, while white people engaged in the same behaviors largely escaped enforcement altogether.

In many respects, police enforcement of coronavirus-related public health orders replicates and expands “broken windows” policing, a paradigm and set of policing practices focused on “order maintenance” [45]. The theory was first articulated by right-wing social scientists George Kelling and James Q. Wilson in a 1986 article in *The Atlantic* magazine. Built on flimsy premises and since largely debunked, broken windows policing has nevertheless taken hold across the U.S. and globally.

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At its core, broken windows policing labels individuals, behaviors, and communities as signs of “disorder” that must immediately be rooted out, policed, and punished on the baseless presumption that if left unchecked, an escalation of violence will inevitably ensue. The theory specifically identifies youth of color, unhoused people, women standing on corners, street vendors, and drinking in public, among others, as indicators of disorder that must be removed through enforcement of an ever-expanding list of offenses criminalizing otherwise lawful conduct (i.e., standing, sitting, eating, drinking, sleeping) in public spaces. Throughout its existence, broken windows policing enforcement has disproportionately focused on Black, Brown, queer,

trans, unhoused, street-vending, and sex-trading people and communities, as reflected in stark racial disparities in citations and arrests.

Pandemic policing has now superimposed a new presumption of “public health disorder” on Black, Brown, Indigenous, migrant, disabled, queer, trans, sex-working, street-vending, and unhoused people whose mere public presence is already framed as dangerous to the public health and “order” under broken windows policing. This has led to widespread harassment, citation, and physical violence against Black and Brown people in the context of enforcing actual or perceived non-compliance with public health orders, while white people engage in identical behavior, often defiantly and aggressively, with impunity. It has also exposed Black people to harassment, charges, and arrests for both appearing masked in public, which is a broken windows offense, and not wearing a mask in public [46].

Our analysis of media reports found multiple cases illuminating these parallels and synergies between enforcement of public health orders and broken windows policing. At the height of enforcement of stay-at-home, social distancing, and mask orders, police regularly stopped people for violating public health orders and then charged them with broken windows offenses. For instance, in New York City, police were repeatedly observed in predominantly Black working-class neighborhoods approaching people standing outside their homes, ostensibly to enforce mask or social distancing requirements, and then writing tickets for “open container” violations. In contrast, residents photographed NYPD officers in affluent white areas of the city handing out masks as people picnicked [47].

In Chicago, police officers stationed on street corners in majority-Black and Latinx neighborhoods required people to show ID before being allowed to enter their own residential blocks, restricting their access and movement. While this was justified as a measure to promote social distancing, it was actually an extension of a program to police so-called “criminal loitering” in the area [48].

Conversely, Black, Brown, Indigenous, migrant, disabled, queer, trans, sex-working and unhoused people whom police had initially arrested, cited, or stopped for broken windows offenses, such as disorderly conduct, drug possession, loitering, open container, or other “quality of life” crimes,

were then subject to additional charges of violating social distancing, gathering limits, mask-wearing, and curfew mandates.

Throughout its existence, broken windows policing enforcement has disproportionately focused on Black, Brown, queer, trans, unhoused, street-vending, and sex-trading people and communities...

As infection rates rise again, absent interventions to stop criminalization and policing of public health orders, we expect these patterns to persist and intensify. Indeed, New York City is already dubbing neighborhoods with rising infection rates “hot spots” for increased enforcement, much as police departments designate neighborhoods as “hot spots” for broken windows policing.

“Broken windows” policing COVID-19 enforcement

In New York City, a 28-year-old Black woman and a 31-year-old Black man in the East Village were violently arrested and charged with disorderly conduct and marijuana possession after police first approached them at a bodega for violating social distancing orders. Police also physically assaulted a 33-year-old Black bystander who attempted to de-escalate the situation [49]. In a similar incident, a 37-year-old Black woman standing in a parking lot in her own neighborhood with her boyfriend was pepper sprayed, violently arrested, and held in jail with no mask, in a cell where social distancing and handwashing were impossible, for allegedly violating social distancing [50].

In Chicago, Illinois, two Black women, ages 19 and 20, were arrested for participating in a gathering of over 10 people in violation of gathering limits. **Police had surveilled them after responding to a “shotspotter sensor,”** a predictive policing technology used to monitor majority-Black and Latinx neighborhoods on the city’s South and West sides [35].

In Bridgeton, New Jersey, a 23-year-old unhoused Black woman was arrested for panhandling. In addition to being charged with “disorderly persons” offenses including resisting arrest, obstruction, and possession of drug paraphernalia, she was also charged with violating emergency orders [51].

In Little Rock, Arkansas, a 28-year-old man was arrested outside an apartment building for “appearing to be intoxicated.” He was charged with disorderly conduct, public intoxication, refusal to submit to arrest, as well as obstructing government operations for violating a COVID-related city curfew [52].

In Thomasville, North Carolina, a 21-year-old unhoused person was charged with a misdemeanor violation of an executive order for being outside while not appearing to engage in “essential activities,” despite not having a safe place to shelter. He was also charged with possession of a controlled substance and resisting a public officer [53].

COVID-19 EMERGENCY ORDERS HAVE LED TO CHARGE ENHANCEMENT & STACKING

In addition to creating more opportunities to engage in “broken windows” policing through charges relating to public health orders, pandemic policing has intensified ongoing criminalization through charge enhancement, as prosecutors increased the severity of charges and punishments for offenses unrelated to public health orders on the grounds that they took place during a declared state of emergency. When the pandemic hit the U.S. in early March, virtually all states issued orders declaring a state of emergency, many of which remain in place to this day.

As a result, during an unprecedented economic crisis caused by rampant viral spread and organized abandonment of Black and Brown communities under neoliberal economic policies, communities are being more heavily punished for survival offenses under COVID-19 enforcement [10,54]. The selective enhancement of certain charges—robbery, burglary, theft, and criminal trespass—under emergency orders specifically impacts Black, Brown, and poor communities already ravaged by the pandemic, mass evictions, housing instability, food insecurity, and unemployment [3]. The enhanced charge of “looting during an emergency,” in particular, diverts public resources to punish individual survival strategies when those same

resources could instead go toward helping communities recover from illness and financial devastation.

In addition to charge enhancement, COVID-19 emergency orders have also precipitated charge stacking. Rather than increase punishment under a single charge, police add charges for “failure to obey emergency orders” on top of other sundry non-COVID-related charges brought against an individual, including assault, aggravated assault on a public safety officer, child endangerment, menacing, and reckless endangerment, with a similar effect of increasing punishment for the same behavior simply because it took place during an emergency order. Jurisdictions like

Charge Enhancement under Declarations of Emergency

On March 13, 2020, Gov. Greg Abbot proclaimed Texas to be in a “state of disaster” due to COVID-19. Under the governor’s declaration, Texas Penal Code 12.50 “Penalty If Offense Committed in Disaster Area or Evacuated Area” went into effect. Penal Code 12.50 allows for sentencing at the next highest level of offense if the alleged crime took place during a declared state of emergency, leading to longer jail and prison sentences and heavier fines [56].

In Odessa, Texas, a 19-year-old Latinx person was arrested for reportedly taking two beers from a local grocery store and charged with robbery, typically a second-degree felony. While the robbery charge was not initially enhanced, Texas Penal Code 12.50 allows the district attorney’s office to pursue the enhancement to a first-degree felony at any time while Texas is under a disaster declaration. Charge enhancement would make the punishment for the theft of two beers during a pandemic a minimum of five years (up to life) in prison and a fine of up to \$10,000. In a separate incident in Odessa, a 31-year-old Latinx man was arrested for shoplifting in a department store. His charge was enhanced to a first degree felony under the same penal code [57].

Similar to Texas, Hawai’i’s declaration of emergency order signed by Gov. David Ige allows for charge enhancement for certain offenses. In Hawai’ian Paradise Park, a 23-year-old Native Hawai’ian man broke into a house while the resident was home and was charged with “burglary of a dwelling during an emergency,” two counts of first-degree burglary, two counts of first-degree theft during an emergency, second-degree theft, and 12 other offenses. “Burglary of a dwelling during an emergency” is a Class A felony punishable by up to 10 years in prison [58].

Charlottesville, VA are also starting to track “repeat offenders,” with an eye to escalating penalties with each infraction [55].

As the enforcement of emergency orders triggers charge enhancement or charge stacking, people charged with non-health related offenses are exposed to extended jail and prison sentences, perpetuating a pandemic feedback loop. Jails, prisons, immigration detention centers, and locked medical facilities are notorious hot spots for the spread of coronavirus due to dangerous conditions, including the inability to social distance, denial of masks and other protective measures, and abysmal medical care, with

well-documented infection rates that far exceed those of cities with the highest surges as a result of those conditions. The longer people are incarcerated, the greater the risk of contracting and transmitting COVID-19. While some states have adopted emergency bail orders that zero out cash bail in an effort to curb community spread by reducing the number of people in jail, ironically, charge enhancement excludes individuals from eligibility for release through these emergency bail orders.



“Looting During an Emergency”

When California entered a state of emergency on March 4, 2020, Penal Code 463 PC, known as “California looting laws,” made all theft-related charges subject to enhancement as “looting during an emergency.” California law defines “looting” as “taking advantage of a state of emergency to commit burglary, grand theft or petty theft,” which is punishable by up to 3 years in jail and a fine up to \$10,000 [59]. Importantly, “looting” was designated as an exception to the California Judicial Council’s statewide emergency bail order, which set bail at zero dollars in an attempt to reduce infection rates in jails and communities [60]. Looting charges historically have been leveraged to further criminalize Black communities during emergencies of state violence and negligence, from the Rodney King uprisings to post-Katrina New Orleans [61].

Two 17-year-olds who allegedly broke into a middle school snack bar in Oakdale, California, face charges of burglary and looting during an emergency. Police said the looting charge applied due to the teens’ taking advantage of schools being closed during the state of emergency. Both youths were detained at Stanislaus County Juvenile Hall [62].

In Salida, California, a 32-year-old Latinx woman and a 24-year-old Latinx man who allegedly took groceries from a Save Mart were arrested on charges of robbery, looting, and conspiracy. Their charges were enhanced under CA Penal Code 463 PC, and the woman was held in detention on \$110,000 bail [63].

In Waterford, California, a 29-year-old man who allegedly took Advil and aspirin from a Walmart was arrested on charges of looting and shoplifting. His charges were enhanced under CA Penal Code 463 PC, and the bail for a person who couldn’t afford basic pain relievers was set at \$115,000 [63].

COVID-19 EXPOSURE IS BEING CRIMINALIZED AS A “TERRORISTIC THREAT”

Early in the pandemic, the federal government attempted to frame the threat, whether actual or perceived, of exposing others to COVID-19 as a “terrorist” act. In a March 24th memorandum to U.S. Attorneys and federal law enforcement agencies, Deputy Attorney General Jeffrey Rosen directed them to look for “the purposeful exposure and infection of others with COVID-19” [64]. He wrote, “Because coronavirus appears to meet the statutory definition of a ‘biological agent,’ such acts potentially could implicate the Nation’s terrorism-related statutes” [64]. The memo cited a section of 18 U.S. Code § 2332a. Use of Weapons of Mass Destruction that specifically refers to the “use of a weapon that involves a biological agent,” under which the perceived act of intentional COVID-19 exposure (such as forcing people to drive you in a sealed car while actively diagnosed with COVID-19) could be charged as terrorism [64]. This offense carries a potential sentence of life in prison or the death penalty if the alleged exposure is linked to another person’s death. The flexibility to apply “counterterrorism” laws to a global pandemic is a vestige of post-9/11 U.S. militarism and the Bush administration’s “War on Terror.”

Following this announcement, we found many documented incidents of local law enforcement charging individuals with making “terroristic threats” after spitting, coughing, or throwing bodily fluid on or in the direction of police or other civilians, whether they actually had tested positive for COVID-19 or just claimed to have the virus. Terrorism charges vary by state, ranging from a Class A felony for an “act of terrorism” to second-degree “terroristic threats during an emergency.”

This finding somewhat parallels the history of HIV criminalization, in which people living with HIV/AIDS have been charged with knowingly or unknowingly exposing others under both HIV criminalization statutes and terrorism statutes, including in cases involving acts proven to not be effective modes of transmission such as spitting [65]. Upon conviction, HIV exposure charges carried (and in some states, still do) severe criminal penalties, including imprisonment or enhanced sentences, especially if the alleged exposure involved a police officer or prison guard [66].

COVID-19 Exposure as an Act of Terrorism

In Pittsburgh, Pennsylvania, a 24-year-old Black man was followed back to his home by an off-duty police officer who called 911 after allegedly observing the man speeding. Other officers showed up and aggressively tried to detain the man after entering his house with no reported warrant. Police claim the man told them that he had COVID-19 and began coughing on the officers. They tased him, causing him to be hospitalized. He was charged with disarming a law enforcement officer, two counts of aggravated assault, and four counts of terroristic threats [67].

In River Edge, New Jersey, a 25-year-old Muslim woman who was involved in a domestic violence incident allegedly coughed on a police officer, claiming that she had COVID-19. It was not reported whether she had called police for help. She was charged with making terroristic threats during a state of emergency (2nd degree), aggravated assault on an officer, endangering, throwing bodily fluid at an officer, and false public alarm. The New Jersey attorney general announced that the charge of “terroristic threats during a state of emergency” would carry a sentence of five to ten years in state prison and a fine of up to \$150,000 [68].

In Henry County, Tennessee, a 24-year-old Black man was arrested for allegedly coughing on other customers in a Walmart and claiming he had COVID-19. He was charged with violating the “terrorism hoax act,” reckless endangerment, and disorderly conduct. The district attorney referred to the federal classification of COVID-19 as an agent of biological warfare and the memorandum that designates “hoaxes of biological weapons” among acts of terrorism [69].

In Bethlehem, Pennsylvania, a 25-year-old woman called police to remove a man from her home whom she suspected of being positive for COVID-19. Frustrated by the responding officers’ lack of response to the situation, she allegedly coughed in their direction. For this, she was charged with terroristic threats, assault, disorderly conduct, and public drunkenness [70]. Another woman, 37, in Houston, Pennsylvania, was picked up for public intoxication. She was charged with making terroristic threats along with public intoxication and disorderly conduct after coughing on a state trooper [71].

PUNISHING COVID-19 DISCLOSURE

From federal terrorism charges for perpetrating a “biological weapon hoax” to state laws that classify perceived COVID-19 hoaxes as a felony, disclosure of false COVID-19 status has been criminalized at all levels of government. In a number of cases, individuals who have asserted that they are COVID-19 positive during police contact, arrest, and detention have been charged with perpetrating a “biological weapon hoax,” making terroristic threats, and giving false statements.

Police officers have categorically treated disclosure as a “hoax,” regardless of whether someone had previously tested positive for the coronavirus, been exposed, or displayed symptoms. Departments across the U.S. have issued alerts to officers to be on the lookout for false COVID-19 positive claims.

From federal terrorism charges for perpetrating a “biological weapon hoax” to state laws that classify perceived COVID-19 hoaxes as a felony, disclosure of false COVID-19 status has been criminalized at all levels of government

Criminalizing COVID-19 Disclosure in the Context of Enforcement

In Tampa, Florida, a 31-year-old Black man was indicted by a federal grand jury for perpetrating a “biological weapon hoax” (a federal terrorism charge) after reportedly claiming to have COVID-19 and spitting on police officers as they aggressively forced him inside a police cruiser. If convicted, he faces up to five years in prison. He also faces state charges of making threats against a police officer, resisting arrest with violence, criminal mischief, violating pretrial release, and violating quarantine rules under the stay-at-home order [72].

In Buffalo, Missouri, a 47-year-old white man was arrested for claiming to have COVID-19 in order to avoid arrest. He was charged with the felony of making a terrorist threat. Since he had two prior felony convictions, he now faces up to seven years in prison if convicted of the terrorist threat charge [73].

In Thomson, Georgia, a 59-year-old Black woman was stopped for speeding and then arrested for driving with a suspended license. She told police that she had tested positive for COVID-19 and was in quarantine. Police initially released her because the county jail was not accepting COVID-19 positive, non-violent offenders, but rearrested her after failing to find a record of her test results. She was charged with giving false statements [74].

POLICE ARE USING STATE PUBLIC HEALTH LAWS TO CARRY OUT ENFORCEMENT

COVID-19 policing is replicating historic pandemic policing by invoking state laws on infectious disease to enforce current declarations of emergency.

Most state public health laws have provisions and procedures for mandating quarantine of individuals and communities who present a threat to public health, and penalties for failure to comply with quarantine requirements. While COVID-19 emergency and public-health related orders are continually changing, and most shelter-in-place orders have been rescinded, law enforcement’s invocation of these long-standing state quarantine and public health statutes could have far-reaching impacts beyond the duration of the current COVID-19 pandemic.

In Pennsylvania, for example, authorities invoked the Disease Control and Prevention Act of 1955 (35 P. S. § § 521.1—521.21) to enforce the state’s emergency stay-at-home order [75]. Early on in the COVID-19 pandemic, state officials cited this act in order to withhold information from the public about the number of confirmed cases [76]. The law also contains requirements for mandatory quarantine and reporting, and was later revised to include specific language about HIV health data surveillance. This raises important questions around how rules for COVID-19

health data surveillance could be codified into permanent state laws on infectious disease, with profound implications for both data privacy and enforcement long beyond the end of the current pandemic. This theme is explored in greater detail in the “Broader Landscape of COVID-19 Policing & Surveillance” section of this report.

Where Declarations of Emergency Meet Infectious Disease Laws

In Westmoreland, Pennsylvania, a 27-year-old white woman and a 29-year-old white man were cited by state troopers for violating the Disease Control and Prevention Act of 1955 (35 P. S. § § 521.1—521.21) after getting into an altercation at a friend's house. The Disease Control and Prevention Act of 1955 was invoked to enforce the state's stay-at-home order. It includes requirements for mandatory quarantine and reporting [75].

In Yuma, Arizona, a 23-year-old man was arrested for allegedly coughing on a gas pump and referencing COVID-19. He was charged under state law 13-2308.03 “Unlawful use of infectious biological substance or radiological agent” [77]. This law prevents anyone convicted of a violation (class 2 felony) described therein from being eligible for a suspension of sentence, probation, pardon, or release from confinement—in other words, mandates incarceration, a punishment on top of punishment during a pandemic.

COVID-19 ENFORCEMENT INTERSECTS WITH OTHER SYSTEMS OF CRIMINALIZATION

COVID-19 policing extends beyond police departments, entangling people in a web of criminalization in courtrooms, Child Protective Services, and other carceral systems. This collateral criminalization has resulted in warrants issued for elders who have not appeared for court dates for fear of COVID-19 infection, and in charge stacking, or double punishment, for violations of child welfare orders and stay-at-home orders.

Collateral Criminalization: COVID-19 Policing, Courts, and Child Welfare

In Philadelphia, Pennsylvania, a bench warrant for arrest was issued for an 88-year-old woman after she missed a court appearance due to COVID-19 symptoms. The judge who signed the bench warrant had been seen not wearing a mask in the courtroom. When Chester County sheriffs arrived at the woman's house to arrest her, they found her in too poor a health condition to detain. She had a fever, chest congestion, and was quarantining herself [78].

In Missoula, Montana, a 60-year-old potential juror was held in contempt of court for refusing to wear a mask during jury selection and placed in a local jail where 55 people were infected with COVID-19 during an outbreak [79].

In Kailua-Kona, Hawai'i, a 43-year-old Pacific Islander woman was arrested for violating a protective order in connection with a child custody dispute. Police added on a misdemeanor charge for violating the governor's emergency proclamation, the first known charge for such a violation statewide. Additionally, since the woman was not at her current place of residence during the stay-at-home order, she was also charged for Prohibited Acts (Emergency Management) under Section 127A-29 Hawai'i Revised Statutes [80].

LOCAL CASE STUDIES

DETROIT

After the governor of Michigan issued a stay-at-home order in March and expanded it through another executive order in April, there was an uptick in COVID-19 enforcement in Detroit, where the mayor had announced that violators would risk \$1,000 fines or six months in jail. By April 17, Detroit police had checked over 10,631 locations, and issued 736 citations and 1,614 warnings [81].

As cases in Detroit rose through March, the mayor announced an enforcement crackdown using the surveillance cameras from Project Green Light—a large network of public-private cameras, including surveillance cameras at local businesses that are then streamed by agreement directly to police—to monitor crowd size and enforce social distancing. Over the next 24 days, police issued approximately 1,700 citations, each punishable by fines of up to \$1,000, and 3,100 warnings for social distancing violations [82]. The Detroit Police Department's use of Project Green Light, which has long been controversial, to surveil for violations of social distancing rules is paired with risk terrain modeling, an algorithmic predictive tool that looks at crime trends and landscapes [83]. On April 11-12, virtual patrol directly resulted in officers issuing 35 tickets [84].

The stay-at-home order was lifted on June 1. Michigan's COVID-19 cases rose again through June and July. On August 4, the governor signed a directive, telling state agencies, including state police, to make enforcement of COVID-19 laws a priority [85].

On October 2, Michigan's Supreme Court ruled that the governor does not have the authority to declare or extend states of emergency in relation to the COVID-19 pandemic [86].

HAWAI'I

Hawai'i has been particularly tough in enforcement of various COVID-related public health orders, which include strict travel rules, a 14-day quarantine mandate for all out-of-state travelers, and gathering limits. The state was one of the earliest to begin enforcing such measures, and on March 25, the governor issued a sweeping statewide stay-at-home order through April 30 [87,88].

State and local police have continued citing, charging, arresting, and jailing both tourists and residents who violate the public health orders. Violations of the emergency quarantine rules are punishable as a misdemeanor, with fines of up to \$5,000 and up to a year in prison. By mid-July, nearly 200 people had been arrested for violating the quarantine order [89].

There was a major uptick in enforcement starting in August, notably in Hawai'i's most populous island of Oahu, following the second wave of closures of parks, beaches, and trails. On August 6, the Honolulu police chief pledged strong enforcement and announced the launch of a 160-officer "COVID enforcement team" and "disease detectives" to patrol the island and cite, charge, and arrest people, as well as a new COVID-19 enforcement hotline [90]. The hotline has been widely used to report travelers and Hawai'ians returning to the state. That same weekend, Honolulu police issued over 200 citations to people in parks and beaches on the first day of park closures in Oahu, as well as about 1,350 citations to people violating new emergency orders limiting large group gatherings [91,92].

As infection rates continued to rise, the governor announced another mandatory two week stay-at-home order for Oahu beginning on August 27 [93,94]. Honolulu police have reported getting an average of 140-150 calls daily of order violations since the launch of the COVID-19 hotline, and they have continued heavy enforcement of public health orders, arresting multiple people for quarantine violations and issuing tens of thousands of citations for emergency orders—approximately 44,000 citations in just a one-month time span—including handing out a citation to Surgeon General Jerome Adams for taking pictures in a park that was closed [91,95,96].



NASHVILLE

Following an uptick in infections at the height of summer, there was a resurgence in enforcement of COVID-19 orders, particularly mask mandates, in both Nashville and South Florida. On August 5, Nashville police arrested a 61-year-old unhoused Black man for violating the city’s mask ordinance [97]. According to officials, it was the city’s first arrest for a mask violation during the pandemic, and it took place at a time when images had been circulating for weeks of mass violations in tourist and party hot spots—a juxtaposition the Metro Public Defender’s office pointed out [98]. On August 7, Nashville’s interim police chief announced that widespread, strict enforcement of the city’s mask requirement would be his top priority moving forward; police issued 54 citations and a number of arrests over that weekend [99,100]. Just one week later, police issued 1,000 warnings, 9 citations, and one arrest on a single Friday night; over 1,900 warnings and 16 citations on Saturday night; and a number of arrests—all for violating the mask requirement [101–103].

NEW YORK CITY

In New York City, the NYPD began enforcing COVID-19 public health orders in March. By early May, NYPD data revealed clear racial disparities in patterns of COVID-19 policing [37]. Eighty-one percent (81%) of the 374 social distancing enforcement summonses between March 16 and May 5 were issued to Black and Latinx residents of New York City [104]. In Brooklyn, 35 of the 40 people arrested for social distancing violations were Black, four were Latinx, and one was white [38]. A Legal Aid Society report noted that “NYPD responses to 311 complaints for social distancing violations were considerably more likely to result in a summons or arrest in majority Black or Latino precincts” [105].

The NYPD faced mounting criticism and scrutiny over COVID-19 policing and enforcement, which only grew after a video went viral showing officers pinning down and handcuffing a 22-year-old mother inside a subway station for not wearing a mask properly [106]. On May 15, the mayor announced that the NYPD would no longer enforce mask-wearing by members of the public unless there is “serious danger” [107].

As new COVID-19 hot spots emerged around the country during the summer, New York, New Jersey, and Connecticut announced a new COVID-19 travel advisory on June 24, requiring travelers from certain states with high infection rates to self-quarantine for 14 days [108]. Quarantine violators would face steep fines of up to \$10,000. The governor said that officials were tracking compliance by randomly comparing names in airline databases with images posted on social media. On July 13, the New York governor announced that air travelers arriving from states on the travel advisory would have to submit a contact form detailing

all their travel and contact information before leaving the airport, or face a \$2,000 fine [109]. Enforcement has involved random surveillance of social media and reliance on neighbors reporting neighbors [110].

On August 5, the New York City mayor announced random traveler checkpoints at bridges and tunnels for motorists entering the city [111]. By August 25, law enforcement had stopped over 3,000 vehicles and issued two tickets and accompanying fines to drivers, and the mayor announced that more checkpoints would be set up around the city [112,113].

In September, after the governor directed the Metropolitan Transportation Authority (MTA) to come up with an enforcement mechanism, the MTA announced that subway and bus riders who refuse to wear a mask could face a \$50 fine, beginning on September 14th [114,115]. Officials said enforcement would be carried out by the MTA, the NYPD, and Bridge and Tunnel officers [116]. Two weeks later, MTA data showed that only two summonses have been issued; seven summonses have been issued by MTA since the new policy went into effect [117]. In response to concerns about rising coronavirus case numbers, the mayor announced on September 29 that the city would issue fines of up to \$1,000 on people who refuse to wear masks, and that “every agency” would help enforce this [118].

In contrast, many NYPD officers continue to police protests and engage with members of the public while not wearing masks. Soon after the MTA mask order went into effect, a video of an NYU student confronting police officers who were not wearing masks inside a subway station went viral [119]. Amid ongoing criticism about many officers’ continued refusal to wear masks, on October 3 the NYPD ordered all its officers to wear masks or face disciplinary action [120]. On October 5, the governor ordered stricter enforcement of mask-wearing and directed New York City officials to issue more fines and summonses to violators [121].

SOUTH FLORIDA

In South Florida, officials increased enforcement as coronavirus cases surged in July. In Broward County, a gym owner was arrested multiple times for failing to comply with the mask ordinance, and police announced they would begin random checks on buses and terminals to ensure riders were wearing masks [122,123]. In Key West, two people who had tested positive for COVID-19 were arrested and jailed overnight after their property manager reported that they were violating a quarantine order to police [124].

In mid-July, Miami announced a citywide public mask mandate and stricter fines for violators; just a few days later, the city increased penalties for not wearing face masks [125,126]. Between the effective date of the ordinance on July 16 and August 12, Miami-Dade police issued 225 citations [127]. In Miami Beach, city employees and police began ticketing people for violating the city’s mask order on July 23, imposing \$50 fines. Between July 23 and August 11, they fined 288 people, issuing \$14,400 in fines [128]. According to a

city spokeswoman, violators have 30 days to pay the fines, and failure to do so could “potentially subject the violator to an additional fine of up to \$500 and a criminal misdemeanor charge of violating an executive order, which can carry up to 60 days in jail.”

On September 25, the governor announced that Florida would move into Phase 3 of its reopening plan, including the suspension of all outstanding fines and penalties against individuals for failing to comply with local mask rules [129]. A number of local officials have since clarified that mask ordinances are still in effect [130]. In Miami-Dade, the mayor said that citations will still be issued, and that the county will collect fines when the emergency orders are lifted [131].

THE BROADER LANDSCAPE OF COVID-19 POLICING & SURVEILLANCE

VIRAL POLICE VIOLENCE: SUPPRESSING DISSENT WHILE FUELING RISK OF INFECTION

As hundreds of thousands continue to rise up in over 100 U.S. cities and globally against a pandemic of police and state violence against Black people, demanding justice for George Floyd, Breonna Taylor, Tony McDade, Nina Pop, Rayshard Brooks, Mychael Johnson, David McAtee, Jacob Blake, and all Black lives, police tactics deployed to suppress demonstrations have enacted further violence against protesters and fueled the COVID-19 pandemic.

Organizers characterize these suppression tactics as “viral police violence.” By attacking and detaining people taking part in these actions, police have increased the risk of COVID-19 infection among Black and Brown communities disproportionately bearing the brunt of the pandemic.

In many cities, police officers have rates of infection double or triple the general population. Therefore, any contact with a cop heightens potential exposure to the coronavirus. Yet, despite well-documented evidence that mask-wearing is essential to protecting ourselves and each other and to slowing down the spread of COVID-19, many police officers still refuse to wear masks, oftentimes in direct violation of the city or state mask mandates that they themselves are tasked with enforcing [132].

Images from protests across the country continue to show police officers without masks, even as some are dressed in full riot gear [133]. Photos and videos of police officers not wearing masks while interacting with members of the public frequently circulate on social media and are captured in media images [134]. Police officers without masks continue to be spotted in major cities like Philadelphia and Chicago [135,136]. In New York City, NYPD police officers without masks are a regular sighting; even after the MTA announced a new crackdown on maskless subway riders in mid-September, NYPD officers were spotted refusing to don masks, and in early October, the Police Commissioner excused their behavior citing “fatigue” [119,137,138]. In Bloomington, Indiana, police defended their decision not to require masks on the job, despite state and local mask mandates [139]. A sheriff in central Florida ordered deputies and staff not to wear face masks [140]. As with all tactics of viral police violence, the refusal by police officers to wear masks, especially at demonstrations for Black lives, must be understood for what it is: an attempt to weaponize the risk of COVID-19 exposure for the purposes of repression.

Increasing people's risk of exposure to COVID-19 is a form of police violence

That includes when police:

- do not wear masks, despite often having significantly higher infection rates than the general population
- violently & in close contact, attack protesters
- corral & kettle protesters into small spaces
- deploy chemical agents that attack the eyes & lungs
- detain people in large groups, holding them in buses & cells

Learn more, access data, and report exposure & enforcement:
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COVID19 POLICING PROJECT



NYPD officers in New York City. Bryan R. Smith/AFP/Getty Images



Police in Kenosha, WI. Morry Gash/AP

Across the country police also routinely corral protesters—many of whom are attempting to practice social distancing while protesting—into small spaces on the streets, into private homes and churches to seek safety during curfew hours, and, after arrest, into buses and cells where physical distancing is impossible, masks are removed, and sanitizer and handwashing are not available. Jails, prisons, and ICE facilities are sites of the highest documented rates of infection, leading organizers across the country to mount campaigns to release incarcerated people in the name of public health [141,142]. Instead, law enforcement is fueling the COVID-19 public health crisis by arresting and detaining thousands more, and in some cases deliberately holding protesters—including high risk elders, disabled people, and pregnant people—for extended periods of time in an effort to chill and deter protests.

Adding insult to injury, police routinely use tear gas, pepper bullets and spray, and other chemical agents on protesters, causing coughing and secretions from the eyes and nose that elevate the likelihood of transmission during a respiratory pandemic [143]. In many cases, police officers have pulled masks off people during arrests or to pepper spray them, and refused to provide or allow them in jails and other places of detention.

MASKLESS COPS & DIGITAL ORGANIZING

As the United States continues to struggle under an unprecedented public health crisis, and as people continue rising up to protest longstanding state and police violence against Black people, an emerging trend has been the use of social media to document police officers who are not wearing masks, in addition to filming protest policing.

Across the country, members of law enforcement continue to police protests and interact with members of the public without wearing masks, placing anyone they come into contact with at greater risk of exposure to COVID-19. This is particularly egregious given the fact that in many cities, police officers have higher rates of infection compared to the general population.

In response to constant sightings of maskless NYPD officers, a group in New York City formed NYPD Mask Watch to track officers who are not wearing masks [144,145]. Some even proposed to

use the information as a form of public contact tracing—as officers were reported to test positive, activists planned to share the information with people who attended protests they policed. Similarly, LAPD Unmasked formed in Los Angeles to track and share evidence of LAPD officers without masks [146,147].

In other cities, people share and track sightings of police officers without masks on social media, using a shared hashtag, such as the #MPDWithoutPPE hashtag used by organizers and advocates in DC, and #PoliceAreSuperSpreaders in Chicago [148,149].

As police officers continue violating mask orders with impunity, members of the public continue using social media to document and flag media attention, to demand accountability from local officials, and to warn and protect other members of their community.

COVID-19 HEALTH DATA, TECH, & STATE SURVEILLANCE

State surveillance, coupled with policing, is broadly expanding under the pretext of managing the COVID-19 public health crisis, with technology playing a key role. For example, the NYPD is reportedly in negotiations with the tech company Draganfly about a “pandemic drone,” which can detect temperatures, heart rates, and respiratory rates from an aerial distance of 190 feet [150]. None of the symptoms tracked by the pandemic drone are definitive signs of coronavirus, while the level of intrusion into individual bodily integrity posed by such surveillance is deeply concerning. This convergence of police surveillance technology with COVID-related biometric tracking is an alarming outgrowth of the state’s carceral approach to public health.

State surveillance, coupled with policing, is broadly expanding under the pretext of managing the COVID-19 public health crisis, with technology playing a key role.

Data-sharing is also a major site of expansion for state surveillance in the context of the pandemic. Public health departments in many states have shared confidential patient information with law enforcement—either as a matter of course, before responding to a location, or upon arrest—endangering the safety and health of communities bearing the brunt of the pandemic [31]. Police unions recently won a court decision in Erie County, Pennsylvania, mandating health

departments to give arresting officers information about arrestees’ COVID-19 status—reasoning that if a person is being arrested and is positive for COVID-19, they likely have broken quarantine rules, thus providing legal justification for this intrusion (which would not be the case if the person was arrested in their home, or is arrested on their way to or from seeking medical care, for instance) [151].

While surveillance and data-sharing technology have always been central to policing—and public health—tactics, recent developments in machine learning and digital spying have enabled law enforcement to integrate different systems of criminalization in unprecedented ways as part of pandemic policing. For example, In Detroit, MI, police have built a vast surveillance system that utilizes facial recognition technology and CCTV cameras to spy on the city’s majority Black residents. Known as “Project Green Light,” this surveillance system has been adapted for COVID-19 enforcement, enabling police to identify and cite residents for alleged violations of emergency orders with fines of \$1,000 and six months in jail [152].

This convergence of police surveillance technology with COVID-related biometric tracking is an alarming outgrowth of the state’s carceral approach to public health.

GOVERNMENT COLLABORATION WITH BIG TECH IS ACCELERATING COVID-19 CRIMINALIZATION

Big Tech companies like Palantir, Amazon, and Google are well established players in the surveillance economy, and have long had a direct hand in tracking and detaining criminalized Black, Indigenous, and migrant communities. For instance, according to a report by Mijente, Immigration and Customs Enforcement (ICE) hired Palantir to create an “Integrated Case Management” system to collect massive volumes of personally identifiable information that it shared across data systems at all levels of government [153]. Palantir’s software has also been used to assist ICE in arresting and deporting undocumented families [154]. The Los Angeles Police Department (LAPD) also hired Palantir to analyze data from its “Chronic Offender Bulletins,” which targeted communities of color for surveillance under LAPD’S “predictive policing” program [155].

Personal health data is becoming an ever more valuable commodity to tech companies hoping to land big government contracts and profit off the growing pandemic as a lucrative new market under surveillance capitalism.

Personal health data is becoming an ever more valuable commodity to tech companies hoping to land big government contracts and profit off the growing pandemic as a lucrative new market under surveillance capitalism [156]. From contact tracing apps to quarantine monitoring devices, many companies are now in the business of developing carceral technology products to assist police in enforcing COVID-19 public health orders and help business owners monitor workers for “compliance” [157].

For instance, wearable ankle monitors—described by MediaJustice as “digital prisons”—the main tech tool used to detain people under house arrest, are being used in some cities to track the GPS location of people under court-ordered quarantine [158]. The same companies that specialize in house-arrest monitors are now marketing similar devices to government agencies for the purpose of quarantine enforcement [159].

As federal, state, and local governments ramp up their contact tracing systems, they are working closely with private tech companies to capture and share personal health data for surveillance. The role that private tech companies are playing in brokering sharing of COVID-19 personal health data between various federal agencies, health departments, and law enforcement remains unclear, and potentially creates

unprecedented pathways for surveillance. For instance, the Department of Health and Human Services (HHS) announced a new program, “Protect Now,” which consolidates data from COVID-19 patient records, contacts, and hospital stays onto a single platform managed by Palantir Technologies [160]. It appears that this data is then shared among government agencies without consent, accountability, or transparency. HHS received \$500 million from the CARES Act for public health surveillance and paid Palantir over \$24 million of this to create the data platform [160].

The Trump administration recently announced that it will order hospitals to report COVID-19 patient data directly to HHS instead of the Centers for Disease Control (CDC) [161]. By transferring control over COVID-19 data from the CDC to HHS, the administration could potentially block public access to this information, including for health researchers. Furthermore, there is no transparency around how this data will be used by government and law enforcement.

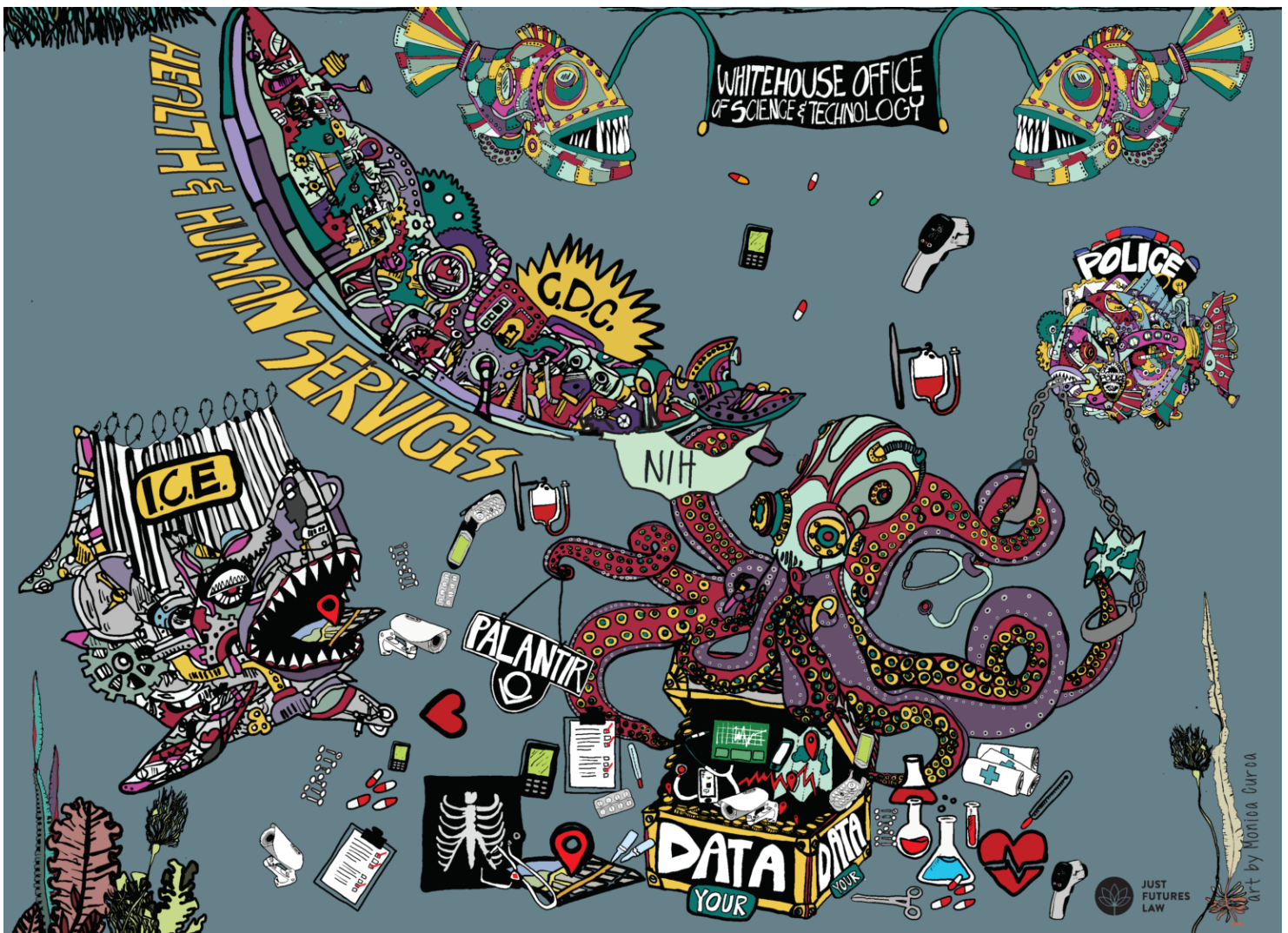


Illustration by Monica Curca. Image credit: COVID-19 FOIA Project

The [COVID-19 FOIA Project](#), a collaboration between Just Futures Law, Mijente, MediaJustice, and the Immigrant Defense Project, is working to expose and dismantle COVID-19 data-sharing agreements between government and big tech. They have filed Freedom of Information Act (FOIA) and public record requests to demand information from the Trump administration about how personal health data is collected and shared through secretive contracts with tech companies engaged in COVID-19 surveillance [162].

In response to their FOIA request, the COVID-19 FOIA Project received hundreds of records from the White House Office of Science and Technology Policy detailing proposals to build an expansive surveillance and data-collection network for pandemic policing and beyond through partnerships with tech companies [163]. Among the tech giants named in these records were Palantir, Amazon, Google, Facebook, Uber, Microsoft, Twitter, and Dataminr, a data broker that helps police surveil activists on social media and has offered to share its COVID-19 datasets with HHS, CDC, and various New York law enforcement agencies. The National Fusion Center Association, which works with DHS and law enforcement intelligence “fusion” centers around the U.S., has also proposed to develop a COVID-19 social distancing app. See the COVID-19 FOIA Project’s [Surveillance Advisory](#) to learn more.

COVID-19 POLICING & REPRODUCTIVE JUSTICE


Along with expanding police powers, COVID-19 criminalization is undermining bodily self-determination in ways that threaten reproductive justice. Several states, including Texas and Arkansas, have exploited the COVID-19 pandemic as an opportunity to try to block access to safe abortion by redefining it as a “non-essential” health service under declarations of emergency, effectively attempting to ban abortion until the pandemic ends [164–167]. These actions directly contradict the recommendations of health experts and place further burdens and health risks on low-income people, women of color, and survivors, who already face the greatest barriers to accessing reproductive healthcare [168]. Such restrictions have already forced people to travel outside of their home state to access care, potentially increasing risk for COVID-19 exposure. Thanks to the organizing efforts of the [National Network of Abortion Funds \(NNAF\)](#) and other reproductive justice groups, these *de facto* abortion bans no longer persists.

Further attacks on reproductive justice in the context of the pandemic are taking place under U.S. foreign policies, restricting access to life-saving healthcare resources both in the U.S. and abroad. The Trump administration is attempting to cut global funding for reproductive and sexual healthcare from the UN’s Global Humanitarian Response Plan for COVID-19, a move comparable to the 2017 reinstatement and expansion of the Global Gag Rule that cut off vital funding to non-

governmental organizations around the world that provide abortions, information about abortion, and other essential reproductive healthcare [169].

COVID-19-related threats to reproductive justice also continue the ongoing legacy of colonialism on this continent. An egregious example is the racial profiling and nonconsensual testing of pregnant Indigenous women based on their perceived racial identity and zip code [170]. Lovelace Hospital in Albuquerque, NM, singled out some Native Pueblo women in particular for COVID-19 screening, designating them as “persons under investigation” from what hospital staff called the “Pueblos List,” a reference to the many sovereign Pueblo communities in the territory currently known as New Mexico [170]. Pueblo communities, as well as the Navajo Nation, which spreads across four state borders, have experienced some of the highest rates of COVID-19 infection and death in the U.S. due to a combination of colonial violence, resource extraction, and environmental racism [171,172].

Targeted for belonging to Indigenous nations bearing the brunt of the pandemic, some Native Pueblo women suspected of being COVID-19 positive were forcibly separated from their newborn babies by hospital staff after giving birth [173]. While the hospital claims that this policy was meant to prevent possible viral transmission from mother to child, current guidelines from the World Health Organization (WHO) do not condone such action since there is little to no evidence to support this claim. Many doctors and public health experts have warned that separating a newborn from their birth parent is known to cause harm to both [174].



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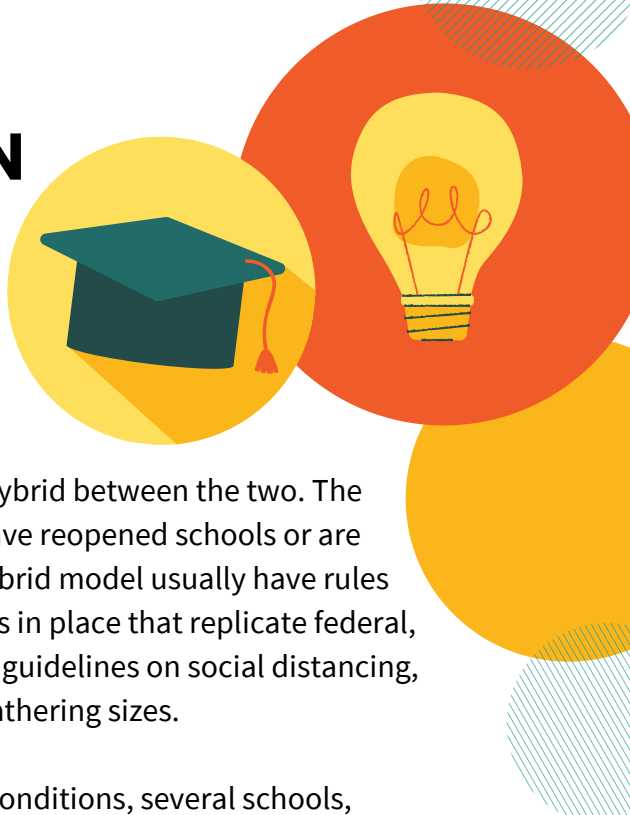
In broader historical context, this policy of forced separation echoes the violence of the colonial boarding school system in which the federal government and missionaries stole Native children from their families and brutally enforced assimilation, as well as the kidnapping of Native children through the child welfare system ultimately addressed by the Indian Child Welfare Act (ICWA)—both strategies intertwined with ongoing genocide and dispossession of Indigenous people in the U.S.

Tewa Women United, a grassroots organization led by Indigenous women working for reproductive justice and Native land sovereignty, issued a call to cancel this policy of COVID-related racial profiling and demand accountability from Lovelace Hospital.

COVID-19 CRIMINALIZATION IN EDUCATION

As early as February, schools closed their doors to contain and prevent the spread of the novel coronavirus. States varied in determining when, how, and whether schools would reopen to resume in-person learning. Students, families, and education workers face challenges on and offline, including but not limited to, internet and technology access, increased utility costs, food and housing insecurity, meeting required accommodations for students with disabilities, and the additional social, emotional, and psychological toll accompanying the health and isolation impacts of the pandemic. These challenges are not new, especially for people of color and economically oppressed people, yet the pandemic exacerbates them.

For the 2020-2021 academic school year, schools are either completely virtual, in



person, or a hybrid between the two. The places that have reopened schools or are adopting a hybrid model usually have rules and guidelines in place that replicate federal, state, or local guidelines on social distancing, masks, and gathering sizes.

Under these conditions, several schools, colleges, and universities have had outbreaks, despite efforts to test often, clean regularly, and enforce COVID-19 related rules. While many states reduced criminal enforcement of public health guidelines over the summer, schools, especially colleges, are resorting to punitive approaches toward students who violate guidelines:

Twenty-three students at Quinnipiac University in Hampden, Connecticut were suspended or temporarily banned from campus for violating a no-visitor policy for residence halls and campus, and exceeding limits on gatherings on and off campus [175].

Connecticut College in New London, Connecticut banned students from campus after social gatherings in residence halls [175].

The University of Connecticut revoked on-campus housing for several students following a video of a party in a dorm room [176].

San Diego State University ordered its entire student population to stay indoors during Labor Day weekend [177].

Northeastern University dismissed eleven students for gathering in a hotel room off campus in Boston. The school does not plan to refund their tuition [178].

The University of Wisconsin-Madison ordered students in nine fraternities and sororities to quarantine after thirty-eight students tested positive for COVID-19 [179].

Purdue University in Indiana suspended almost forty students for attending an off-campus gathering without face masks and social distancing [180].

The Ohio State University initially suspended more than 200 students for attending off campus gatherings; more than half of the suspensions were rescinded because the accused students were not there or did not participate [181].

Pennsylvania State University suspended a fraternity after it held an event attended by approximately 70 people [182].

The University of Missouri expelled two students and suspended three more for violating COVID-19 restrictions. Almost 500 cases have been referred for disciplinary action and 11 student organizations are under investigation [183].

Students at the University of Notre Dame will avoid punishment if they volunteer information about social distancing violations on campus to contact tracers [184]. But if contact tracers find out about “serious” violations from other sources, then students will be referred to the disciplinary conduct board [185].

Indiana University will suspend and expel students who do not comply with COVID-19 guidance policies and procedures [186].

The Dean of Students at Northwestern University asked residents in Evanston, Illinois to use an online form to report off-campus student social gatherings, along with photos, addresses, and other forms of evidence for the school to investigate [187].

Campus reopenings for financial and other reasons have consequently expanded the role of the university as law enforcement, enlisting students in these efforts. Universities and colleges justify punitive responses to social gatherings under the pretext of public safety and accountability. Yet the rules and enforcement have led to shaming, bullying, exorbitant penalties, and expulsion.

For example, rather than move to virtual instruction with additional support for students who live and learn in precarious environments, university administrators at Northwestern University enlist community members to surveil and report students, dismissing those alleged to have been part of gatherings and refusing to refund their tuition [187]. The University of Notre Dame incentivizes student-led patrolling by eliminating consequences for students who report other students and gatherings [184]. More than 2,000 students at Cornell signed a petition to expel an incoming student for posting a video showing twelve people gathered without wearing masks. A petitioner remarked: “The people who you wouldn’t expect to snitch will snitch... It’s kind of the culture that we need to have around. You need to hold everyone accountable” [188].

Students have appealed their suspensions, resisted the enforcement guidelines, and protested

against reopenings. The Graduate Student Workers (GSW) at University of Michigan (UM) are on strike, demanding exclusively virtual instruction to promote the health and well-being of students, workers, and faculty [189]. Because the reopenings have converged with nationwide protests against police violence, the GSW are also demanding that UM dismantle the university's police department. Under Michigan law, public employees are prohibited from striking. UM administrators have filed a formal complaint with the state against GSW, requesting that police stop the strike and arrest the student workers.

Universities and colleges justify punitive responses to social gatherings under the pretext of public safety and accountability. Yet the rules and enforcement have led to shaming, bullying, exorbitant penalties, and expulsion.

Elementary and secondary students also face punitive action due to COVID-19 restrictions. A student who posted a picture of a crowded hallway in her high school, in which there was no social distancing and hardly anyone wearing masks, was suspended. After public pressure, the principal reversed the suspension and removed it from their record. The school district's superintendent said in a public statement: "Wearing a mask is a personal choice, and there is no practical way to enforce a mandate to wear them" [190].

While college students are incentivized for displaying and reporting gatherings with evidence, this high school student was suspended for being concerned about the conditions at her reopening school, including clear violations of CDC guidelines.

Distance learning precipitated by the pandemic has also contributed to ongoing criminalization of Black and Brown students in educational settings. For instance:



North Paulding High School in Georgia. Hannah Watters/Twitter

A judge incarcerated Grace, a 15-year-old Black girl, for violating conditions of probation by not completing her virtual school work. The governor of Michigan temporarily suspended incarcerating teens on probation during the pandemic unless they posed a "substantial and immediate safety risk to others." The judge in Grace's case decided that the teen was "guilty of failure to submit any schoolwork and getting up for school" and as a result posed a "threat to the community" [191]. After national outcry, petitions, organizing efforts, and several protests, Grace was released [192].

Across the country in Colorado, a teacher called the police on a Black 12-year-old disabled child because he displayed a toy gun during a virtual art class. The police went to the boy's house and warned his father that the child would have faced criminal charges if he would have brought the toy to school. The school suspended the boy for five days and now he has a record with the sheriff's office in Colorado Springs [193].

In New Orleans, a Black fourth-grader moved a BB gun from the floor to a higher location after his little brother tripped on it while walking. His teacher suspended him for six days because he handled the toy. His family's appeal of the decision was denied, and they are considering suing in state court [194].

In Madison, WI, Freedom, Inc. has reported occasions in which untidiness or arguing between adults in children's homes rendered visible by distance learning has also prompted increased policing through child welfare agencies.

While Black and Brown children, especially those with social, physical, and mental disabilities, are already disproportionately disciplined and punished in the school-to-prison pipeline, the virtual shift due to COVID-19 exacerbates penalties that they face.

COVID-19 POLICING IN GLOBAL PERSPECTIVE

The pandemic of COVID-19 policing has spread across the globe nearly as fast as the coronavirus itself. While this report focuses specifically on systems, laws, and practices of COVID-related enforcement within the United States, territories under U.S. occupation, and sovereign tribal jurisdictions, it is one of several reports and projects globally that have begun mapping the various landscapes of criminalization, policing, and surveillance during one of the largest worldwide pandemics in history.

Criminalization has been the default pandemic response in many countries. Across the board, COVID-19 emergency orders have expanded police powers while the language and rules around enforcement remain vague. Every nation where pandemic policing has been reported has taken a

punitive approach to enforcing mandates on sheltering-in-place, social distancing, mask-wearing, curfews, quarantine, and travel restrictions. “Lockdown” decrees have overwhelmingly affected unhoused people, migrant communities, and other displaced and dispossessed populations. Racialized groups have borne the brunt of selective arrests, fines, detention, and restricted access to health services and other essential resources. Another commonality is that national and state/provincial governments have often invoked permanent public health laws to charge individuals with violations of emergency orders.

Like in the United States, communities around the world who faced racist oppression and state violence pre-COVID have become the clear targets of pandemic policing.

In France and the UK, Black people and North African immigrants in working-class neighborhoods have experienced frequent identity checks, stops, and searches through shelter-in-place enforcement [195]. In London, Asian and Black people have faced disproportionate fines [196].

In the Occupied Territories, police violence against Palestinian communities in East Jerusalem has escalated under COVID-19 lockdown orders, and military forces have accelerated the dispossession of Palestinian land for Israeli settlement in the West Bank [197,198].

In Bulgaria, authorities have flown planes low and directly over Roma neighborhoods to “disinfect” them and have used drones to monitor residents’ body temperatures [195].

Asylum seekers, migrants, and refugees living in camps in Cyprus, Germany, Greece, and Serbia have been subjected to harsh 24-hour quarantine confinement enforced by the military [195].

Some Canadian cities have used data collected from their coronavirus snitching hotlines to ramp up patrols and conduct identity checks that target Black, Indigenous, neurodivergent, and unhoused people [199].

In Australia, police have forcibly evicted unhoused Aboriginal people under emergency orders without providing them any options for safe shelter [200].

Police violence in South Africa has killed at least ten people, all of whom were Black, over minor violations of COVID-19 public health orders. Officers have been reported to be using sjamboks (whips used during the apartheid era) in COVID-19 enforcement, echoing the legacy of apartheid-era militias [201,202].

In Central and South America, multiple countries have imposed mandatory quarantine orders—forcibly detaining migrant, poor, and unhoused people under squalid and inhumane conditions in state-run quarantine centers [203].

Governments in Central Asia have adapted their “smart city” surveillance infrastructure, from facial recognition tools to smartphone, WiFi, and bluetooth trackers, to target activists and migrants for violations of COVID-19 orders [204].

In India, migrant laborers were given less than 24 hours notice of a nationwide shut-down, stranding hundreds of thousands far from their homes and leading many to be beaten, abused, hosed down with disinfectant, and charged with curfew violations by law enforcement [205].

These examples, among countless others, bring into sharp relief how COVID-19 policing is patterned after the same oppressive systems that marginalized communities have survived and resisted long before the arrival of this pandemic.

Punishment for these alleged violations varies among countries depending on their political histories and criminal legal systems. For example, the Policing the Pandemic Mapping Project found that in Canada, COVID-19 exposure allegations (e.g., spitting and coughing) are usually charged as assault, and may carry a maximum sentence of five years in prison under the federal law on “assaulting a peace officer” [206]. By comparison, COVID-19 exposure allegations in the U.S. are often charged as “acts of terrorism” or “terroristic threats” under state counterterrorism laws and the federal code on “weapons of mass destruction.” Upon federal conviction, the punishment is life in prison or the death penalty. The U.S. “War on Terror” broadened the domestic legal framework for prosecuting incidents involving “biological agents” (including pathogens) as acts of terrorism and threats to national security.

This comparison reveals how the U.S. government’s pandemic response has heavily drawn upon legacies of U.S. militarism, occupation, and war under the banner of “counterterrorism” to threaten its own people with severe punishment, including capital punishment, for actual or perceived non-compliance with COVID-19 emergency orders. While no reported COVID-related criminal charges in Canada referenced terrorism or bioweapons, that is not to say that Canada’s approach is a “good” model of enforcement, which itself has replicated patterns of colonial violence against rural and unhoused urban Indigenous communities [199,206]. Rather, it shows how criminalization in the context of COVID-19 policing in the U.S. is directly descended from the historical context of hostile foreign policy and military aggression abroad, as well as from the colonial history the U.S. shares with Canada.

U.S. nationalism and xenophobia have derailed an internationalist response to COVID-19 and resulted in widespread coronavirus-related death in the U.S.

This comparison reveals how the U.S. government’s pandemic response has heavily drawn upon legacies of U.S. militarism, occupation, and war under the banner of “counterterrorism” to threaten its own people...

The Trump administration has wielded extremely racist rhetoric to blame the pandemic on China, denying that the global climate crisis, which has deteriorated under U.S. domestic and international environmental policies, had anything to do with it despite growing evidence [207,208]. This has led to physical attacks and verbal abuse against Asian people and communities in the U.S., while simultaneously deflecting accountability for the federal government's failure to respond to the COVID-19 outbreak [209,210]. Thousands of lives could have been saved had the government provided personal protective equipment (PPE), prevention education, release from incarceration, worker protections, healthcare for all, and long-term income support for everyone to shelter-in-place from the start of the pandemic as has been provided in countries like Canada and France, which have experienced much lower infection rates and death tolls as a result.



Now more than ever, we need an internationalist approach to this global health crisis that focuses on community safety, not criminalization, and recognizes this as a global issue rather than one in which the U.S. can afford to isolate and alienate the rest of the world. Epidemiologists predict that climate change will very likely cause more global pandemics in the future, perhaps some that will be even more contagious and deadly than COVID-19 [211]. Militarizing national borders does nothing to stop the spread of disease and will only continue to harm and kill those most impacted by pandemics and the climate crisis. Instead, public resources currently diverted toward policing,

immigration enforcement, and war should be leveraged to support a just recovery from the COVID-19 pandemic and strengthen community health and well-being now and for the future, beyond borders.



... we need an internationalist approach to this global health crisis that focuses on community safety, not criminalization, and recognizes this as a global issue rather than one in which the U.S. can afford to isolate and alienate the rest of the world.

“Solidarity is Stronger Than Distance” by Nicole Manginelli. Visit bit.ly/solidaritycards for more.

COVID-19 IN PRISONS

At the outset of the pandemic, there was little public attention given to how hard COVID-19 would hit prisons, jails, immigration detention centers, nursing facilities, and other places of confinement. Prisoners, organizers, and policy advocates voiced mounting concerns about the likelihood of COVID-19 tearing through these facilities, given how the virus is transmitted.

Incarcerated people have limited to non-existent ability to take recommended sanitation measures and practice social distancing within cramped, confined spaces often devoid of soap and consistent running water, and where sanitizer is banned as potential contraband due to alcohol content. Social distancing is particularly impossible when it comes to the primary vectors of infection: guards and staff coming into the facilities each day. The initial call was to release the most vulnerable—elderly, immunocompromised, and pregnant people—and then to dramatically reduce the overall imprisoned population and provide relief and risk management to those who remained incarcerated via medical equipment, personal protective equipment, and testing.

Carceral administrations across the country initially ignored these calls and refused to alter their practices. When states began closing due to COVID-19 in April and May, some facilities moved to cancel visitation as their only method of compliance with public health guidance. This precaution punished incarcerated people by denying an important mechanism of contact with the outside world and source of reliable information in a terrifying situation, while failing to account for routine transfers between facilities and to and from court hearings without testing. Most importantly, policymakers failed to account for the risk of transmission posed by guards, administrators, and medical staff who came and went from these facilities daily, enabling the coronavirus to incubate in a closed system and then be circulated back out into communities by the same personnel.

Anti-prison organizations mobilized to launch campaigns to begin decarcerating prisoners. Release Aging People in Prisoners (RAPPP) led a strong charge, given the high vulnerability of their key membership. In late March and early April, there was a burst of work falling under the call to #FreeThemAll, starting with those most vulnerable to COVID-19. Organizations fought for access for their loved ones while also fighting to get them out. Because of the lack of visitation and the dwindling staff showing up to work, what little access incarcerated people had to connect dramatically dropped. Multiple organizations fought to reduce or eliminate costs to video visitation and phone calls so that families and loved ones could connect. Organizations also fought to eliminate medical copays to ensure health care access to loved ones—a desperately needed relief for those threatened with COVID contraction.

By now it is well documented that jails, prisons, ICE detention centers, and locked medical facilities have among the highest rates of COVID-19 infection anywhere in the country. As of mid-October, at least 147,051 cases have been reported in federal and state prisons [212]. According to a study published in July, people incarcerated in federal and state prisons (not counting local jails) are 550% more likely to contract COVID-19 and 300% more likely to die from it than someone outside [213]. Because jails rapidly cycle people in and out, along with the shifts of staff, many were seeing some of the highest rates of COVID-19 infection even among carceral facilities. During its early stages, when New York City was the hardest hit by the pandemic, Riker’s Island, the city jail with notoriously terrible conditions, had an infection rate 8 times higher than that of the city of New York [214]. Over the summer, Cook County Jail in Chicago emerged as the jail with the highest rate of infection, as nearly 500 people out of 4,000 tested positive [215].

Part of the response to the movement to free incarcerated people was an uneven reduction of admission to jails (which was state and county specific). While the jail population has dropped significantly, we can expect that the number will increase again once measures to prevent the spread of COVID-19 are lifted. Removing people from prisons and jails is the only way to prevent this.

Organizing by groups such as RAPP, Prison Parole Project, California Coalition for Women Prisoners, National Council of Incarcerated and Formerly Incarcerated Women, and Essie Justice Group, among many more, led to an increase in sentence commutations and releases—mostly for people who were already up for parole within the next year. The national push around releases also helped move forward organizing for facility closure such as the Workhouse in St. Louis or the closure of 850 Bryant in San Francisco.

Unfortunately, after the push to “reopen the economy” was won by right-wing organizing in May, a big lever for pressuring policymakers to release imprisoned people was lost. Governors like Andrew Cuomo of New York or

Gavin Newsom of California, who have the power to engage in mass clemency but had previously shown little sign of budging, no longer moved. Given the mixed messages about COVID-19 and the uneven public health guidance, the virus has been allowed to run rampant throughout the population both outside and inside of prison with little recourse. Facilities across the South and Midwest have been battling overwhelming breakouts, and even in a facility like San Quentin in California, where there are more resources than in other facilities, the pandemic is wreaking havoc.


As the tumult of the political landscape has continued to unfurl leading up to the 2020 election, anti-prison organizations continue to push for mass release in the midst of an ever shrinking public attention span.

As calls to defund the police ring throughout the streets, the work to eliminate criminalization, including in the context of COVID-19 policing, is more necessary than ever.

As COVID-19 spreads around the country, abolitionists grow increasingly alarmed at how this new development is impacting our loved ones connected to the prison industrial complex (PIC). Locked facilities are already toxic environments, exposing those inside to poor and crowded living conditions and lack of care. There is a long history of epidemics and diseases spreading throughout prison and jail systems with little recourse or relief.

We know that during times of crisis, the PIC builds up its capacity and often expands—while communities most marginalized are left behind. We are the last to receive relief both inside and out of prison. We have escalated experiences of harm due to more frequent police contact and expanded police power. We are more likely to be targeted due to heightened surveillance.

Decades of organizing to end the prison industrial complex have prepared us and our movements for liberation to respond to the COVID-19 emergency with a focus on putting people's immediate well-being first, tapping into communities' knowledges about how to build structures for support and mutual aid, and moving forward with a vision for long-term building. As abolitionists, we believe that social structures, both formal and informal, need to support people's lives and ability to live. We also believe that policing, imprisonment, and surveillance do not, and cannot, ensure safety or create opportunities for care. As a severe public health crisis, the COVID-19 pandemic has necessitated abolitionist demands and practices as the most common sense and practical steps to ensure that we are as strong and healthy as possible.



...policing, imprisonment, and surveillance do not, and cannot, ensure safety or create opportunities for care

Demand Release of All Imprisoned and Detained People

Prisons, jails, detention centers, group homes, and nursing and psychiatric facilities are sites in which the COVID-19 virus is spreading at exponential rates. As such, carceral settings are fundamentally unable to hold people healthily and safely. We must prioritize the release of incarcerated people now, and access to safety measures for those still inside. We must free them all.

Resist Surveillance, Policing, and Militarized Response to COVID-19

Instances of crisis and disaster have historically been used as justification for escalating the resources and power of policing and military responses. Once the crisis has passed, the escalated capacities and response become the new norm. We must not yield to any calls for surveillance, police, or military as a means of managing people under COVID-19. During this time, it is imperative to cease police contact and utilize community-based and collective solidarity to support each other.

Ensure Access to Housing, Food, and Economic Security

This crisis has underscored the need for all people to have access to stable housing, necessities such as food and water, and economic security immediately. These are necessary for survival, yet the prison industrial complex feeds off of and perpetuates people's inability to have access to these basic resources. Given the heightened precarity of so many already vulnerable people that leaves them without basic needs while they are criminalized for their efforts to survive, the only solution is to meet the needs of communities to ensure the health and safety of everyone.

Support Internationalism

This pandemic is not bound by borders. As such, our solidarity and response must be international. Moments of crisis and disaster have long been used as justification for restricting people's access to movement and care. All borders and sanctions that restrict people's movement to access care or restrict the exchange of food and medical supplies across nations and territories must be lifted.

—Critical Resistance, *Abolitionist Platform for Healthy Communities Now and Beyond COVID-19*

Free the Vote

We cannot allow this crisis to be an excuse to disenfranchise more people. Democracy is more important now than ever. We must ensure that ALL people have access to the ballot and do not have to risk their health to vote.

People First

Our communities are extremely vulnerable in times of crisis because of long standing oppression and inequality. Because of systemic discrimination, Black people already face unequal pay in the workplace and have higher rates of unemployment. We must mold long-term economic solutions that not only address the immediate crisis but pave the way for a just recovery that doesn't prioritize corporations and leave our communities behind.



“We Keep Each Other Safe” by Monica Trinidad

—Movement for Black Lives COVID-19 Platform

RECOMMENDATIONS: #COVIDWithoutCops

SHIFTING THE NARRATIVE: FROM CRIMINALIZATION TO STATE SUPPORT & MUTUAL ACCOUNTABILITY

Fueled by fear and an addiction to policing and punishment, state responses to the coronavirus pandemic have focused almost exclusively on surveillance and criminalization, alternating with neglect and abandonment, at the expense of care, protection, and support to people and communities hardest hit by the pandemic.

As most of the country enters the winter months and braces for the next waves of infection and mortality as we await a vaccine, there is still time to shift our approach from punishment to protection, from widespread individual suffering and resistance to collective compassion and mutual responsibility.

POLICY DEMANDS

STOP POLICING THE PANDEMIC

- Immediately repeal criminal penalties and delegation of authority to enforce public health orders to current or former law enforcement or private security.
- Immediately end broken windows policing, drug and vice enforcement, and arrests for low-level theft and assault offenses.
- Stop charge stacking, enhancement, and tracking.

● Immediately cease protest policing tactics that increase risk of COVID-19 transmission such as kettling, use of tear gas, pepper spray and bullets, detention, and arrest.

● Enforce mask mandates against all officers assigned to protests, patrol, and any other position in which they come into contact with members of the public under penalty of termination for noncompliance.

● Stop COVID-19 surveillance and data-sharing between government agencies, law enforcement, and tech companies; create strong privacy protections; limit data collection and sharing; ban or limit emergency powers; limit cell phone tracking; and require transparency from federal, state, and local agencies and tech companies [216].

● Public health orders, including curfews and stay-at-home orders, must provide clear guidance on exceptions: survivors of domestic violence and unhoused individuals should be permitted to seek temporary or long-term safety as they see fit without police harassment or questioning. Exceptions should not be conditioned on going to group shelters, and individuals must be offered safe, accessible, long-term single-person shelter. Disabled people and people with contraindicated health conditions should not be harassed or punished for not wearing a mask where doing so would create inaccessibility or risk.

● Increase protections for frontline, essential, and service workers without increasing criminal penalties (e.g., IL Senate Bill 471) [217].

Recommendations

In a moment when states are looking for early exit mechanisms from penal institutions due to the source of contagion that prisons are, it is NOT good public policy to arrest and send people to cells in the face of this pandemic for non-violent crimes such as non-compliance with a curfew.

In other countries and jurisdictions, the policy with those who failed to comply with the distancing measures did NOT entail arresting and imprisoning but rather guiding with physical distancing, fining if necessary. That has not been the case in Puerto Rico, where more than a thousand people have been arrested and 3,500 denounced for breaking the curfew and we still face a nightly curfew that prohibits people from leaving their homes.

It is important to insist that a human rights perspective is used and executed during emergencies like the coronavirus pandemic, so that we can overcome the impact of inequalities to the greater extent possible. There is a public interest that might justify certain restriction of rights in times like these. However, from a human rights perspective, these restrictions must be:

- Strictly necessary
- Proportional to risk according to current public health guidance

Instead of restricting individual liberties for extended periods of time, we recommend other alternatives such as:

- Restricting non-essential businesses where crowds can form.
- Using Health Department personnel instead of the police to intervene with businesses and people that are not following physical distancing orders.
- Instead of prohibiting and criminalizing them, encourage the use of natural open air-space areas such as beaches and forests, for exercise and recreation, as these spaces are the safest during a pandemic.

It is important to separate public health strategies such as mask-wearing, practicing physical distance, and doing quarantines when necessary, from police control, and criminalizing strategies such as curfews, arrests, and broken windows policing in the public imagination. A curfew with a penalty of imprisonment such as the one still active in Puerto Rico is not the same as, neither is it an inextricable part of, physical distancing and quarantines.

—*Kilómetro Cero*

Federal Recommendations

- Explicitly prohibit the sharing of an individual's health data with law enforcement.
- All legislation responding to the pandemic must include an explicit prohibition on the use of federal funds for law enforcement to criminalize actual or perceived violations of public health orders around COVID-19. Federal relief packages must invest in testing, treatment, care, and community support; not criminalization.
- Awards of federal funding to states and local governments should prohibit the adoption and enforcement of laws criminalizing the potential for or actual transmission of COVID-19.

—*Positive Women's Network*

PROVIDE NECESSARY SUPPORTS FOR INDIVIDUALS, COMMUNITIES & ESSENTIAL WORKERS TO STAY SAFE

Rather than spreading disinformation, confusing and ever-changing mandates, and rushing to re-open the economy, governments must implement a widespread public health information dissemination campaign focused on providing up-to-date accurate information through credible messengers including health professionals, community-based organizations and individuals, while simultaneously offering individuals, community organizations, and communities necessary supports to stay safe.

The devastating toll COVID-19 has taken on Black, Brown, incarcerated, disabled, unhoused, low-income, and migrant communities has revealed in stark detail the deadly effects of structural racism, exclusion, and organized abandonment, and of our sorely under-resourced health infrastructure. Decades of building up the prison industrial complex while neglecting investment in healthcare and community safety is what got us here. We must quickly move to create a healthcare system that is accessible, robust, collective—and not intertwined with policing and surveillance. Key steps to achieving this goal include:

- Healthcare workers should be well resourced and given what is needed to care for communities.
- Eliminate medical co-pays for all. All medicines, vaccines, and treatment should be free and accessible to all people.
- Make COVID-19 testing and treatment universally available; no one should be turned away and frontline and essential workers should be prioritized (e.g., food delivery workers, childcare workers, distribution center workers, healthcare workers, etc.)
- Equity in access to care: all clinics and hospitals should be resourced equitably and equipped to provide testing and treatment to COVID-19 patients, including tribal health clinics and hospitals part of the Indian Health Service.
- Immediately end all immigration, law enforcement, and child welfare presence in hospitals and clinics. No one should have to fear being tracked or flagged for contact with the PIC when accessing care.
- Provide universal paid sick and family sick and medical leave to all workers in all sectors, including those with temporary/part-time employment status.
- Provide access to abortions. During the early phase of the pandemic during stay-at-home orders, some states have attempted to force practitioners to stop providing the procedure on the grounds that it is a “nonessential and elective” procedure.
- Provide access to trans healthcare. Some states have been ordered to stop providing trans healthcare on the grounds that it is an “nonessential and elective” procedure.

- Provide protective gear, testing kits, surgical masks, and ventilators to all shelters, outreach workers, and street care providers. Prioritize protective gear and resources to frontline caretakers like nurses, mothers, doctors, and teachers.
- Provide free and direct delivery of testing and care services to elders, immunocompromised people, and people with disabilities.
- Provide rapid deployment of free mobile WiFi and high speed broadband in communities with limited access to facilitate on-line education, tele-medicine, and basic communications.
- Provide free public transportation for all (buses, trains, subways, etc.) and coordinate free transportation assistance for disabled people.
- Provide safe, quality, accessible housing to individuals who are houseless through at least 1 year after the end of the pandemic.
- Cancel rent and mortgage payments for the duration and at least 6 months after the end of the pandemic.
- Provide free access to telehealth and free prescriptions and delivery for at least 3 months.
- End all cuts to SSI and SSDI. Suspend all medical Continuing Disability Reviews.
- Close all schools (and universities) and provide free meals, paid leave and free, sanitary, and well-resourced childcare services to students, parents, and caregivers especially those who are frontline health workers.
- Invest in universal supports for home-based learning and safe opportunities for children to socialize for all children.

—some of these recommendations are from Critical Resistance, Abolitionist Platform for Healthy Communities Now and Beyond COVID-19

Ensure Access to Preventive and Urgent Healthcare For All

- Provide Medicare for all single-payer universal healthcare to all people living in the United States, including people who are not documented as well as incarcerated people and people under state supervision.
- Waive all co-pays for medical expenses for COVID-19 related illness.
- Provide free COVID-19 testing, treatment, and services for ALL, regardless of immigration status. Black, brown, undocumented, and low-income communities are more vulnerable to health and economic crises.
- The “public charge” rule should be immediately repealed to allow those exposed to COVID-19 to seek healthcare without fear.

- Ensure continuity of home and community-based services, including allowing people receiving home and community-based services to hire on the spot without traditional citizenship verification and background checks, and waive restrictions on hiring partners and family members.
- Force insurance companies to provide at least a 90-day supply of medicines, controlled medicines, and consumable supplies; and waive all telehealth fees.
- Waive fees related to Medicaid-funded transportation programs and provide workers with access to preventative equipment and disinfecting supplies.
- Provide free, safe, and accessible family planning and reproductive healthcare and abortions.
- Provide free, safe, and accessible gender affirming medical care.
- Ensure health protections for all workers who are considered essential or frontline workers (including healthcare workers, caregivers, grocery store, and pharmacy workers, cleaning and janitorial services, lawyers, legal workers, social workers, childcare providers, delivery workers, etc). Workers should be provided with the necessary safety equipment and training to ensure their safety. This includes masks, gloves, hand sanitizer, disinfectants sprays, and cleaners.
- Suspend all Continuing Disability Reviews under the Social Security Disability Insurance and Supplemental Security Income programs.

Ensure Access to Housing and Utilities for All

- Moratorium on mortgage payments and taxes.
- Freeze on all rent and utilities.
- Commit to providing vulnerable houseless residents, survivors of violence, and recently released individuals with safe and sanitary community-based housing. If emergency “isolation and quarantine” housing is possible, permanent decent housing for all must be possible too. Housing provision commission set up to allocate housing to those in need.
- Increase funding for domestic and sexual violence shelters and agencies.
- Make any bail outs contingent on guarantee that unfilled hotels and private housing units will be made available to those in need of housing. Ensure that buildings with vacant units, empty hotel units, and unused Airbnb apartments are released to house sick and at-risk people that otherwise do not have access to other private housing.
- Declare a moratorium on utility shut-offs and institute a grace period on payments.
- End housing discrimination: End any housing and services restrictions for people with a history of justice involvement.
- Ensure access to safe quarantine facilities: Ensure equal access to quarantine is provided in the same settings for non-disabled and disabled people alike.

—*Movement for Black Lives COVID-19 Platform*

SURVEILLANCE FREE CONTACT TRACING

What To Do in a Crisis

Lessons learned from the HIV and STI response can positively shape the COVID-19 response:

- **LEAD WITH SCIENCE:** The public must have confidence that they are being given the facts, and leaders must embrace transparency. Communicate not only what public health is recommending, but also why.
- **INVOLVE AND RESPECT THE MOST AFFECTED COMMUNITIES:** HIV has taught us that unless communities feel respected and meaningfully engaged, they will resist policies being imposed on them. The public is aware of the threat of COVID-19, and communities need to be given more opportunities to be part of the solution.
- **EXPAND THE PUBLIC HEALTH WORKFORCE FOR THE LONG HAUL:** There is a need for surge capacity, but in the rush to expand the number of contact tracers, health departments need to be clear that they are not simply hiring or contracting for seasonal workers. The workforce must reflect the communities they serve, they must be equipped to do case finding and contact tracing, and they must receive adequate training related to cultural humility, understanding and minimizing implicit biases, and trauma-informed principles for engaging with the public.

What Not To Do in a Crisis

Missteps can be hard to correct. Important insights include:

- **DO NOT STIGMATIZE GROUPS OF PEOPLE:** At the beginning of the HIV epidemic, four groups of people were portrayed as vectors of disease: Haitians, Homosexuals, Hemophiliacs, and Heroin addicts. This led to discrimination, violence, and entrenched HIV stigma. In the current crisis, some leaders have used inflammatory rhetoric to blame Chinese people, immigrants, and residents of New York. None of this fosters the unity needed for effective public health measures.
- **DO NOT MISTAKE CIVIL AND HUMAN RIGHTS AS UNDERMINING PUBLIC HEALTH:** Civil and human rights are the cornerstone of any response to a public health problem that generates fear. The urgency of the crisis does not justify disregarding protections from discrimination. Nor does it justify sharing personal health information with law enforcement. Providing equal access to services and maintaining civil and criminal protections are critical.

- **DO NOT RELY ON PUBLIC SHAMING:** Whether it is people on crowded beaches, maskless people on the streets, or small business owners, various groups have faced public shaming. Often, public officials seem to be hectoring people instead of offering more constructive guidance for how to adapt, how to practice physical distancing, and how to reduce the risk of exposure.
- **DO NOT MINIMIZE THE IMPACT OF MEDICAL MISTRUST:** Many people have to overcome deep-seated fears of the medical establishment and government. In responding to COVID-19, public health officials must consider this reality as they design programs, seek community partnerships, and identify public messages and spokespeople.

—O’Neill Institute, *HIV Lessons for COVID-19 Contact Tracing*

CONTACT TRACING DEMANDS FROM THE COMMUNITY RESOURCE HUB COVID-19 LEARNING COMMUNITY

Privacy

- No blanket or individualized disclosure of COVID-19 status to law enforcement.
- No disclosure of identifying information to contacts by contact tracers.
- No GPS or cellphone tracking.
- Cancel contracts with tech companies who collect and share people’s personal health data for COVID-19 surveillance.
- Prevent and dismantle the integration of data systems between federal agencies, health departments, and law enforcement.
- Support legislation to ban public health departments from sharing data with law enforcement agencies and private tech contractors. Proposed bills that ban health departments from sharing data with police and immigration enforcement should also include tech data-brokers (e.g., NY State Assembly Bill A10500A relating to the confidentiality of contact tracing information) [218].

Hiring

- Contract community organizations to engage in contact tracing, and ensure language access and access for all disabled people.
- Hire trusted community health workers and people who are credible messengers from impacted communities to engage in contact tracing (formerly incarcerated people, youth, drug users, people who trade sex, public housing residents, etc.)—not bureaucrats or other staff not trained in disability justice and harm reduction.
- No current or former law enforcement should be involved in contact tracing.

Training

- Include community organizations in development and implementation of training, in a paid capacity.

Protections

- No employment consequences for failure to take a COVID-19 test or consent to temperature checks.
- No screening that would require disclosure of health conditions or disabilities (i.e., temperature screening that might require disclosure of conditions that lead to high temperatures.)
- Jobs, housing, and income protection for people required to isolate or quarantine.
- Protections for people likely to experience violence or abuse if they test positive (domestic violence survivors, etc.)
- No use of contact tracing methods, infrastructure, or threats to target protesters.

Supports

- Provide contact tracers with training and resources to focus on addressing individual concerns and meeting individual needs for people who test positive, including childcare, elder care, employment protections, income supports, grocery and medication delivery, access to comprehensive, accessible and free medical care and emotional/mental health support, connection with community, income support, employment protections, home care, guidance for how to talk to people in your family/community about your diagnosis, support doing that, etc.

Evaluation & Sunsetting

- How is the effectiveness of contact tracing program being evaluated, particularly from the perspective of people who test positive and their contacts?
- Where are the guardrails, what are the conditions for sunseting the program?

COVID-19 LEARNING COMMUNITY

COVID-19 CONTACT TRACING

STATES ARE RE-OPENING... **COME UP, WE'RE OPEN** ...& SHIFTING FROM RESTRICTIONS THAT APPLY TO EVERYONE... TO RESTRICTIONS INDIVIDUAL & COMMUNITY-BASED

BECAUSE BLACK COMMUNITIES ARE HARD HIT, BECAUSE WE ARE ESSENTIAL WORKERS & STRUCTURALLY EXCLUDED FROM HEALTHCARE, HOUSING, & ALL THE THINGS WE NEED TO STAY SAFE, THE CONTAINMENT WILL FOCUS ON BLACK COMMUNITIES.

ANDREA RITCHIE

... AS PART OF A NATIONAL STRATEGY TO TEST, TRACK, CONTAIN, & CRIMINALIZE

WE'RE SEEING A LOT OF RADICAL FOLKS FROM BOTH PUBLIC HEALTH & CRIMINAL JUSTICE BEGIN CONVERSATIONS OF HOW TO THINK ABOUT PUBLIC HEALTH WITHOUT CRIMINAL JUSTICE & PUNITIVE MEASURES ATTACHED.

KENYON FARROW

CONTACT TRACING: A HISTORY

EARLY 19TH C. - USED TO STOP SPREAD OF SMALLPOX IN THE U.S. & EUROPE

EARLY 20TH C. - DEVELOPMENT OF REPORTABLE HEALTH CONDITIONS

CRIMINALIZATION OF HIV EXPOSURE & NON-DISCLOSURE

HIV is NOT a CRIME!

IF WE CREATE A SYSTEM WHERE ONLY PEOPLE WHO TRUST PUBLIC HEALTH WILL ACCESS, WE'RE GOING TO PERPETUATE RACISM & FURTHER EXACERBATE DISPARITIES.

ROSE SAXE

LANDSCAPE OF ADAPTATION & INSTITUTIONALIZATION

- WORK FORCE & HIRING**: ACCESS BEYOND CONTRACTS, RE-ENTRY & TRANSITIONAL JOBS, COMMUNITY HEALTHCARE WORKERS
- TRAINING & CURRICULUM**: COMMUNITY LED & DRIVEN, MEANINGFUL REFORMS
- EVALUATION & SUNSET PROTOCOL**: STRICT GUARDRAILS

COMMUNITY GROUPS MUST BE PART OF CONVERSATION & GIVEN FUNDING!

ELECTRONIC CONTACT TRACING

- ★ REJECT AS SUBSTITUTE FOR MANUAL CONTACT TRACING & OTHER HEALTH EFFORTS
- ★ OUTRIGHT REJECTION OF MODELS THAT STORE & COLLECT GPS & CELL SITE INFORMATION
 - MAY NOT WORK
 - PRIVACY & CIVIL LIBERTY CONCERNS
- ★ OTHER MODELS, LIKE BLUETOOTH, ARE WORTH CONSIDERING - WITH A HIGH DEGREE OF CAUTION

NEEMA SINGH

WE HAVE TO RECOGNIZE THAT DIGITAL CONTACT TRACING IS A TINY, TINY, TINY PIECE OF WHAT NEEDS TO BE A MUCH LARGER PUBLIC HEALTH EFFORT THAT DOES NOT LEAVE OUT COMMUNITIES ALREADY HARDEST HIT BY THE VIRUS.

DEMANDS!

WE AS PUBLIC HEALTH PROFESSIONALS REALLY HAVE TO PUSH BACK ON THIS IDEA THAT YOU CAN CONTACT TRACE BUT YOU CAN'T TREAT.

BITA AMANI

- ANONYMITY, PRIVACY, & PROTECTION
- NO SHARING CONTACT TRACING INFORMATION WITH LAW ENFORCEMENT
- NO USING CONTACT INFORMATION TO CRIMINALIZE OR SUPPRESS PROTEST
- ECONOMIC, SAFE HOUSING, & SOCIAL SUPPORT
- JOB PROTECTION & COMPENSATION DURING QUARANTINE

ART BY @LIZAR_TISTRY

Illustrated infographic by Elizabeth Hee. Image from COVID-19 Learning Community

MUTUAL ACCOUNTABILITY: COMMUNITY BEST PRACTICES

We keep each other safe—it's more than a slogan, it's the truth. We—not the cops—are the most credible messengers about coronavirus risks and realities for our families, friends, neighborhoods and communities. We are the ones who are best positioned to share public health information with each other, and to remind each other to:

- When outdoors, wear a clean mask that covers your nose and mouth
- Wash and/or sanitize your hands whenever possible but definitely when entering a building
- Stay inside when possible
- Remain 6 feet apart from people
- Keep events to 10 or fewer people
- Be extra thoughtful of the well-being of the vulnerable and immunocompromised in community (elderly, people with respiratory and other health concerns, etc.)
- Create a pod formation of trusted community members
- Don't snitch; share information and resources
- Get tested if that feels safe and manageable
- Practice quarantining for 2 weeks when traveling
- Circulate mutual aid resources
- Support your local essential workers
- Remain informed via viable resources
- Support each other through mutual aid!

And, as we enter the 7th month of the pandemic, we know many of us are struggling under the strain of isolation, juggling work and supporting children, elders, and family members, unsafe home environments, financial stress, fear, and grief for loved ones lost during this time. In many parts of the country the weather may be limiting access to safer outdoor activities and spaces, creating more risks of transmission if we gather indoors. We need each other now more than ever.

The Interrupting Criminalization initiative has created a series of posters and postcards to help share public health information—and to explore and overcome obstacles to staying safer, together. You can order them for distribution through your networks through interruptingcriminalization.com. The posters that serve as the covers of this report are available for purchase at croadcore.bigcartel.com.

***We keep each other
safe—it's more
than a slogan,
it's the truth.***

While the state is responsible for meeting our material needs for healthcare, housing, and income support during national emergencies like this one, where the state has failed, many of us have stepped in through mutual aid projects. Learn more about mutual aid and find existing projects at bigdoorbrigade.com and mutualaiddisasterrelief.org.

APPENDIX A: PUBLIC HEALTH LETTERS

Communities United for Police Reform (CPR)

For Immediate Release: April 23, 2020

Contact: Dan Morris 917.952.8920 | press@changethenypd.org

**COMMUNITIES
UNITED FOR
POLICE REFORM**

REDUCE POLICING TO SLOW THE SPREAD OF COVID-19: MEDICAL PROFESSIONALS, HEALTHCARE ADVOCATES, AND ELECTED OFFICIALS DEMAND ACTION FROM MAYOR DE BLASIO AND NYPD

NEW YORK, NY — In a candid [letter](#) today, 200 medical providers and public health advocates urged Mayor Bill de Blasio and the NYPD to reduce policing as part of the city’s effort to stop the spread of COVID-19.

They warned that police officers may be spreading the lethal disease in unnecessary interactions with New Yorkers in public spaces.

Nurses for Social Justice, Communities United for Police Reform (CPR) and elected officials, including New York City Public Advocate Jumaane Williams, also echoed this call for less policing as a way to protect public health during the current pandemic.

Medical and health experts note that the rate of infection among NYPD officers is more than seven times that of New York City as a whole. They emphasize that low-level interactions between officers and the public are not worth the risk of increased infections.

Despite recommendations from the Police Executive Research Forum to curtail all non-essential police activities during a pandemic, NYPD Commissioner Dermot Shea and Mayor Bill de Blasio have not committed to any changes in low-level policing during the current public health crisis.

“As a nurse in New York City, I am alarmed that the very officers who are sworn to serve and protect us are likely spreading COVID-19 through unnecessary low-level interactions with the public. They are in a terrible position that puts them, their colleagues, their families and the public at great risk,” **said Jennifer Grossman, RN, BSN, LNC, Executive Director of Nurses for Social Justice**. “I am proud to join hundreds of medical providers calling on our leaders to prioritize the health and safety of all New Yorkers by taking the need for social distancing seriously and halting all low-level interactions between the NYPD and the public.”

“As doctors, we take an oath to do no harm. During this public health crisis, we are calling on the NYPD to

do the same. Doing no harm in the current pandemic means ceasing all unnecessary, low-level policing and ceasing the flow of people onto Rikers Island,” **said Dr. Kamini Doobay, a New York City Emergency Medicine Resident Physician.** “As medical providers, we are working long shifts in crisis conditions, often putting our own health at risk. We implore all sectors of society, including law enforcement, to do everything they can to flatten the curve.”

The letter states:

As medical workers on the frontlines of the COVID-19 pandemic, including doctors, nurses, physician’s assistants, and technicians, and organizations representing medical workers, we write to share our concerns with the way the New York City Police Department (NYPD) is policing during the current public health crisis. Specifically, we are alarmed at the high rate of infection among NYPD officers and fear that unnecessary interactions between the NYPD and the public will further exacerbate the public health crisis unfolding in New York City and rapidly spreading across the country.

*The Centers for Disease Control and Prevention (CDC) continues to emphasize the importance of social distancing to reduce transmissions. Further, the Police Executive Research Forum (PERF), a leading police research and policy organization, recommends “identifying core department functions” and appropriately curtailing non-essential police activities such as “crime prevention programs, parking enforcement, and enforcement of certain misdemeanor laws” during pandemic situations. **We urge the NYPD to heed the CDC and PERF’s advice to socially distance and curtail all non-essential contacts between NYPD officers and the public at this time.***

*We are especially concerned to hear that the NYPD is taking a business-as-usual approach to policing low-level offenses at this time. For each interaction the NYPD has with the public, there is a risk of virus transmission, and we urge the NYPD to take this public health risk seriously. **There is no question for us as medical providers that the risk of virus transmission is a far greater threat to the public health and safety of New Yorkers than non-violent offenses at this time.***

*Unnecessary contact between the NYPD and the public at this time is even more concerning when taking the alarming rate of infection of the NYPD into account. Currently, **the NYPD infection rate is 121 infections per 1,000 NYPD officers, more than seven times that of New York City as a whole.** Because of the high infection rate, it is likely that many more NYPD officers have been exposed to the virus without their knowledge. Each interaction between NYPD officers and members of the public puts both groups at risk of transmitting the virus and further spreading in the community, in NYPD precincts across the city, and in the homes of NYPD officers and the people with whom they are in contact.*

The letter requests that Mayor de Blasio and Commissioner Shea make the following changes to policing policy during the COVID-19 pandemic:

- (1) Halt the enforcement of low-level and ‘quality of life’ offenses to reduce unnecessary interactions between the NYPD and the public. This includes stops, tickets, and arrests for low-level and ‘quality of life’ offenses, as well as sweeps targeting homeless New Yorkers.
- (2) Cease unnecessary arrests by issuing summonses or appearance tickets for all other qualifying

offenses, and stop the flow of people onto Rikers Island.

(3) Encourage social distancing through public service announcements and community education, not enforcement that leads to unnecessary police contacts and risks further transmission of the coronavirus.

Below are statements from New York City Public Advocate Jumaane Williams and other elected officials supporting the call from health professionals for a reduction in policing to slow the spread of COVID-19.

“Over-policing and harsh enforcement are not what our city needs in order to implement social distancing policies—in reality, aggressive low level enforcement will only exacerbate the rapid spread of COVID-19 within the criminal justice system, and debilitating fines will only expand the disparity. Rather, we need community partners to share information with a clear message on these policies within neighborhoods, and we need the administration to release racial data on any enforcement that is already taking place. Social distancing and mask mandates are about public health and public safety—but public safety does not equate with over-policing,” **said New York City Public Advocate Jumaane Williams.**

“NYPD shouldn't focus energies on low-level offenses, as it only turns a minor infraction into a major risk. As numbers of coronavirus diagnoses increase within the department with more than 1,400 officers testing positive for COVID-19, unnecessary interactions between the NYPD and the public will only further exacerbate our safety and health,” **said New York City Council Member Donovan Richards, Chair of NYC Council Public Safety Committee.**

“Unnecessary interactions between the NYPD and civilians is putting individuals at risk of contracting COVID-19 and undermining our city's efforts to stop the disease's spread. I echo Communities United for Police Reform in their demand for the NYPD to heed the CDC's advice to socially distance and end non-essential interactions with the public,” **said New York City Council Member Antonio Reynoso.**

“We can't police our way out of a pandemic. Medical professionals in our city's jails and hospitals have been sounding the alarm for weeks about the dangerous conditions for viral spread of this disease, and we've already seen the rate of infection skyrocket at Rikers Island among incarcerated people without sufficient cleaning supplies and inadequate medical care. New York City and New York State have a responsibility to continue to shrink the jail population by halting arrests for low-level offenses and releasing people who are most vulnerable to illness. If we fail to do so, the increased death toll will be on our hands, and no amount of soap will wash it away,” **said New York City Council Member Brad Lander.**

“In this crisis, we need public policy decisions to be informed by what doctors and scientists are telling us. For the safety of citizens and police officers, I'm proud to join with Communities United for Police Reform and others to call on the NYPD to reduce unnecessary interactions with the public by ending unnecessary arrests for low-level offenses. These interactions needlessly jeopardize public health and disproportionately impact communities of color, who are already overrepresented in COVID-19 fatalities,” **said New York City Assemblymember Harvey Epstein.**

“During a public health crisis, it's vital to listen to science, reason, and medical expertise. As a legislator, I'm using public health guidance as my North Star during this crisis—and the NYPD should do so as well. Adhering to best practices for social distancing, on the recommendation of 200 medical professionals, will

save the lives of NYPD officers and New Yorkers who interact with law enforcement,” **said New York State Senator Brad Hoylman.**

“We are calling on Mayor de Blasio and Commissioner Shea to take the urgent action that the COVID-19 public health crisis demands. In order to protect our communities and people within the criminal legal system, the NYPD should be directed to cease unnecessary arrests and instead enforce necessary policies through public announcements and guidance,” **said New York State Senator Julia Salazar.**

“As the coronavirus continues to wreak havoc on New York City, an unnecessary encounter with law enforcement or a trivial arrest could literally be a death sentence. Mayor de Blasio and the NYPD should suspend Local Law 240.35 which effectively makes it illegal to wear a mask, suspend enforcement of low-level offenses, stop the flow of people going to Rikers Island and promote safety and social distancing. All we want to do is Survive!” **said New York State Assembly Member Mike Blake.**

“As a state representative who actively advocates for criminal justice in Albany, it is now more imperative than ever before that we do our part in protecting frontline healthcare workers during this most trying time in our state's history. Adhering to this notion requires that we do everything in our power to minimize unnecessary interaction between our law enforcement and the public when it isn't necessary or imperative to maintain law and order. The Centers for Disease Control and Prevention (CDC) directives, as it relates to social distancing to reduce transmission, explicitly extends to non-essential police activities. Activities, when minimized during a viral pandemic, can effectively lower the rate of infection among law enforcement and medical workers. It's crucial that we all do our part to act in accordance with the CDC's directives if we want the necessary desired results in minimizing the number of infections throughout our city and state,” **said New York State Assembly Member Walter Mosley.**

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About Communities United for Police Reform

Communities United for Police Reform (CPR) is an unprecedented campaign to end discriminatory policing practices in New York, and to build a lasting movement that promotes public safety and reduces reliance on policing. CPR runs coalitions of over 200 local, statewide and national organizations, bringing together a movement of community members, lawyers, researchers and activists to work for change. The partners in this campaign come from all 5 boroughs, from all walks of life and represent many of those most unfairly targeted by the NYPD.

End Police Violence Collective

April 2, 2020

We are dismayed to see public health officials calling on elected officials to enforce shelter-in-place orders through policing. We are further alarmed to see that states are already beginning to put in place checkpoints enforced by police and instituting fines and jail time for those who violate stay-at-home orders.

As public health professionals, researchers, advocates, and authors of the American Public Health Association’s statement on law enforcement violence, we want to state clearly: **policing and punishment do not protect public health.**

In fact, research shows that policing and surveillance are harmful to health. Young people of color and other marginalized individuals and communities, as always, will likely be the main targets during police enforcement of the shelter-in-place order, leading to ever deepening health inequities. Fines will disproportionately impact those who are experiencing poverty and increase housing instability just as this crisis underscores the necessity of housing for all. Detaining more people at a time when our prisons and jails should be emptied to promote health is grossly irresponsible. Fear of contact with law enforcement creates barriers to seeking health care and other health-supportive services. Policing will likely worsen the effects of the virus itself and further harm those who experience structural marginalization and already face harassment from law enforcement.

The American Public Health Association urges federal, state, tribal, and municipal governments to “fund programs that meet human needs, promote healthy and strong communities, and reduce structural inequities,” including by diverting resources from law enforcement agencies (see Action Steps 4 and 7 of policy statement). We must align with this guidance now more urgently than ever.

Communities are facing unprecedented hardship and guaranteed homes, income, and job security are the things that will enable us to stay home and stay safe. Without this, punitive measures will not increase people’s compliance with shelter-in-place orders, but will continue to put people at increased health risk. The health harms of policing will exacerbate the burden to the healthcare system’s financial and human resources. Responding to this crisis by investing in punishment when so many have lost their jobs and can’t pay for rent or groceries is a gross misuse of resources.

We need a public health approach to this pandemic, one that is compassionate and inclusive. We need to invest in community health, housing, and job supports that not only help people shelter-in-place, but also help them weather and recover from the long-term economic impacts of COVID-19.

—End Police Violence Collective

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SAFETY IN A PANDEMIC

WHO CAN'T STAY SAFE NOW?

X HOMELESS PEOPLE
X PEOPLE IN SHELTERS & NURSING FACILITIES
X SERVICE AND AGRICULTURAL WORKERS
X ESSENTIAL, LOW-INCOME & GIG WORKERS

X SURVIVORS OF VIOLENCE
X LGBTQ YOUTH
X PEOPLE WHOSE HOMES ARE NOT SAFE
X PEOPLE IN JAILS AND PRISONS



TO STAY SAFE IN A PANDEMIC, WE NEED:

X #FREETHEMALL - EMPTY JAILS & PRISONS
X SAFE SINGLE-PERSON SHELTER FOR ALL
X INCOME SUPPORT & EMPLOYMENT
PROTECTION DURING QUARANTINE
X WORKPLACE PROTECTIONS, PPE & HAZARD PAY
X NO FORCED RETURN TO WORK
X CONTINUED UNEMPLOYMENT BENEFITS

X UNIVERSAL BROADBAND
X RELIABLE AND TIMELY PUBLIC HEALTH INFO
X UNIVERSAL QUALITY HEALTH CARE
WITHOUT POLICING OR SURVEILLANCE
X FREE GROCERY AND DELIVERY
X FREE AIR CONDITIONERS AND PURIFIERS
X FREE CHILDCARE, ELDER CARE AND PET CARE
X END PROTEST POLICING