

VIRTUAL ROUNDTABLE

A Virtual Roundtable on COVID-19 and Human Rights with Human Rights Watch Researchers

JOSEPH J. AMON AND MARGARET WURTH

Introduction

International human rights law guarantees everyone the right to the highest attainable standard of health and obligates governments to take steps to prevent threats to public health and to provide medical care to those who need it. Human rights law also recognizes that in the context of serious public health threats and public emergencies threatening the life of the nation, restrictions on some rights can be justified when they have a legal basis, are strictly necessary, based on scientific evidence and neither arbitrary nor discriminatory in application, of limited duration, respectful of human dignity, subject to review, and proportionate to achieve the objective.¹

The scale and severity of the COVID-19 pandemic clearly rises to the level of a public health threat that could justify restrictions on certain rights, such as those that result from the imposition of quarantine or isolation limiting freedom of movement. At the same time, careful attention to human rights such as non-discrimination, and human rights principles such as transparency and respect for human dignity, can foster an effective response amidst the turmoil and disruption that inevitably results in times of crisis. Attention to human rights can also limit the harms that can come from the imposition of overly broad measures that do not meet the above criteria.

Amidst the global response to the COVID-19 pandemic, Human Rights Watch has been documenting rights abuses and conducting advocacy in countries around the globe on a wide range of issues. In early April, a number of researchers agreed to participate in a “virtual roundtable” to talk a little about their work and the challenges that they are seeing (see list of participants’ names on next page).

JA and MW: *Thank you everyone for participating in this virtual roundtable amidst all of the work you are doing on the COVID-19 pandemic.*

JA: *Let me start with a question for Corinne, since you closely covered the 2014-2016 Ebola epidemic in West Africa. What are your thoughts on how the human rights issues then might be similar to what we see now with COVID-19?*

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Corinne: Some of the key issues that Human Rights Watch addressed in West Africa then were: right to information, protecting human rights amidst quarantines, government obligations to protect health workers, the specific gender dimensions of the epidemic, abusive conduct of state security forces, and accountability issues and monitoring the imposition of emergency powers.² Child protection also emerged as a big issue, especially for girls, where we saw increasing rates of teenage pregnancy and transactional sex and exploitation. Clearly, all of these issues are relevant once again, as are the long-term impacts we saw from Ebola, such as the near-collapse of health systems, the need for countries struggling to rebuild to invest in a new generation of health workers and for better systems of financial accountability of funds for health systems and emergency response. The COVID-19 outbreak could be particularly devastating in Af-

rica as a result of weak healthcare infrastructure, challenges in access to clean water, high incidence of malnutrition as well as HIV and other chronic illness, large numbers of displaced people, and poverty which poses a challenge to social distancing.

JA: *One thing that was true with the Ebola outbreak, and with other epidemics like SARS, cholera, or typhoid is that governments often respond first with some degree of denial and censorship. What are some examples from where you are working that you have seen of governments restricting access or covering up information?*

Yaqiu: China’s government initially withheld basic information about the coronavirus from the public, underreported cases of infection, downplayed the severity of the infection, and dismissed the likelihood of transmission between humans.³

Participants
Heather Barr, Acting Co-Director, Women’s Rights Division
Tamara Taraciuk Broner, Acting Deputy Director, Americas Division
Bethany Brown, Researcher on the Rights of Older People
Jane Buchanan, Deputy Director, Disability Rights Division
Eva Cossé, Western Europe Researcher
Rachel Denber, Deputy Director, Europe and Central Asia Division
Corinne Dufka, West Africa Director
Tara Sepehri Far, Iran and Kuwait Researcher
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Kyle Knight, Senior Researcher, LGBT Rights Program
Aya Majzoub, Lebanon and Bahrain Researcher
Hillary Margolis, Senior Women’s Rights Researcher
Elin Martínez, Senior Children’s Rights Researcher
Grace Meng, Senior Researcher, US Program
Otsieno Namwaya, Senior Researcher, Africa Division
Komala Ramachandra, Senior Researcher, Business and Human Rights
Phil Robertson, Deputy Director, Asia Division
Sarah Saadoun, Researcher, Business and Human Rights Division
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Yaqiu Wang, China Researcher
Hugh Williamson, Director, Europe and Central Asia Division

Authorities detained people for reporting on the epidemic on social media and internet users for “rumor-mongering,” censored online discussions of the epidemic, and curbed media reporting.⁴ In early January, Li Wenliang, a doctor at a hospital in Wuhan where infected patients were being treated, was summoned by police for “spreading rumors” after he warned of the new virus in an online chat room. He died in early February from the virus.⁵

Phil: In **Thailand**, whistleblowers in the public health sector and online journalists faced retaliatory lawsuits and intimidation from authorities after they criticized government responses to the outbreak, raised concerns about a possible cover-up, and alleged corruption related to the hoarding and profiteering of surgical masks and other supplies. Some medical personnel were also threatened with disciplinary action—including termination of employment contracts and revocation of their licenses—for speaking out about the severe shortage of essential supplies in hospitals across the country. There have been similar reports in **Cambodia** and **Bangladesh**.⁶ In **Sri Lanka**, the police have warned that anyone criticizing public officials will be arrested.⁷

Tamara: In Latin America, the leaders of several countries have downplayed the COVID-19 pandemic. **Mexican** President Andrés Manuel López Obrador directly contradicted the recommendations of health authorities, encouraging Mexicans to continue going out in public.⁸ In **Brazil**, President Jair Bolsonaro has minimized the gravity of COVID-19, comparing it to a “little flu” or a “cold,” calling it a “fantasy” created by the media, and labeling preventive measures “hysterical.”⁹ In **Nicaragua**, the Daniel Ortega government has not declared any type of emergency in response to the pandemic and has continued to keep schools and churches open. Local sources have also reported that the government is discouraging Nicaraguans from wearing masks, including health workers, airport staff, and policemen, and pro-government groups have harassed those seen wearing them.¹⁰

JA: *Ensuring an effective response to an epidemic requires people to have some trust and confidence that their government is looking out for their best interests, especially for governments seeking to get people to accept social distancing or adopt other protective behaviors. There are lots of examples where governments haven't established a great deal of trust, but Iran, which had an early, explosive epidemic, seems like a very clear case of that.*

Tara: Indeed. In **Iran** the outbreak emerged after authorities had severely damaged public trust by brutally repressing widespread anti-government protests and lying about shooting down a civilian airliner.¹¹ As a result, Iranian authorities have struggled to assure the public that government decision-making around the COVID-19 outbreak has been in the public's best interests. The unusually high rate of reported cases of government officials contracting the virus, as well as the inconsistency in figures announced by officials and domestic media sources, have heightened concerns that the data is either being deliberately underreported or poorly collected and analyzed.¹²

MW: You also often see, in the early stages of epidemics, racism, xenophobia, and discrimination—blaming foreigners, or “others.” For example, the H1N1 epidemic, which was responsible for more than 17,000 deaths worldwide and originated in central Mexico, led to attacks on Hispanics in the United States and elsewhere.¹³ With the COVID-19 pandemic, we've seen people of Asian descent targeted with racist attacks. What are some examples of where you have documented that?

Grace: In the United States, President Donald Trump continued to defend his use of the term “Chinese virus,” even as more and more Asian-Americans were facing discrimination and abuse. His use of the term, as well as Secretary of State Mike Pompeo's use of “Wuhan virus,” may have helped spread racialized misinformation that distracted Americans from the reality of the pandemic, and shifted blame onto anyone that people think look Chinese, fueling an-

ti-Asian bigotry and xenophobia within the United States.¹⁴ Interestingly, recent reports have suggested that travelers, including US tourists, brought in the virus mainly from Europe.¹⁵ Ultimately we live in a global world and pointing fingers at groups of people distracts from what is really needed to respond effectively to a pandemic.

Phil: After Cambodia's Health Ministry blamed minority Muslim communities for spreading the virus, members of the public posted hateful Facebook comments. Cambodian Muslims, particularly in Phnom Penh, have since reported facing discrimination, such as people refusing to sell or buy products from them, or to exchange money. Others reported that non-Muslim Cambodians put on face masks as soon as they saw members of the Muslim faith come into their vicinity.¹⁶

Lydia: In Hungary, COVID-19 fears have been used to stoke xenophobia. Prime Minister Viktor Orban has said there's a link between "coronavirus and illegal migrants," while the Operational Corps, a government group leading the response to COVID-19, accused Iranians previously in quarantine of being uncooperative and threatened to deport them. On March 1, the government announced that it would indefinitely suspend admission to the two transit zones on its border with Serbia, saying that asylum seekers on the Serbian side of the border waiting to be admitted into the zones come from high-risk countries. Never mind that most of them have been waiting on the Serbian side on average nearly a year and a half.¹⁷

MW: *Let's talk about access to health care and inequality. Even wealthy countries have been hit hard and within those countries the pandemic poses particular threats to the most economically or socially marginalized groups.*

Hugh: People experiencing homelessness, wherever they are, are among the vulnerable groups most at risk in the coronavirus crisis. Many have underlying medical and mental health conditions and have nowhere to go to protect themselves or even

just to wash their hands. In **Germany**, the Berlin city government has emergency plans to accommodate 350 homeless people in a former youth hostel and elsewhere, including access to washing facilities and medical and psychological advice. But this is not enough to meet everyone's needs. Elsewhere in Europe, the lockdowns to limit the spread of the virus have raised concerns over police handling of homeless people. Restrictions in many countries have to take into account the needs of such vulnerable groups.¹⁸

Meenakshi: The **Indian** government is facing an extraordinary challenge to protect over a billion people. On March 24 the government announced a three-week nationwide lockdown to contain the spread of coronavirus in the country. The government gave only a few hours of warning. It left both the authorities and members of the general public unprepared. The lockdown has already disproportionately hurt marginalized communities due to loss of livelihood and lack of food, shelter, health, and other basic needs. Although some relief measures have now been put in place, millions, including suddenly out-of-work migrant workers, were left stranded. Tens of thousands started heading home, and with rail and bus services shut down, some even said they would walk hundreds of miles. The blanket closing of state borders has also caused disruption in the supply of essential goods, leading to inflation and fear of shortages. Thousands of homeless people are in need of protection. Police actions to punish those violating orders have reportedly resulted in abuses against people in need.¹⁹

Unfortunately, we are seeing similar concerns across South Asia where authorities are struggling to provide for the poor and contain the spread into dense urban settlements or rural communities, which lack an effective health infrastructure. This is particularly true in countries like **Pakistan**, **Nepal** and **Bangladesh**. In the **Maldives**, as tourism shuts down, numerous resorts are closing, leaving their staff without proper wages.

Jane: There are over a billion people with dis-

abilities worldwide. They are among the most marginalized and stigmatized even under normal circumstances. For many people having a disability does not mean higher risk of complications from COVID-19 infection, but they are in danger due to discrimination and barriers to health care, social services, and education. Millions of adults and children with disabilities live in segregated and often overcrowded residential settings where COVID-19 can spread rapidly, and can be exacerbated by neglect, abuse, and inadequate health care, which are serious problems in many institutions. People with disabilities also face challenges getting information that's essential for them to protect themselves, when there isn't sign language interpretation for television or internet broadcasts, for example. With governments implementing policies requiring social isolating to stem the spread of coronavirus, people with mental health conditions, such as anxiety or depression, may be in particular distress.²⁰

Komala: Access to health care is a big issue. For example, an uninsured woman in the **United States** recently reported that her COVID-19 testing and treatment cost nearly US\$35,000.²¹ An uninsured woman in Pennsylvania died after refusing to go to the hospital because she feared not being able to pay for care.²² There are at least 28 million Americans who are uninsured, and that number is growing as unemployment numbers skyrocket and people lose access to employer-based insurance. People with chronic health issues may struggle to get access to care. For example, for people dependent on opioids there are huge challenges to maintaining their access to methadone or other substitution therapies and harm reduction. The privatization of health care is a trend that is also unfolding in Sub-Saharan Africa. I have been looking closely at **Uganda** where trends show that the government has reduced budget allocations on public health care and increasingly relies on private and public-private partnerships. This could jeopardize access to care for low-income communities.

JA: *One challenge around access to information is that approximately half the world's population—46%—*

is not connected to the internet.²³ People in the least developed countries remain the least connected, but digital divides exist in better connected countries, too, and then there are targeted blackouts that limit access for specific populations. In addition to the challenge that this poses in terms of access to information, in times of social distancing, people without a reliable connection may be especially isolated. Where are you tracking this issue?

Meenakshi: It's a big issue in **Bangladesh**, where a Bangladesh government imposed internet blackout and restrictions on phone services in the Rohingya refugee camps in Cox's Bazar are obstructing the ability of humanitarian organizations to effectively address the COVID-19 pandemic. The shutdown—which has been in place for over six months—is risking the lives of nearly 900,000 refugees, as well as the Bangladeshi host community. Emergency health services face real challenges to coordinate prevention measures. After international pressure, Bangladesh restored internet in the Rohingya camps, but after a couple of hours it was shut off again.²⁴ We've seen the same issue, across the border in **Myanmar's** Rakhine state, where hundreds of thousands remain under an internet blackout.

Elin: According to UNESCO, 1.5 billion students in 184 countries were out of school due to COVID-19 by the end of March, representing 89.1% of the world's student population. By mid-April most countries had closed schools to limit the spread of the virus, so now even more children are out of school. This is in addition to over 260 million children who were already excluded from education, particularly girls, refugees, and children with disabilities. The crisis has exposed vast disparities in countries' emergency preparedness, governments' abilities to maintain schooling and reaching children when schools are closed, due in part to the lack of internet availability for children, and the very limited availability of learning materials. UNESCO has recommended that states "adopt a variety of hi-tech, low-tech and no tech solutions to assure the continuity of learning." However, that's not happening everywhere. Certain groups of stu-

dents are at higher risk of exclusion from online or distance learning, such as students with disabilities who require adapted, accessible material, and students from families with low-literacy or those who may not be as acquainted with the curricula used, including refugee or migrant parents.

JA: *Countries that are already experiencing conflict or that are under international economic sanctions are also likely to be ill prepared to respond to COVID-19 and ensure that they have the medical supplies needed to treat people who become ill.*

Tamara: In **Venezuela**, Human Rights Watch has already documented a health system in utter collapse. Hospitals have closed or are operating at a fraction of their capacity, many without regular access to electricity or water. Vaccine-preventable diseases such as measles and diphtheria returned long before the pandemic hit.²⁵ The lack of access to water is particularly problematic in the face of the COVID-19 pandemic: we're seeing health professionals who cannot even wash their hands in hospitals. Rates of survival for older people and those with underlying health conditions that put them at risk will be abysmal. In the case of Venezuela, although sanctions on the oil sector may further undermine the humanitarian emergency due to the risk of overcompliance, our research shows that the health system collapse predates the sanctions and is largely the responsibility of Venezuelan authorities.

Tara: Broad sanctions imposed by the United States on **Iran** have drastically constrained the ability of the country to finance humanitarian imports, including medicines. While the US government has built exemptions for humanitarian imports into its sanctions regime, Human Rights Watch research in October 2019 found that in practice these exemptions have failed to offset the strong reluctance of US and European companies and banks to risk incurring sanctions and legal action by exporting or financing exempted humanitarian goods. We've called on governments to support Iran's efforts to combat the COVID-19, including by providing access to medical devices and testing kits.²⁶

Sara: Nine years of war in Syria have decimated the country's health infrastructure.²⁷ Most recently in Northwest Syria, attacks by the Syrian-Russian military alliance have not only damaged hospitals and clinics, but led to massive internal displacement that even before the COVID-19 crisis had overwhelmed the humanitarian capacity to respond.²⁸ Parties to the conflict are also restricting access to aid and essential services, hindering the humanitarian capacity to prepare and protect vulnerable communities in the COVID-19 pandemic. Human Rights Watch had previously documented restrictions imposed by the Syrian government that led to discriminatory provision of humanitarian aid, and these continue in the COVID-19 response.²⁹ Turkish authorities have also blocked adequate water supplies from reaching Kurdish-held areas in Northeast Syria.

JA: *Many people are very concerned about the risks to people who are in jails, prisons, and other detention centers.³⁰ Where has Human Rights Watch looked at this and what have you found?*

Tamara: The unsanitary, overcrowded prisons and juvenile detention centers in most Latin American and Caribbean countries offer prime conditions for outbreaks of COVID-19. In March, people in detention facilities in several Latin American countries rose up to protest about both the lack of protective measures against COVID-19 and the efforts to lock them down. Hundreds escaped, dozens of people were injured, and at least 40 people died in connection with protests in **Colombia, Venezuela, Argentina, Peru, and Brazil**. We're equally concerned about the situation in migrant detention centers in **Mexico**, where overcrowding and unhygienic conditions put migrants at increased risk of contracting COVID-19. Protests in at least five migrant detention centers in Mexico have led to clashes that left dozens injured and caused at least one death. In some cases, migrants reported excessive force by security forces.³¹ With hundreds of people sleeping and eating in the same space and sharing bathroom facilities, it is nearly impossible to implement basic measures to prevent an out-

break. Once COVID-19 enters migrant detention centers, it could quickly spread, infecting detainees and staff who would bring the disease into the surrounding community.

Grace: Many people in US jails have not been convicted of a crime but are locked up simply because they cannot afford to pay the bail set in their case.³² Older men and women are the fastest growing group in US prisons due to lengthy sentences, and prison officials already have difficulty providing them appropriate medical care.³³ At jails in New York City and in Chicago there have been explosive outbreaks with hundreds of detainees and staff infected with COVID-19. Some state actors, including governors, judges, and police, have taken steps to release people from jails and prisons or to reduce arrests that are feeding jail populations.³⁴ Other state actors have resisted large-scale release. It is uncertain whether any carceral institutions have reduced populations sufficiently to allow adequate social distancing for all people, and non-punitive quarantine and health care for sick people.

Tara: Prisoners in Iran have reportedly tested positive for COVID-19, including in Evin prison in Tehran and in the cities of Euromieh and Rasht. In an open letter in February, families of 25 prisoners detained for peaceful activism sought their temporary release amid the outbreak and lack of sufficient prison medical care. In March, the Iranian judiciary released about 85,000 prisoners for the Persian New Year (Nowruz), a substantially greater number than normal for the holiday, apparently because of health concerns surrounding the coronavirus outbreak. However, dozens of human rights defenders and others held on vaguely defined national security crimes remained in prison.³⁵

Aya: On March 17, Bahrain's Interior Ministry announced it had released 1,486 detainees for "humanitarian reasons, in the backdrop of current circumstances," a likely reference to the COVID-19 pandemic. About 900 of them were granted royal pardons, while 585 were given non-custodial sentences under Bahrain's law on alternative sentencing.³⁶

Jude: In Italy, prisoners in over 40 prisons have protested over fears of contagion in overcrowded facilities and against bans on family visits and supervised release during the coronavirus pandemic. In response, authorities have authorized for the first time the use of email and Skype for contact between prisoners and their families and for educational purposes and announced a plan to release and place under house arrest prisoners with less than 18 months on their sentence. However, this doesn't go far enough to alleviate overcrowding to allow for social distancing in Italian prisons and local groups are calling for broader release criteria. Civil society organizations have also called for alternatives to detention for all people currently detained in immigration detention centers.³⁷

Sara: The Syrian government has arbitrarily arrested and forcibly disappeared thousands since the start of the conflict for their participation in peaceful protests or for expressing political dissent. Torture and executions account for many of the deaths among prisoners, but many also die from the horrific conditions in prisons.³⁸ With the COVID-19 threat looming over the country, we've called on the Syrian government to urgently release arbitrarily held prisoners, and we've called on humanitarian organizations and United Nations agencies to press for access to detention facilities and provide detainees with life-saving assistance.

MW: Migrant detention centers have similar risks. In the United States, the American Civil Liberties Union has filed a lawsuit that seeks to challenge ongoing immigrant detention in the context of the virus.³⁹ What is happening elsewhere with respect to migrants in detention or in communities?

Eva: In Greece, authorities are arbitrarily detaining nearly 2,000 migrants and asylum seekers in unacceptable conditions, and denying them the right to lodge asylum claims, in two recently established detention sites on mainland Greece. Authorities claim they are holding the new arrivals, including children, persons with disabilities, older people, and pregnant women, in quarantine due to COVID-19,

but the absence of even basic health precautions is likely to help the virus spread.⁴⁰ Even worse, thousands of asylum seekers and migrants are trapped in dangerously overcrowded, deplorable conditions in camps on the Aegean islands. Extremely limited access to running water, toilets, and showers, as well as hours-long lines for food distribution and insufficient medical and nursing personnel, make it impossible to abide by the guidelines for protection from the coronavirus, putting people at significantly heightened risk in the face of the growing threat of widespread COVID-19 transmission.

Aya: At least 21 municipalities in **Lebanon** have introduced discriminatory restrictions on Syrian refugees that do not apply to Lebanese residents as part of their efforts to combat COVID-19. Syrian refugees have also raised concerns about their ability to get health care and the lack of information on how to protect themselves against infection.⁴¹

MW: *The pandemic is also impacting sexual and reproductive health and rights, including access to abortion and contraception. In the United States, several states have tried to use COVID-19 to shut down abortion clinics and restrict access to abortion. This also affects access to medical abortion because many states require a doctor to be present when pregnant people take the medication.⁴² What other gendered impacts can we expect?*

Yaqiu: In **China** and elsewhere, media reports suggest an increase in domestic violence under quarantine. Crises—and lockdowns—can trigger greater incidence of domestic violence because of increased stress, cramped and difficult living conditions, and breakdowns in community support mechanisms. Crises can limit women's ability to get away from abuse and place victims in an environment without appropriate access to safe shelter or to services seeking accountability over abuse.

Heather: **Worldwide**, 70% of health and social service providers are women—meaning women are at the front lines of containing the spread of COVID-19 and may be heavily exposed to the virus

through work in the health sector. Women globally do almost 2.5 times as much unpaid care and domestic work as men, and they are more likely than men to face additional care giving responsibilities when schools close, making it harder to maintain paid employment. Up to 95% of female workers in some regions work in the informal sector where there is no job security, and no safety net if a crisis like COVID-19 destroys their earnings. Informal work includes many occupations most likely to be harmed by a quarantine, social distancing, and economic slowdown, such as street vendors, goods traders, and seasonal workers. Women are also over-represented in service industries that have been among the hardest hit by the response to COVID-19. While more men than women have been dying of COVID-19, the long-term and indirect effects of the pandemic will likely be felt much more severely on women.

JA: *What are some emerging concerns?*

1. Police abuse is a big concern

Meenakshi: In several **Indian** states, photos and videos show police beating people who are trying to get essential supplies.⁴³ In West Bengal, police allegedly beat a 32-year-old man to death after he stepped out of his home during the lockdown to get milk.⁴⁴ A video from Uttar Pradesh shows police forcing migrant workers, who were trying to walk home, to hop on the street to humiliate them.⁴⁵ Police in Maharashtra allegedly beat homeless people to evict them from streets.⁴⁶ Police have targeted daily wage workers, such as vegetable and fruit vendors, milk sellers, auto rickshaw and taxi drivers, and others delivering essential goods.⁴⁷

Phil: In the **Philippines**, police and local officials in several parts of the country have mistreated people detained for violating COVID-19 regulations, including by confining them to dog cages and forcing them to sit for hours in the midday sun. Children are among those facing cruel, inhuman, and degrading treatment for violating pandemic emergency measures. In Cavite province, two

children were locked in a coffin as punishment for violating curfew. In Binondo, Manila, village officials arrested four boys and four girls on March 19 for violating curfew. They forcibly cut the hair of seven of the children while the one who resisted was stripped naked and ordered to walk home.⁴⁸

Otsieno: When **Kenya** announced a curfew on March 25, police across Kenya beat and used tear-gas on crowds of people on their way home from work. In Mombasa, media reported that police started beating people who were queuing to board the ferry, the only means of transport home to the mainland after work, more than two hours before the curfew. Local television stations and social media showed footage of police apparently beating journalists covering the events. Mombasa police forced crowds of people to lie down together, in some cases on top of each other, as they beat, kicked, and slapped them for allegedly violating curfew. The crowds of travelers who were exposed to teargas and who did not have protective gear, coughed and yelled hysterically as police descended on them with batons, kicks, and blows.⁴⁹

Jude: In **France**, where ethnic profiling by the police is a longstanding, serious problem, citizens with cell phones and activists have documented abusive police stops targeting minorities in the context of enforcing lockdown measures.

2. Growing authoritarian rule

Lydia: In **Hungary**, Prime Minister Viktor Orban has seized the COVID-19 pandemic to undermine fundamental principles of democracy and rule of law in a way that is hard to reconcile as necessary for public health. An emergency law, rushed through parliament, which he controls, gave Orban and the executive branch extraordinary powers to suspend certain laws and implement others by decree for as long as the emergency continues. The law allows Orban as president to sidestep the parliamentary process and gives him and his government the means to exercise arbitrary and unlimited power.⁵⁰

Phil: Seventeen people have been arrested since late January 2020 in **Cambodia** for sharing information about COVID-19. Four members or supporters of the dissolved opposition Cambodia National Rescue Party (CNRP) were arrested, as well as a 14-year-old girl who expressed fears on social media about rumors of positive COVID-19 cases at her school and in her province. The Cambodian government's harassment of political opposition members and others is part of a broader campaign against civil society activists, independent journalists, and ordinary people who express their views both online and offline. The government has repeatedly said it would adopt a "fake news" law, a cybercrime law, and amendments to the media law—all of which are likely to curtail the right to freedom of expression and to facilitate arbitrary and unfettered surveillance of those deemed dissidents.

3. Privacy and surveillance

Maya: The **Chinese** authorities are notorious for using technology for mass surveillance, unconstrained by privacy legislation, a free press, robust civil society, or an independent legal system. Recently, China has been using an app, Health Code, to fight COVID-19. People provide their personal information, including ID number, address, whether they have been with people carrying the virus, and their symptoms. The app then churns out one of three colors: green means they can go anywhere, yellow and red mean seven and 14 days of quarantine, respectively. The app also surreptitiously collects—and shares with the police—people's location data.⁵¹ In addition, it can draw on other government databases, and the algorithms are unknown—and thus impose arbitrary constraints on the freedom of movement, among other rights. This raises serious concerns for the future, not least about what the authorities will do with still more data.

Rachel: In **Russia**, Moscow officials are forging ahead with installing one of the world's biggest surveillance camera systems equipped with facial recognition technology, despite protests from activists. Even though not designed for that purpose,

the system is now being used to ensure that people who test positive for COVID-19, or are required to quarantine, stay at home. The government also tracks geolocation, call, and other data from their cellphones.⁵² Currently, most Russian regions are under lockdown regimes. Local authorities in some of these regions have introduced pass systems, which require residents to obtain an SMS or QR code that serves as proof for having a legitimate reason for travel within a particular city.⁵³ Another country in the region that has imposed a pass system is Azerbaijan. Starting April 5, the Azerbaijani government began requiring residents to obtain such codes to leave the home, with only several tasks considered legitimate reasons, such as buying food or medicine or seeking medical care. Among the penalties for violators is up to 30-day jail sentences. Authorities have so far detained several hundred people for this infraction. Azerbaijan has a highly authoritarian government that has not refrained from using this system to retaliate against critics. Among those detained for infractions are six outspoken political activists, some of whom had in fact obtained passes. Most of them had criticized the government's failure to provide adequate compensation to people struggling financially from the consequences of the pandemic.

4. Older persons' rights

Bethany: The COVID-19 pandemic has both short-term and long-term consequences for older people. In the short term, they are at high risk for serious and life-threatening complications from COVID-19 infection. They also face heightened risk of infection if they live in institutions like nursing homes and may face severe social isolation if they remain at home. Over the longer term, I am hopeful that the understanding and attention to older persons' rights will increase as a result of this pandemic. The abuses we are now seeing, including discriminatory policies and troubling discussions of medical rationing and "culling" or sacrificing older people for the sake of the economy, are antithetical to the core of human rights, which recognizes the equality and dignity of all human beings.⁵⁴

JA: *Portugal has extended some rights protections to migrants and asylum seekers in the country during this crisis.⁵⁵ What other positive examples have you seen in documenting governments' response to the pandemic?*

Jude: **Portugal's** decision to temporarily grant all migrants with pending residency applications and all asylum seekers equal access to the national healthcare system as well as other full residency rights is a positive step. **Italy** automatically extended until mid-June all residency permits set to expire during the national lockdown period. Several European countries began releasing people from immigration detention facilities. On March 18, immigration authorities in **Spain** said they would start releasing people from detention following a case-by-case assessment, including whether there was any reasonable possibility of carrying out a deportation. Federal authorities in **Belgium** released an estimated 300 people on March 19 because detention conditions did not allow them to enforce safe social distancing measures. Authorities in the **United Kingdom** released some 300 people in response to a legal challenge brought by Detention Action and lawyers, who said that detention made the people they represent vulnerable to infection.⁵⁶

Maya: **Taiwan** took swift steps to combat the virus, including promptly making credible information widely available to the public. Daily press briefings by health officials and public service announcements aim to counter misinformation and have helped to calm panic, restore public confidence, and encourage people's cooperation in the crisis. **Singapore's** government published and regularly updated detailed statistics on the number and rate of infections and recoveries.

Hillary: The **UK** government and health departments in England, Scotland and Wales, unlike in the United States, have taken steps to ensure that women are able to manage medical abortions at home. Under the new policy, women can take both medications necessary for medical abortion—mifepristone and misoprostol—at home during the first

10 weeks of pregnancy following a telephone or electronic medical consultation, rather than having to take the first dose at a health facility. Access to early medical abortion at home lets women end unwanted pregnancies safely and privately, avoiding unnecessary surgical procedures.

Kyle: A high-ranking official in Karachi, Pakistan's largest city, reassured the transgender community there that the government would support them during a province-wide lockdown due to COVID-19. Karachi commissioner Iftikhar Shalwani told reporters that transgender people were a part of society, and assured them they would not be left out, stating: "We are committed to providing them with all possible help." It's a small step, but important considering how transgender people in Pakistan have historically faced abuse when accessing health care.⁵⁷

MW: *What is the importance of the human rights to water and sanitation in the context of the pandemic?*

Amanda: Human Rights Watch has worked on the issue of water, sanitation and hygiene for years, and sometimes it has been hard to get traction with governments and even the media about the importance of this issue from a human rights perspective. But, when you have the World Health Organization making recommendations about hand-washing in the context of a pandemic, it exposes how many people there are in the world that don't have continuous access to sufficient and safe water to take even this basic preventative step. From people in detention, to those enduring homelessness, to people who have had services cut because they can't pay, and those living in places where there isn't any piped water, nearly a billion people globally can't do even the minimum to protect themselves and that's a human rights crisis that existed even before the coronavirus.

JA: *An area that I think has been under-addressed so far is the risk of corruption that accompanies the chaos, emergency public procurement, fast-tracked R&D, and large economic stimulus and infrastruc-*

ture programs. What are some other risks that you see emerging in the post-COVID-19 world?

Sarah: The response to COVID-19 definitely raises the risk of corruption everywhere in the world. In the **United States**, recent economic stimulus legislation authorizes US\$500 billion in loans, loan guarantees, and "other investments" to certain businesses, with minimal oversight requirements and inadequate conflict-of-interest provisions. President Donald Trump, who never divested from his businesses, may benefit from these funds. The International Monetary Fund has committed up to \$1 trillion dollars to countries dealing with the economic impact of the pandemic and 90 countries have already requested emergency assistance. The World Bank expects to deploy \$160 billion dollars over the next 15 months, both to governments and private sector clients. It's critical that there is transparency and accountability for all money spent.

MW: *Let me ask you one final question, Joe. What do you see as some issues that have not been explored enough?*

JA: I have been surprised how little information we've gotten so far from public health authorities that would help us understand this pandemic. Fundamentally, we need more transparent information on who is getting testing and treated. Some states in the United States have collected no information by race, for example. We know nothing about access to testing or care for indigenous people. There's a lot of discussion about setting up drive-through testing, but what if you don't have a car? There was a small piece in the news about 10,000 families in San Antonio, Texas, coming to a weekly food distribution point that normally serves 200 people.⁵⁸ This is basic, it's about the right to food. Looking around the world, and seeing both the slow responses in many countries and the fragile health systems, I think there will be big issues ahead in terms of ensuring that medical supplies and resources are distributed and shared globally—including an eventual vaccine and effective treatment. How can this be done

equitably and based upon need? Clearly, WHO has to play a central role in this, and all countries have to see it as in our common interest. And finally, I think WHO has to see the crucial role that civil society plays in pandemic response and reimagine itself and embrace more those working to ensure that equity, accountability, and participation are fundamental and that human rights such as the right to information and to non-discrimination are central to its mission and identity.

JA and MW: *Thank you all for participating in this virtual roundtable and discussing some of the work that you are doing. It is a challenging time for everyone and no doubt a challenging time to document human rights abuses and conduct advocacy. Heather, we'll give you the final word. Can you give us some insight into what it's been like for the Women's Rights Division to work during these trying times?*

Heather: The women's rights team is 13 women based in ten locations in eight countries on four continents. Almost two-thirds are parents, some single parents, some of children who are no longer in school. Several others are caregivers for other family members or have taken on that role during this crisis. Multiple staff members have experienced anti-Asian racism related to the pandemic. We've become used to checking the number of COVID-19 cases in the country we're calling before checking in with a colleague. Colleagues have come up with creative but incredibly difficult solutions to do their work, stay safe, keep others safe, and get through the days—from not leaving the house at all to getting up at 4am to work to taking calls in the bathroom or outside when that's the only bit of quiet—and new ways to work with partners to keep research going during a lockdown. It's been a hell of a time for our team, though they are also feeling acutely aware of how many people have it so much worse.

JA and MW: *Thank you all again.*

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References

1. International Covenant on Economic, Social and Cultural Rights (ICESCR), G.A. Res. 2200A (XXI), Art. XXII. (1966). Available at <https://www.ohchr.org/en/professionalinterest/pages/cescr.aspx>; International Covenant on Civil and Political Rights, General Comment No. 29, States of Emergency (Article 4). UN Doc. No. CCPR/C/21/Rev.1/Add.11 (2001). Available at [http://www.unhchr.ch/tbs/doc.nsf/\(Symbol\)/71eba4be3974b4f7c1256ae200517361](http://www.unhchr.ch/tbs/doc.nsf/(Symbol)/71eba4be3974b4f7c1256ae200517361); and International Covenant on Civil and Political Rights, General Comment No. 27, Freedom of movement (Art.12). UN Doc. No. CCPR/C/21/Rev.1/Add.9 (1999). Available at [http://www.unhchr.ch/tbs/doc.nsf/\(Symbol\)/6c76e1b8ee1710e380256824005a10a9](http://www.unhchr.ch/tbs/doc.nsf/(Symbol)/6c76e1b8ee1710e380256824005a10a9); and Siracusa Principles on the Limitation and Derogation of Provisions in the International Covenant on Civil and Political Rights, U.N. Doc E/CN.4/1985/4, Annex (1985). Available at <http://www1.umn.edu/humanrts/instree/siracusaprinciples.html>; Human Rights Watch, "Human rights dimensions of COVID-19 response" [press release], March 19, 2020. Available at <https://www.hrw.org/news/2020/03/19/human-rights-dimensions-covid-19-response>.
2. Human Rights Watch, "West Africa: Respect rights in Ebola response" [press release], September 15, 2014. Available at <https://www.hrw.org/news/2014/09/15/west-africa-respect-rights-ebola-response>.
3. Human Rights Watch, "China: Respect rights in Coronavirus response" [press release], January 30, 2020. Available at <https://www.hrw.org/news/2020/01/30/china-respect-rights-coronavirus-response>.
4. D. Gilbert, "A Chinese citizen journalist covering Coronavirus live-streamed his own arrest," *Vice* (March 31, 2020). Available at https://www.vice.com/en_uk/article/qjdejpa-chinese-citizen-journalist-covering-coronavirus-live-streamed-his-own-arrest; V. Wang, "They documented the Coronavirus crisis in Wuhan. Then they vanished," *New York Times* (February 14, 2020). Available at <https://www.nytimes.com/2020/02/14/business/wuhan-coronavirus-journalists.html>.
5. C. Buckley, "Chinese doctor, silenced after warning of outbreak, dies from Coronavirus," *New York Times* (February 6, 2020). Available at <https://www.nytimes.com/2020/02/06/world/asia/chinese-doctor-Li-Wen->

liang-coronavirus.html.

6. Human Rights Watch, "Thailand: COVID-19 clampdown on free speech" [press release], March 25, 2020. Available at <https://www.hrw.org/news/2020/03/25/thailand-covid-19-clampdown-free-speech>; Human Rights Watch, "Cambodia: COVID-19 Clampdown on Free Speech" [press release], March 24, 2020. Available at <https://www.hrw.org/news/2020/03/24/cambodia-covid-19-clampdown-free-speech>; Human Rights Watch, "Bangladesh: End wave of COVID-19 'rumor' arrests" [press release], March 31, 2020. Available at <https://www.hrw.org/news/2020/03/31/bangladesh-end-wave-covid-19-rumor-arrests>.
7. Human Rights Watch, "Sri Lanka Uses Pandemic to Curtail Free Expression" [press release], April 3, 2020. Available at <https://www.hrw.org/news/2020/04/03/sri-lanka-uses-pandemic-curtail-free-expression>.
8. Human Rights Watch, "Mexico: Mexicans need accurate COVID-19 information" [press release], March 26, 2020. Available at <https://www.hrw.org/news/2020/03/26/mexico-mexicans-need-accurate-covid-19-information>.
9. Human Rights Watch, "Brazil: Bolsonaro sabotages anti-Covid-19 efforts" [press release], April 10, 2020. Available at <https://www.hrw.org/news/2020/04/10/brazil-bolsonaro-sabotages-anti-covid-19-efforts>.
10. M. Delgado, "Defying pandemic fears, the Nicaraguan government shuns social distancing," *Miami Herald* (April 2, 2020). Available at <https://www.miamiherald.com/news/nation-world/world/americas/article241706736.html>.
11. Human Rights Watch, "Rapid spread of virus further tests Iranians' faith in government" [press release], March 6, 2020. Available at <https://www.hrw.org/news/2020/03/06/rapid-spread-virus-further-tests-iranians-faith-government>; Human Rights Watch, "Iran: No justice for bloody crackdown" [press release], February 25, 2020. Available at <https://www.hrw.org/news/2020/02/25/iran-no-justice-bloody-crackdown>; Human Rights Watch, "Iran's cover-up of plane crash compounded its trouble in the streets" [press release], January 24, 2020. Available at <https://www.hrw.org/news/2020/01/24/irans-cover-plane-crash-compounded-its-trouble-streets>; F. Fassihi and R. Gladstone, "Iran's vice president is one of 7 officials to contract Coronavirus," *New York Times* (March 4, 2020). Available at <https://www.nytimes.com/2020/02/27/world/middleeast/coronavirus-iran-vice-president.html>; E. Cunningham and D. Bennett, "Coronavirus pummels Iran leadership as data show spread is far worse than reported," *Washington Post* (March 4, 2020). Available at https://www.washingtonpost.com/world/middle_east/coronavirus-pummels-iran-leadership-as-data-show-spread-is-far-worse-than-reported/2020/03/04/7b1196ae-5c9f-11ea-ac50-18701e14e06d_story.html; S. Scherr and D. Holthouse, "Swine Flu Prompts Anti-Mexican Sentiment," *Intelligence Report* (Fall 2009). Available at <https://www.splcenter.org/fighting-hate/intelligence-report/2009/swine-flu-prompts-anti-mexican-sentiment>.
12. F. Fassihi and R. Gladstone, "Iran's vice president is one of 7 officials to contract Coronavirus," *New York Times* (March 4, 2020). Available at <https://www.nytimes.com/2020/02/27/world/middleeast/coronavirus-iran-vice-president.html>; E. Cunningham and D. Bennett, "Coronavirus pummels Iran leadership as data show spread is far worse than reported," *Washington Post* (March 4, 2020). Available at https://www.washingtonpost.com/world/middle_east/coronavirus-pummels-iran-leadership-as-data-show-spread-is-far-worse-than-reported/2020/03/04/7b1196ae-5c9f-11ea-ac50-18701e14e06d_story.html.
13. S. Scherr and D. Holthouse, "Swine Flu Prompts Anti-Mexican Sentiment," *Intelligence Report* (Fall 2009). Available at <https://www.splcenter.org/fighting-hate/intelligence-report/2009/swine-flu-prompts-anti-mexican-sentiment>.
14. Human Rights Watch, "Trump adds to Asian-Americans' fears" [press release], April 1, 2020. Available at <https://www.hrw.org/news/2020/04/01/trump-adds-asian-americans-fears>.
15. C. Zimmer, "Most New York Coronavirus cases came from Europe, genomes show," *New York Times* (April 8, 2020). Available at <https://www.nytimes.com/2020/04/08/science/new-york-coronavirus-cases-europe-genomes.html>.
16. Human Rights Watch, "Cambodia: Fight discrimination amid pandemic" [press release], March 30, 2020. Available at <https://www.hrw.org/news/2020/03/30/cambodia-fight-discrimination-amid-pandemic>.
17. Human Rights Watch, "Hungary weaponizes Coronavirus to stoke xenophobia" [press release] March 19, 2020. Available at <https://www.hrw.org/news/2020/03/19/hungary-weaponizes-coronavirus-stoke-xenophobia>.
18. Human Rights Watch, "How can Germans 'stay at home' if they are homeless" [press release], March 26, 2020. Available at <https://www.hrw.org/news/2020/03/26/how-can-germans-stay-home-if-they-are-homeless>.
19. Human Rights Watch, "India: COVID-19 lockdown puts poor at risk" [press release], March 27, 2020. Available at <https://www.hrw.org/news/2020/03/27/india-covid-19-lockdown-puts-poor-risk>.
20. Human Rights Watch, "Protect rights of people with disabilities during COVID-19" [press release], March 26, 2020. Available at <https://www.hrw.org/news/2020/03/26/protect-rights-people-disabilities-during-covid-19>.
21. A. Abrams, "Total cost of her COVID-19 treatment: \$34,927.43," *Time* (March 19, 2020). Available at <https://time.com/5806312/coronavirus-treatment-cost/>.
22. S. Hamill, "Woman who died of COVID-19 refused to go to hospital, worried about bills, her son says," *Pittsburgh Post-Gazette* (March 25, 2020). Available at <https://www.post-gazette.com/local/region/2020/03/25/Woman-who-died-of-COVID-19-refused-to-go-to-hospital-worried-about-bills/stories/202003250139>.

23. Individuals using the internet, 2005-2019. Graph from ITU. Available at <https://www.itu.int/en/ITU-D/Statistics/Pages/stat/default.aspx>.
24. Human Rights Watch, "Bangladesh: Internet ban risks Rohingya lives" [press release], March 26, 2020. Available at <https://www.hrw.org/news/2020/03/26/bangladesh-internet-ban-risks-rohingya-lives>.
25. Human Rights Watch, "Venezuela's Humanitarian Emergency" [press release], April 4, 2019. Available at <https://www.hrw.org/report/2019/04/04/venezuelas-humanitarian-emergency/large-scale-un-response-needed-address-health#65471b>.
26. Human Rights Watch, "Iran: Sanctions threatening health" [press release], October 29, 2019. Available at <https://www.hrw.org/news/2019/10/29/iran-sanctions-threatening-health>.
27. Physicians for Human Rights, Physicians for Human Rights' Findings of Attacks on Health Care in Syria (February 2020). Available at <http://syriamap.phr.org/#/en/findings>.
28. Reliefweb, Recent developments in Northwest Syria—situation report No. 8—as of February 2020, (February 13, 2020). Available at <https://reliefweb.int/report/syrian-arab-republic/recent-developments-north-west-syria-situation-report-no-8-13-february>.
29. Human Rights Watch, "Rigging the system" [press release], June 28, 2019. Available at <https://www.hrw.org/report/2019/06/28/rigging-system/government-policies-co-opt-aid-and-reconstruction-funding-syria>.
30. J.J. Amon, "COVID-19 and detention: Respecting human rights," *Health and Human Rights Journal* (March 23, 2020). Available at <https://www.hhrjournal.org/2020/03/covid-19-and-detention-respecting-human-rights/>.
31. A. Guzman, "Motin en centro de detencion de migrantes de Tabasco déjà un muerto," *Proceso* (March 31, 2020). Available at <https://www.proceso.com.mx/624075/motin-en-centro-de-detencion-de-migrantes-de-tabasco-deja-un-muerto>.
32. Human Rights Watch, "Q&A: Pretrial incarceration, bail and profile-based risk assessment in the United States" [press release], June 1, 2008. Available at <https://www.hrw.org/news/2018/06/01/q-pretrial-incarceration-bail-and-profile-based-risk-assessment-united-states>.
33. Human Rights Watch, "US: Number of aging prisoners soaring" [press release], January 26, 2012. Available at <https://www.hrw.org/news/2012/01/26/us-number-aging-prisoners-soaring>.
34. T. Tully, "1000 inmates will be released from N.J. jails to curb Coronavirus risk," *New York Times* (March 23, 2020). Available at <https://www.nytimes.com/2020/03/23/nyregion/coronavirus-nj-inmates-release.html>.
35. Human Rights Watch (see note 1).
36. "HM King issues royal decree pardoning 901 inmates," *Bahrain News Agency* (March 12, 2020). Available at <https://www.bna.bh/en/HMKingissuesroyaldecreepardoning901inmates.aspx?cms=q8FmFJgiscL2fwIzON1%2bDqOYh84n5Snd4b-zoFGRDcoo%3d>.
37. Human Rights Watch (see note 1).
38. L.Loveluck and Z.Zakaria, "Syria's once teeming-prison cells being emptied by mass murder," *Washington Post* (December 23, 2018). Available at <https://www.washingtonpost.com/graphics/2018/world/syria-bodies/>; Human Rights Watch, "If the dead could speak" [press release], December 16, 2015. Available at <https://www.hrw.org/report/2015/12/16/if-dead-could-speak/mass-deaths-and-torture-syrias-detention-facilities#268a87>.
39. ACLU Pennsylvania, "ACLU urges federal court to release people in immigration detention who are vulnerable to Coronavirus" [press release], March 24, 2020. Available at <https://aclupa.org/en/press-releases/aclu-urges-federal-court-release-people-immigration-detention-who-are-vulnerable>.
40. Human Rights Watch, "Greece: Nearly 2,000 new arrivals detained in overcrowded, mainland camps" [press release], March 31, 2020. Available at <https://www.hrw.org/news/2020/03/31/greece-nearly-2000-new-arrivals-detained-overcrowded-mainland-camps>.
41. Human Rights Watch, Lebanon: Refugees at risk in COVID-19 response" [press release], April 2, 2020. Available at <https://www.hrw.org/news/2020/04/02/lebanon-refugees-risk-covid-19-response>.
42. E. Bazelon, "The Coronavirus becomes an excuse to restrict abortions," *New York Times* (March 26, 2020). Available at <https://www.nytimes.com/2020/03/26/opinion/covid-abortion-ohio-texas.html>.
43. R. Venkataramakrishnan, "The Indian police must understand that the Coronavirus cannot be beaten with a lathi," *Scroll.in* (March 26, 2020). Available at <https://scroll.in/article/957269/the-indian-police-need-to-understand-that-coronavirus-cannot-be-beaten-with-a-lathi>.
44. "West Bengal: Man who was buying milk dies hours after police thrash him," *Wire* (March 26, 2020). Available at <https://thewire.in/rights/west-bengal-police-curfew-man-thrashed-dies>.
45. Zeba Warsi, March 26, 2020, 3:56 a.m. Available at <https://twitter.com/Zebaism/status/1243084378751651841>.
46. S. Shantha, "Stay home: Coronavirus shows how the government has failed homeless persons," *Wire* (March 26, 2020). Available at <https://thewire.in/rights/homeless-persons-coronavirus-mumbai>.
47. Human Rights Watch, "India: COVID-19 lockdown puts poor at risk" [press release], March 27, 2020. Available at <https://www.hrw.org/news/2020/03/27/india-covid-19-lockdown-puts-poor-risk>.
48. Human Rights Watch, "Philippine children face abuse for violating COVID-19 curfew" [press release], April 2, 2020. Available at <https://www.hrw.org/news/2020/04/03/philip>

pine-children-face-abuse-violating-covid-19-curfew.

49. Human Rights Watch, “Kenya police abuses could undermine Coronavirus fight” [press release], March 31, 2020. Available at <https://www.hrw.org/news/2020/03/31/kenya-police-abuses-could-undermine-coronavirus-fight>.

50. Human Rights Watch, “Hungary’s Orban uses pandemic to seize unlimited power” [press release], March 25, 2020. Available at <https://www.hrw.org/video-photos/video/2020/03/25/hungarys-orban-uses-pandemic-seize-unlimited-power>.

51. Human Rights Watch, “China: Fighting COVID-19 with automated tyranny” [press release], April 1, 2020. Available at <https://www.hrw.org/news/2020/04/01/china-fighting-covid-19-automated-tyrann>.

52. Human Rights Watch, “Russia: Events of 2019” [press release]. Available at <https://www.hrw.org/world-report/2020/country-chapters/russia>; Human Rights Watch. “Moscow silently expands surveillance of citizens” [press release], March 25, 2020. Available at <https://www.hrw.org/news/2020/03/25/moscow-silently-expands-surveillance-citizens>.

53. M. Ilyushina, “Moscow rolls out digital tracking to enforce lockdown. Critics dub it a ‘cyber Gulag,’” CNN (April 14, 2020). Available at <https://edition.cnn.com/2020/04/14/world/moscow-cyber-tracking-qr-code-intl/index.html>.

54. M. Fernandez and D. Montgomery, “Texas tries to balance local control with the threat of the pandemic,” New York Times (March 24, 2020). Available at <https://www.nytimes.com/2020/03/24/us/coronavirus-texas-patrick-abbott.html?op19G=0038>.

55. M. Alberti and V. Cotovio, “Portugal gives migrants and asylum-seekers full citizenship during coronavirus outbreak,” CNN (March 30, 2020). Available at <https://www.cnn.com/2020/03/30/europe/portugal-migrants-citizenship-rights-coronavirus-intl/index.html>.

56. Human Rights Watch, “Europe: Curb immigration detention amid pandemic” [press release], March 27, 2020. Available at <https://www.hrw.org/news/2020/03/27/europe-curb-immigration-detention-amid-pandemic>.

57. Human Rights Watch, “Pakistan official supports transgender community amid COVID-19” [press release], March 25, 2020. Available at <https://www.hrw.org/news/2020/03/27/europe-curb-immigration-detention-amid-pandemic>.

58. J. Healy, “It’s ‘people, people, people’ as lines stretch across America,” New York Times (April 12, 2020). Available at <https://www.nytimes.com/2020/04/12/us/coronavirus-long-lines-america.html>.

