



COVID-19

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2020 marked the beginning of a global pandemic that has ravaged the globe and altered all of our lives. While COVID-19 has impacted everyone, some of us have been disproportionately – and oftentimes irreversibly – impacted. The virus has exposed fault lines wrought by centuries of discrimination: today, Black Americans are dying at twice the rate of white Americans of the virus, and Indigenous people are, according to one study, 3.5 times as likely as white Americans to contract COVID-19. Latinos have also disproportionately borne the brunt of the novel coronavirus and their community has suffered with both high infection and death rates. Essential workers in many sectors, including the healthcare sector, have been vital to our pandemic response, yet have been treated as disposable and faced reprisal for organizing against the unsafe workplace conditions to which they’re being exposed. Many “essential” jobs in the United States have been filled by immigrants, who have been systematically excluded from COVID-19 response and scapegoated for the dire economic toll the virus – and a bungled government response – have taken. In the U.S., authorities have broadly failed to provide sufficient relief for those most impacted. As vulnerable communities navigate the public health crisis, their suffering has too often been compounded by difficulty making rent, accessing healthy food, preventing utility shutoffs or securing employment. Leaders around the world have treated the virus as license to pursue authoritarian tactics that abuse human rights and fail to preserve public health, including mass surveillance that unjustifiably curtail people’s privacy rights.

Just as COVID-19 has laid bare legacies of discrimination, it has also demonstrated our profound interdependence and the importance of collective, evidence-based policies to lift us up as we recover from this devastating period. At home, it is long past time for the United States to guarantee healthcare as a human right through the provision of universal healthcare that protects all of us, not just those who can afford to pay for it. Internationally, the United States must reverse its inexcusable decision to withdraw support for the World Health Organization, whose mandate will be critical to a coordinated, global COVID-19 recovery, and it must lead the charge in ensuring that the poorest countries – which have been economically devastated by COVID-19 – can receive the debt relief they desperately need.

UNIVERSAL HEALTHCARE

DOMESTIC

THE ISSUE

Universal access to health care, without discrimination, is a human right enshrined in the Universal Declaration of Human Rights and the International Covenant on Economic, Social and Cultural Rights. Despite the fact that it is a right, there is a long-standing and widespread healthcare crisis in the United States, exacerbated by COVID-19, with countless people unable to access lifesaving care due to cost. The crisis impacts all of us, though some communities are more likely to bear the brunt of an inadequate healthcare system than others and face additional challenges in following public health guidance and accessing health care services.

This disparate impact is felt by, but not limited to, the Black community; communities of color; Indigenous People; transgender people; people who are experiencing homelessness, housing insecurity or poverty; people with disabilities; people who are undocumented; migrant workers; people in precarious or insecure employment, including in the “gig” economy; sex workers; people who are incarcerated or held in immigration detention; and people who are working in the informal sector or with lower socio-economic status. For example:

- According to Louisiana’s governor, as of April 24, Black residents in Louisiana account for approximately 33 percent of the state’s population yet represent nearly 60 percent of known COVID-19 related deaths.
- According to the Chicago Department of Public Health, as of April 29, while black residents represent 30 percent of the city’s population, they account for 54 percent of the city’s known COVID-19 related deaths and 40 percent of confirmed cases.
- As of mid-April, the Navajo Nation’s COVID-19 infection and death rates are 10 times higher per capita than their neighboring Arizona.
- According to the Asthma and Allergy Foundation of America, Black people in the U.S. are three times more likely to die from asthma, especially women, than any other group. About 13.4 percent of Black children have asthma, compared to about 7.4 percent of white children.
- Women in the U.S. have a higher risk of dying of pregnancy-related complications than those in 49 other countries, and Black women are nearly four times more likely to die of pregnancy-related complications than white women. These rates and disparities have not improved in more than 20 years.

There is a solution to this crisis. Instead of treating healthcare as a partisan political issue, it should be addressed as a human rights issue. That would mean putting in place a system of universal, equitable, non-discriminatory health care, and giving priority to a single-payer, publicly-funded system, so as to guarantee access to comprehensive, quality care for all people as a right and a public good. An effective and fair U.S. response to the COVID-19 pandemic would incorporate human rights in all aspects of prevention, treatment, and care. A human rights-centered response protects the well-being of all, while explicitly addressing the inequities and inequality.

RECOMMENDATIONS

- The U.S. government should put in place a universal, equitable, non-discriminatory healthcare system, giving priority to a single-payer, publicly funded system, so as to guarantee access to comprehensive, quality care for all people as a right, and a public good.
- Ensure that the government's response to COVID-19 centers human rights at all stages of the crisis—prevention, preparedness, containment, treatment and recovery—in order to best protect public health and support people who are most at risk. Any vaccines and treatment developed for COVID-19 must be safe, affordable, and accessible to all persons.
- Ensure that all women and pregnant people have equal access to timely and quality maternal health care services, including family planning services, and that no one is denied access to health care services by policies or practices that have the purpose or effect of discriminating on grounds such as gender, race, ethnicity, age, Indigenous status, immigration status, or ability to pay.
- Ensure that sexual and reproductive health care services are available, accessible, acceptable, and of good quality throughout an individual's lifetime.
- Fully account for the needs of adversely impacted and marginalized groups and people in plans and strategies to respond to COVID-19 and in addressing the wider healthcare crisis. The government must also plan for groups that have been particularly and disproportionately impacted by the epidemic who may require targeted assistance.
- Ensure that people who are incarcerated or otherwise in detention have their human right to healthcare fully fulfilled, including when it comes to testing, prevention and treatment of COVID-19. Authorities should urgently consider releasing people who are currently in detention or prison, especially those who are more at risk from the virus. Those with underlying medical conditions and the elderly should be immediately considered for alternatives to detention if they do not pose a threat to themselves or society, and there should be a presumption of release for people charged with a crime and awaiting trial.
- Ensure that each person has a standard of living that can ensure their health, dignity, and well-being as well as that of their family. This includes the human rights to housing, food, water, clothing, education, necessary social services, and the right to security in the event of unemployment, sickness, disability, old age, or other lack of livelihood in circumstances beyond their control.

ADDITIONAL RESOURCES

- Healthcare is a human right (2020) (available [here](#))
- End the disproportionate impact of COVID-19 (2020) (available [here](#))
- International standards on the right to health (2020) (available [here](#))

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U.S. HEALTH AND ESSENTIAL WORKERS

DOMESTIC

THE ISSUE

Health and essential workers have played an extraordinary role in the response to the COVID-19 pandemic. They have put their health and wellbeing at risk to ensure that people are able to access the essential services they need.

Despite their critical work, health and essential workers have faced enormous challenges in doing their jobs and the U.S. government has not adequately protected them. Shortages in personal protective equipment (PPE) have meant that health and essential workers have often had to perform their jobs without adequate protection and in unsafe environments. At the end of August 2020, at least 1077 frontline healthcare workers had died of COVID-19.

Health and essential workers have often experienced high workloads and increasing anxiety and stress as a result. In some cases, they have not received fair remuneration and compensation. They have faced repression and reprisals from authorities and their employers for raising safety concerns, and in some cases have been subject to violence and stigma from members of the public.

While COVID-19 has thrown many of these concerns into sharp focus, they reflect long-standing structural issues that have affected health and social systems for years, including a systematic lack of investment and preparedness, poor infrastructure, and the inadequate mainstreaming of human rights in health system design.

The U.S. has clear human rights obligations to protect health and essential workers in the context of COVID-19, including their right to health; just and favorable conditions of work; freedom of expression and peaceful assembly; freedom from discrimination and violence; and the obligation of all states to provide international cooperation and assistance for the realization of human rights.

Protecting health and essential workers' rights is crucial to ensure a stronger and more rights-respecting response to the pandemic. Health workers are valuable sources of information about the spread and scale of the COVID-19 pandemic and government responses to it. Ensuring health and essential workers are protected is a significant step towards ensuring that everyone is protected.

THE HUMAN COST

Tainika Somerville, a Certified Nursing Assistant for 20 years, was fired in April 2020 from Bridgeview Medical Center in Cook County, Illinois, where she had worked since September 2018, after she filmed a Facebook live stream denouncing lack of PPE at her workplace. According to Tainika, workers were missing N95 respirators and shoe and hair coverings, and were forced to re-use gowns. Tainika's case was resolved after a grievance proceeding in an arbitration process with Bridgeview Medical Center.

RECOMMENDATIONS

- Ensure that public and private employers provide all health and essential workers with adequate PPE to protect themselves during the COVID-19 pandemic, in line with international standards.
- Recognize COVID-19 as an occupational disease, and ensure that workers who contract COVID-19 as a result of work-related activities receive adequate compensation and medical and other necessary care. This should include all health and essential workers irrespective of the nature of their contract, including workers belonging to groups who have faced structural discrimination.
- Conduct a comprehensive, effective, and independent review regarding the U.S. government's preparedness for and responses to the pandemic. This review should consider whether the rights of health and essential workers – including the right to just and favorable conditions of work and the right to freedom of expression – were adequately protected. Where government agencies did not adequately protect human rights, the U.S. government should provide effective and accessible remedies.
- Investigate cases where workers faced reprisals for raising health and safety concerns, and provide effective remedy to those who have been unjustly treated including by reinstating workers who lost their jobs for speaking out. Provide opportunities for workers to raise health and safety concerns without retaliation.
- Investigate any attacks or acts of violence against health and essential workers and hold perpetrators accountable. Some workers may be at additional or specific risk due to their multiple and intersecting identities, which should be factored into any response.
- Collect and publish data by occupation, including categories of health and other essential workers who have contracted COVID-19, and how many have died as a result. This data should be disaggregated on the basis of prohibited grounds of discrimination, including but not limited to gender, caste, ethnicity, and nationality wherever possible, as well as place of work.

ADDITIONAL RESOURCES

- Exposed, Silenced, Attacked: Failures to protect health and essential workers during the COVID-19 pandemic, July 2020 (available [here](#))
- The Cost of Curing: Health workers' rights in the Americas during COVID-19 and beyond, May 2020 (available [here](#))
- Health Workers Deaths Due to COVID-19, September 2020 (available [here](#))

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SURVEILLANCE

GLOBAL

THE ISSUE

Governments worldwide are using new technologies to suppress dissent and silence human rights defenders (HRDs). Repressive governments are purchasing cutting-edge digital surveillance tools from private companies on the open market, giving them an unprecedented ability to monitor and track HRDs at home and abroad.

Targeted digital surveillance is the practice of monitoring or spying on specific persons and/or organizations through digital technology. Targeted digital surveillance may involve compromising devices by installing malware or spyware (i.e. malicious software designed to be secretly installed on a victim's computer or phone to steal information and / or monitor communications) or compromising digital communications through other tactics, including phishing campaigns (in which attackers impersonate legitimate services in order to steal usernames and passwords).

Governments contract the services of the private digital surveillance industry. Both the governments and the companies selling it to them claim that the technology is only used for lawful purposes, such as watching and tracking terrorists and criminals. However, mounting evidence of their misuse tells a different story. Civil society organizations, including Amnesty International, have uncovered targeted campaigns against those who defend human rights with technology that is marketed by many of these surveillance companies.

The targeting of human rights defenders because of their work using digital surveillance technology is unlawful under principles laid out in international human rights law. Unlawful surveillance violates the right to privacy and impinges on the rights to freedom of expression and opinion, of association and peaceful assembly.

While little is known about the true extent of the international surveillance industry, certain companies have come to the surface due to their involvement with unlawful surveillance. NSO Group is one of these companies. NSO Group's spyware has been known to be operating in at least 45 countries and has been used to target HRDs in Morocco, Mexico, Saudi Arabia and the UAE. An Amnesty International staff member has also been a target of NSO Group spyware.

TALKING POINTS

- Governments worldwide are increasingly using new technologies to suppress dissent and silence human rights defenders.
- The United States should become a global leader for human rights, including by setting an example for the rest of the world to follow.

RECOMMENDATIONS

- The President should order the Department of State (responsible for regulating the sale of spyware to foreign governments) to institute an immediate moratorium on the sale and transfer

of targeted surveillance tools until rigorous human rights safeguards are put in place to regulate such practices and guarantee that governments and non-state actors use the tools in legitimate ways. This includes both the import or targeted surveillance tools for domestic use, and also their export for use in other countries.

- The President of the United States should work with Congress to reform surveillance by the U.S. government in line with human rights standards.

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WORLD HEALTH ORGANIZATION

GLOBAL

THE ISSUE

On July 8, 2020, the Trump Administration announced its decision to [officially begin withdrawing](#) the U.S. from the World Health Organization (WHO). On September 3, 2020, the U.S. Department of State began [reprogramming funds](#) away from the global health body and reassigning U.S. experts tasked with supporting the institution.

The WHO is the primary international body with a mandate to support global public health. In addition to playing a key role in responding to the COVID-19 pandemic, it implements numerous programs to prevent, control, and treat Ebola, measles, malaria, HIV and AIDS, and many other diseases.

As COVID-19 spread around the world, the WHO has played a pivotal role [in coordinating international efforts](#) to respond to the pandemic. The international body helps organize global [clinical trials](#) to assess the safety and effectiveness of varying drugs against the virus. WHO officials work across the world to aid health ministries in [designing plans](#) to prevent and control COVID-19 infections. Additionally, the WHO has [provided pivotal testing capacity](#) in countries where local health systems lack the capacity to effectively respond to the virus.

For years leading up to the Trump Administration's decision to suspend funding, the U.S. has been the WHO's largest contributor. Because much of the WHO's [activities and resources](#) are concentrated across economically fragile regions of the world, the White House's decision will have a disproportionate impact on countries with weaker health systems. Because an outbreak anywhere can lead to transmission everywhere, including the U.S., U.S. allies including the [United Kingdom](#) have recently increased funding for the WHO.

The Trump Administration's decision to suspend funding to the WHO has been met by a chorus of protest from physicians groups such as the [American Medical Association](#), and the [American Academy of Pediatrics](#), and from other organizations including the [American Chamber of Commerce](#) and the [Heritage Foundation](#). Most importantly, the decision will have a major impact on the ability of people worldwide to realize their fundamental human rights. The right to health is enshrined in several international human rights instruments including Article 12 of the [International Covenant on Economic, Social and Cultural Rights](#); Article 24 of the [Convention on the Rights of the Child](#); Article 12 of the Convention on the Elimination of All Forms of Discrimination against Women, and Article 5 of the [International Convention on the Elimination of All Forms of Racial Discrimination](#). The right to health includes the right to seek, receive and impart information and ideas concerning health issues, and the "prevention, treatment and control of epidemic, endemic, occupational and other diseases."

No international body, including the WHO, should be beyond scrutiny. It is legitimate and important to scrutinize an organization's effectiveness and impartiality or to engage in a collaborative, good-faith effort at institutional reform. In particular, once the pandemic recedes, it will be important to ask questions about the Chinese government's censorship of scientists and activists who were trying to sound the alarm.

President Trump's decision to withdraw the U.S. from this global health body, suspend financial contributions and redirect congressionally appropriated funding represents a transparent attempt to politicize the global pandemic response.

TALKING POINTS

- The middle of a pandemic is not the time to withdraw from the World Health Organization. We know that any effort to politicize a pandemic will lead to a world that is sicker, weaker, and more divided. Rather than stepping back from the global response to COVID-19, the U.S. must reinvest in it.
- The World Health Organization is imperfect. But it plays an irreplaceable role in coordinating the global response to the global pandemic, from organizing clinical trials for life-saving medicine to helping some of the world's poorest countries develop a national action plan.

RECOMMENDATIONS

- The U.S. Department of State must immediately notify Congress of its intention to return all reprogrammed funds and completely pay down the remaining portion of the U.S. 2020 assessment.
- Reverse the Trump Administration's decision to not participate in WHO-led coronavirus vaccine efforts such as the COVID-19 Vaccine Global Access Facility (COVAX).
- Publicly and immediately reverse the decision to withdraw the U.S. from the WHO.

ADDITIONAL RESOURCES

- Letter to Congressional Appropriators on WHO Funding Cuts (April 2020) (available [here](#))

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DEBT RELIEF FOR LOWER INCOME COUNTRIES

GLOBAL

THE ISSUE

The COVID-19 pandemic will exacerbate ongoing global crises well beyond its devastating impact on health and human life. COVID-19 has shut down economies, crippled global trade, eroded financial stability, and undermined essential revenue streams for countries. These additional crises will impact the ability of governments to provide healthcare, education, ensure adequate food supplies and address issues like climate change and employment far beyond the hoped-for end of the immediate pandemic, and will impact the global economy for years.

Helping countries, especially lower income countries, have the financial resources to survive the pandemic and build back better is not only the right thing to do morally, it is the smart thing to do, as the pandemic has shown us how intertwined we all are when it comes to global threats. Donor countries and international financial institutions must implement bilateral and multilateral debt forgiveness to prevent the rest of the global economy from collapsing – with devastating impact for millions who are already struggling -- and build back a more just global economy for everyone.

BACKGROUND

While the financial impact of the COVID19 pandemic has been global, the impact has been hardest in lower income countries, where existing inequities and poverty undermine the ability of countries to handle and respond to the shock of the pandemic. Some studies have indicated the pandemic's impact will erase 30 years of progress in eradicating poverty. The number of people living in poverty globally could increase from 2018, by between 85–580 million people, depending on the severity of the economic contraction. Regions at risk of the greatest increase in poverty are the Middle East and North Africa, South Asia and Sub-Saharan Africa. Increased poverty will mean increased rates of mortality, undernutrition and malnourishment. This could trigger larger surges of migration as people seek to escape increased food insecurity and conflicts over scarce resources. Needs will outstrip the capacity of most governments to respond as economies struggle. GDP will be slashed, revenue from taxes will fall and remittances from abroad will dry up.

As donor countries struggle with their own recoveries, a study already confirms that international aid flows have already slowed significantly, and whether they can return to pre COVID-19 days is doubtful.

The global community and the United States will need to leverage every tool at their disposal to prevent further global economic collapse, including by implementing robust debt forgiveness. Prior to the COVID-19 pandemic, poor countries were already sinking under billions of dollars of debt, spending a large part of their GDP on servicing that debt. The pandemic has deepened the crisis. Creditor countries can and must commit to cancelling the debt of the world's poorest countries, scaling up investments in health and social protections, and phasing out fossil fuels, to ensure a just and sustainable recovery from the pandemic.

RECOMMENDATIONS

- The President and Secretary of State should personally lead the U.S. effort to secure debt cancellation by the G7 and G20 and by the World Bank and IMF of debt owed by the world's poorest countries for at least the next two years, freeing up resources for countries to respond to the COVID-19 pandemic and facilitate the recovery that will be needed post pandemic.
- The President should work with Congress to robustly support legislation ensuring U.S. support for the Bank and IMF includes strong stipulations for those institutions to enact debt cancellation.

TALKING POINTS

- The COVID-19 crisis has taught us the lesson that we are only as secure as the most vulnerable of us is. The United States will work to get the global community to cancel multilateral and bilateral debt, so that countries can invest in rebuilding their healthcare systems and their economies, in order to provide social services and ensure the rights and dignity of their people.

ADDITIONAL RESOURCES

- G20: Rich, powerful states must ensure COVID-19 recovery measures tackle global poverty, inequality, and the climate crisis <https://www.amnesty.org/en/latest/news/2020/07/g20-rich-powerful-states-must-ensure-covid19-recovery-measures-tackle-global-poverty-inequality-and-the-climate-crisis/#:~:text=Debt%20cancellation,repayments%20in%202020%20and%202021.>
- World Bank: Covid-19 pushes poorer nations 'from recession to depression' <https://www.theguardian.com/business/2020/aug/19/world-bank-calls-for-greater-debt-relief-for-poorer-countries-in-wake-of-covid-19>
- G7 Calls for More Debt Relief to Confront COVID-19 Crisis https://www.jubileeusa.org/g7_finance_ministers_call_for_more_debt_relief_to_confront_covid_19_crisis
- Hundreds of World Leaders and Development Groups Call for Debt Cancellation https://www.jubileeusa.org/pr_usccb_covid_19_debt_relief

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