



The President
The White House
1600 Pennsylvania Avenue NW
Washington, DC 20500

18 March 2020

Dear Mr. President:

On behalf of Amnesty International USA,¹ I write to urge your administration to protect the human rights of all people, including the right to health, as governmental authorities at the federal, state, tribal, and local level respond to the humanitarian and public health challenges presented by the COVID-19 pandemic.

With the potential to affect the human rights of millions of people, the response to COVID-19 must center human rights at all stages of the crisis – **prevention, preparedness, containment, and treatment** – in order to best protect public health and support people who are most at risk of adverse impacts.

Respecting human rights is not a luxury that can only be afforded once the threat for public health has been minimized. Human rights violations hinder, rather than facilitate, responses to public health emergencies, and undercut their efficiency.

Amnesty International USA calls on the U.S. government to ensure that all responses to the COVID-19 outbreak are in compliance with international human rights law and standards, taking into account the specific needs of marginalized groups and people and those most at risk. Amnesty International USA further calls on the U.S. government to address and mitigate the specific human rights risks associated with any particular response.

An effective and fair U.S. response to the COVID-19 pandemic will incorporate human rights in all aspects of prevention, treatment, and care. The U.S. government must provide affordable and accessible prevention, treatment, and care with accurate,

¹ A Nobel Prize-winning global movement of more than eight million people worldwide campaigning to promote human rights, Amnesty International calls on all governments and other actors involved to ensure that all responses to the COVID-19 outbreak are in compliance with international human rights law and standards, taking into account the specific needs of marginalized groups and people and those most at risk, and that the specific human rights risks associated with any particular response are addressed and mitigated. Amnesty International USA is the movement's U.S.-based section with more than one million activists, supporters, and members.

timely, and science-based health guidance; protect workers' rights and provide adequate social support; ensure vulnerable and marginalized groups are adequately supported; and ensure health workers and other workers exposed to COVID-19 due to the nature of their job are protected.

Accessibility and Affordability of Care

The United States, among other countries, has signed or ratified human rights treaties requiring it to guarantee the right to health.² The right to health includes the prevention, treatment, and control of epidemic diseases.³

In the context of a pandemic, such as COVID-19, there is an obligation to ensure that preventive care, goods, services, and information are available and accessible to all persons.

This includes the government providing accurate, timely, and science-based information about how people can protect themselves. The government must act aggressively to correct misinformation, and no government official should either make, or pressure others to make, misleading or unfounded statements. The U.S. must ensure that people have access to necessary scientific information.

The U.S. government must provide free testing for all persons who request it, and any goods and services necessary to ensure prevention must be available and affordable for all. Other health care goods, facilities, and services – including access to diagnosis, care, and any vaccines and cures developed for COVID-19 in the future – must also be available in sufficient quantity, accessible, and affordable for everyone without discrimination.

The U.S. government must further ensure that any vaccines and treatment developed for COVID-19 are affordable and accessible to all persons. The government should work with significant stakeholders (including pharmaceutical companies) to this end, keeping in mind the human rights responsibilities of all actors involved.

The right to health includes both physical and mental health. The U.S. must ensure that psychosocial support is available for potential mental health consequences of the COVID-19 epidemic and the subsequent containment measures.

² The right to health is contained in several international human rights treaties, including the International Covenant on Economic, Social, and Cultural Rights (“ICESCR”), and most countries in the world have ratified at least one treaty that requires them to respect, protect, and fulfill aspects of the right to health. While the U.S. has signed but not ratified the ICESCR, its obligations include the guarantee of civil, cultural, economic, political, and social rights, in accordance with the principle of interdependence and indivisibility of human rights.

³ ICESCR, Article 12(2).

Particular and Disproportionate Impact on Certain Groups

The government's response must take into account the specific needs of marginalized groups and people and those most at risk.

All people can get COVID-19, but certain groups and people may face additional challenges in accessing care. Groups and people who could face adverse impacts from the COVID-19 pandemic include, but are not limited to, migrant workers, people in precarious/insecure employment including in the “gig” economy, undocumented immigrants, persons with disabilities, people who are incarcerated or held in immigration detention, Indigenous Peoples, and people working in the informal sector.

People living in poverty will find it much harder to access preventive measures, including masks and sanitizer, and people who are homeless will also face significant challenges self-isolating. Similarly, people without access to adequate water and safe sanitation will be more vulnerable to the spread of COVID-19 and will find it harder to take the steps to protect themselves that are being currently advised (such as washing hands frequently).

Other people that may be particularly impacted include those who do not have any choice but to live or work in close proximity with others without access to adequate preventive measures, such as in prisons, detention centers, or in work environments that pose health risks.

An increase in COVID-19 cases can also put increased pressure on public health systems, which may adversely impact people who otherwise need regular access to health care – for non-COVID-19 related reasons – including people with chronic health conditions, older persons, and people who are pregnant.

While there has been limited information so far on the gendered impact of the COVID-19 epidemic, in previous public health emergencies, women and girls have experienced particular and disproportionate impacts. All response efforts must include a gender analysis to ensure that the rights of women, girls, and gender non-conforming people are protected and that they receive appropriate support

The U.S. government must fully account for the needs of adversely impacted and marginalized groups and people in its plans and strategies to respond to COVID-19. The government must also plan for groups that have been particularly and disproportionately impacted by the epidemic who may require targeted assistance.

Social Security and Workers' Rights

Measures introduced to improve public health, such as social distancing, travel restrictions, and quarantines, can adversely impact people's rights to and at work, with people in certain areas of labor being disproportionately affected. This includes migrant workers, people in the "gig" economy, people on lower incomes, undocumented immigrants, and people working in the informal sector. Workers in these sectors often do not get adequate, or any, social security benefits, meaning they lose wages when they are quarantined and have no sick pay. They may also face additional challenges in accessing testing and treatment when they fall ill.

The U.S. government must ensure that all people have access to social support that enables security and dignity. This includes paid sick leave, health care, and parental leave where people are unable to work because of the COVID-19 pandemic, for example because they are sick, quarantined, or caring for dependents who are affected, including children because of school closures.

Preventing Stigma and Discrimination

As a consequence of the spread of COVID-19, reports have emerged of discrimination and stigma against people perceived to be from certain countries or ethnicities. Sentiment against persons perceived to come from China has resulted in widespread racial profiling, and in some cases, physical attacks. In San Fernando, a 16-year-old Asian American boy was physically attacked at school because he was accused of having COVID-19. In New York, a woman wearing a facemask, who was believed to be Asian, was physically and verbally assaulted in a subway station.

The right to nondiscrimination and the principle of equality must remain central to the U.S. government's responses to COVID-19. The government must act to ensure that a person's race, ethnicity, nationality, or immigration status, or their actual or perceived health status, is not a barrier to accessing care or subjects them to harassment, ostracism, racism, or other stigmatization. As the Centers for Disease Prevention and Control in the U.S. has noted, "Stigma hurts everyone by creating more fear or anger towards ordinary people instead of the disease that is causing the problem."

The U.S. must take concrete, deliberate, and targeted measures to address and prevent discrimination and stigma, including implementing strategies, policies, and plans of action to address actions by public and private actors. The government must act to protect all individuals from mistreatment and prevent scapegoating of individuals or groups.

Protecting Health Workers

Health workers are at the frontline of the COVID-19 pandemic, continuing to deliver services despite the personal risks to them and their families. The risks they face include contracting COVID-19 while doing their jobs, long working hours, psychological distress, and fatigue. Similar considerations also apply to other employees facing a higher risk of exposure, such as workers in the service sector who are keeping shelves stocked with food and medicine during this pandemic, law enforcement personnel tasked with implementing and enforcing public health measures, and other workers providing the services and goods that continue to support and benefit communities.

The U.S. must ensure there is adequate equipment, training, and support for health workers and other workers facing a higher risk of exposure, and mechanisms in place to guarantee support for the families of health workers and others who have died or become ill as a consequence of exposure to COVID-19.

People affected by a public health emergency, including those displaced as a result of the events, remain entitled to the full and effective protection of human rights law. Those infected or potentially exposed must not lose the rights of the population at large.

At this time of great uncertainty and anxiety, I call on your administration to lead by protecting the health, safety, security, and other human rights of all people.

Respectfully,



Margaret Huang
Executive Director

Cc: Vice President Mike Pence
Secretary of Health and Human Services Alex Azar
Assistant to the President for National Security Affairs Robert O'Brien
Director of the Centers for Disease Control and Prevention Dr. Robert Redfield
Director of the National Institute of Allergy and Infectious Diseases Dr. Anthony Fauci
Deputy Secretary of State Stephen Biegun
Acting Deputy Secretary of Homeland Security Ken Cuccinelli

Acting Under Secretary for Policy, Department of Transportation Joel Szabat
Assistant to the President and Deputy National Security Advisor Matthew
Pottinger
Assistant to the President and Senior Advisor to the Chief of Staff Rob Blair
Assistant to the President and Director of the Domestic Policy Council Joseph
Grogan
Assistant to the President and Deputy Chief of Staff for Policy Coordination
Christopher Liddell
Office of Management and Budget Executive Associate Director Derek Kan
Surgeon General Dr. Jerome Adams
National Economic Council Director Larry Kudlow
Secretary of the Treasury Steven Mnuchin
Coronavirus Response Coordinator Dr. Deborah Birx
Centers for Medicare and Medicaid Services Administrator Seema Verma
Secretary of Veteran Affairs Robert Wilkie
Secretary of Housing and Urban Development Dr. Ben Carson
Commissioner of Food and Drugs Dr. Stephen Hahn
Office of Science and Technology Policy Director Kelvin Droegemeier
Acting Secretary of Homeland Security Chad F. Wolf
Attorney General William Barr
National Institutes of Health Director Dr. Francis Collins