

COVID-19 data sharing with law enforcement sparks concern

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More than 11 million people have been tested in the U.S. for COVID-19, all with the assurance that their private medical information would remain protected and undisclosed.

Yet, public officials in at least two-thirds of states are sharing the addresses of people who tested positive with first responders—from police officers to firefighters to EMTs. An Associated Press review found that at least 10 of those states also share the patients' names.

First responders argue the information is vital to helping them take extra precautions to avoid contracting and spreading the coronavirus.

But civil liberty and community activists have expressed concerns of potential profiling in African-American and Hispanic communities that already have an uneasy relationship with law enforcement. Some envision the data being forwarded to immigration officials.

"The information could actually have a chilling effect that keeps those already distrustful of the government from taking the COVID-19 test and possibly accelerate the spread of the disease," the Tennessee Black Caucus said in a statement.

Sharing the information does not violate medical privacy laws, according to guidance issued by the U.S. Department of Health and Human Services. But many members of minority communities are employed in industries that require them to show up to work every day, making them more susceptible to the virus—and most in need of the test.

In Tennessee, the issue has sparked criticism from both Republican and Democratic lawmakers, who only became aware of the data sharing earlier this month.

The process is simple: State and local health departments keep track of who has received a test in their region and then provide the information to dispatch centers. The AP review shows that happens in at least 35 states that share the addresses of those who tested positive.

At least 10 states go further and also share the names: Colorado, Iowa, Louisiana, Nevada, New Hampshire, New Jersey, North Dakota, Ohio, South Dakota and Tennessee. Wisconsin did so briefly but stopped earlier this month. There have been 287,481 positive cases in those states, mostly in New Jersey.

"We should question why the information needs to be provided to law enforcement, whether there is that danger of misuse," said Thomas Saenz, president of the Mexican American Legal Defense and Educational Fund.

He said law enforcement agencies should provide assurances that the information won't be turned over to the federal government, noting the Trump administration's demands that local governments cooperate with immigration authorities.

Law enforcement officials say they have long been entrusted with confidential information—such as social security numbers and criminal history. The COVID-19 information is just a continuation of that trend.

According to the national Fraternal Order of Police, more than 100 police officers in the United States have died from the coronavirus. Hundreds more have tested positive, resulting in staffing crunches.

"Many agencies before having this information had officers down, and now they've been able to keep that to a minimum," said Maggi Duncan, executive director of the Tennessee Association of Chiefs of Police.

Critics wonder why first responders don't just take precautions with everyone, given that so many people with the virus are asymptomatic or present mild symptoms. Wearing protective equipment only in those cases of confirmed illness is unlikely to guarantee their protection, they argue.

In Ohio, Health Director Dr. Amy Acton issued an April 24 order requiring local health departments to provide emergency dispatchers with names and addresses of people who tested positive for the coronavirus. Yet the order also stated that first responders should assume anyone they come into contact with may have COVID-19.

That portion of the order puzzles the American Civil Liberties Union. "If that is a best or recommended practice, then why the need or desire to share this specific information with first responders?" said Gary Daniels, chief lobbyist for the ACLU's Ohio chapter.

Duncan said having the information beforehand is valuable because it allows officers "to do their jobs better and safer."

To use the data, officers aren't handed a physical list of COVID-19 patients. Instead, addresses and names are flagged in computer systems so that dispatchers can relay to officers responding to a call. In most states using the information, first responders also must agree they won't use the data to refuse a call.

In some states, the information is erased after a certain period of time.

In Tennessee, the data is purged within a month, or when the patient is no longer being monitored by the health department, according to health officials and agreements the AP reviewed. In Ohio's Franklin County, which includes the state capital, health officials reported 914 confirmed and probable cases to dispatch agencies in May and April, but removed those names after patients spent 14 days in isolation, said spokeswoman Mitzi Kline.

Some are not convinced. The Tennessee Immigrant and Refugee Rights Coalition called sharing the medical information "deeply concerning," warning that doing so may undermine the trust governments have been

trying to build with immigrants and communities of color.

"Tell us how it's working for you, then tell us how well it's been working. Don't just tell us you need it for your job," said state Rep. G.A. Hardway, a Memphis Democrat who chairs the legislative black caucus.

The data remains highly sought after by law enforcement. In Pennsylvania, two police unions sued to force local health officials to disclose both patient names and addresses. The lawsuit is still pending.

Still, there have been cases of misuse.

New Hampshire health officials agreed to start sharing names and addresses in mid-March, but some first responders also informed local leaders of positive cases. State health department spokesman Jake Leon said that was a misunderstanding and has been stopped.

"We have not experienced additional issues," Leon said.

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