

COVID19 POLICING PROJECT

States Enforcing Quarantine Requirements on Travelers

Many [states are imposing mandatory 14-day quarantine requirements](#) for people arriving from out-of-state: be sure to check out [covid19policing.com](https://www.covid19policing.com) for current quarantine requirements before any out-of-state travel. Arrests for violations of quarantine are on the rise — there were 20 arrests for quarantine violations in Hawai'i county over a week-long period. Quarantine violations also carry high fines, including up to \$10,000 in New York state, which just imposed a quarantine [requirement on individuals entering New York from 16 states with high infection rates](#).

In New York, state officials are also tracking compliance by randomly comparing names in airline databases with images posted on Facebook. In other locations, “enforcement often falls to local police working with county health officials,” according to [NPR](#).

The [Centers for Disease Control](#) has issued guidelines for interstate travel that emphasize the need for states to be able to enforce quarantine orders.

STAY INFORMED.

COVID-19 related orders, travel restrictions, quarantine requirements, penalties and fines, and levels of enforcement vary widely nationwide — and officials continue to adjust them.

[WWW.COVID19POLICING.COM](https://www.covid19policing.com)

Check out the [covid19policing.com](https://www.covid19policing.com) order tracker and its “Quarantine” drop-down menu to learn more about quarantine restrictions in your state.

If you experience or hear about a quarantine related enforcement or arrests in your area, please report it using our [reporting form](#) or by emailing us at covid19policing@gmail.com!

COVID-19 Data and State Surveillance

The Trump administration just [announced](#) that it will order hospitals to report COVID-19 patient data directly to the Dept. of Health and Human Services (HHS) instead of the Centers for Disease Control (CDC). HHS has contracted the tech company Palantir — which has colluded with ICE to deport undocumented families — to conduct COVID-19 data surveillance. **By transferring control over COVID-19 data from the CDC to HHS, the administration could potentially block public access to this information**, including from health researchers. Furthermore, there is **no transparency around how this data will be used by government and law enforcement**.

Our last [update](#) examined how private tech companies are expanding state surveillance during the pandemic by collecting and sharing people's personal health data with federal agencies and law enforcement. The [COVID-19 FOIA Project](#) is demanding accountability from the government around its data-brokering contracts with these companies. [Legislation](#) introduced in New York State to protect the confidentiality of information obtained through contact tracing is currently in committee.

Surveillance & COVID-19 Policing

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

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

Data-sharing is a major site of expansion for state surveillance under the pandemic.

COVID-19 and Protest

In at least one municipality, Philadelphia, protesters are being singled out for protective measures — the most recent public health order states: “People who participated in protests should try to stay away from others for 14 days, monitor for symptoms, and seek a test after 7 days.” No other group is subject to this requirement, including people congregating in parks, at bars and restaurants, or in other group settings.

Meanwhile, officers policing protests continue to do so without masks or precautions to protect protesters, violating mask orders with impunity. A group in New York City has set up a [NYPD Mask Watch](#) to track officers who are not wearing masks in the event that COVID infection rates surge following protests.

If you experience or witness potential exposure to COVID-19 due to police actions or failure to wear masks, please let us know **using our [reporting form](#) or by emailing us at covid19policing@gmail.com**! You can encourage others to do the same using sample graphics and language from our [toolkit](#).

COVID-19 Policing and Reproductive Justice

Along with expanding police powers, COVID-19 criminalization is undermining bodily self-determination in ways that threaten reproductive justice and carry the imprint of colonialism.

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

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

In broader historical context, this policy of forced separation echoes the violence of the colonial boarding school system in which the federal government and missionaries stole Native children from their families and brutally enforced assimilation — a strategy intertwined with genocide and dispossession.

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

Take action and [sign their petition](#).

Further attacks on reproductive justice under COVID-19 are also showing up in U.S. policy, restricting access to life-saving health care resources both in the U.S. and abroad. The Trump administration is [attempting to cut global funding for reproductive and sexual health care from the UN's Global Humanitarian Response Plan for COVID-19](#), a move comparable to the 2017 reinstatement and expansion of the Global Gag Rule that cut off vital funding to non-governmental organizations around the world that provide abortions, information about abortion, and other essential reproductive health care.

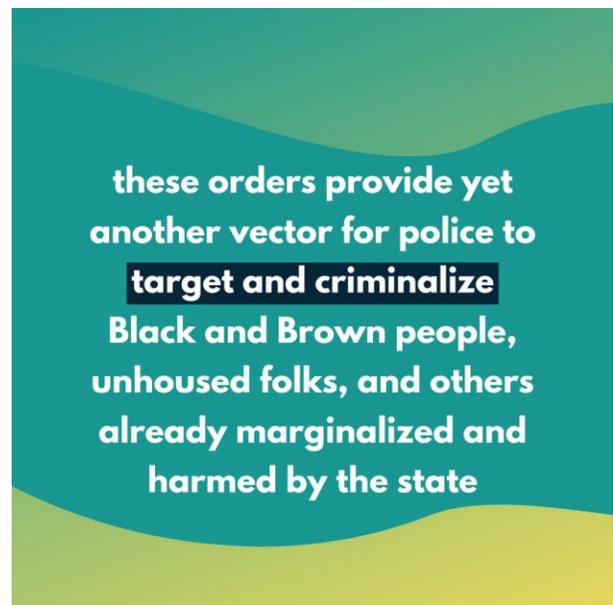
In the U.S., several states, including [Texas](#) and [Arkansas](#), have [exploited the COVID-19 pandemic](#) as an opportunity to try to [block access to safe abortion](#) by redefining it as a “non-essential” health service under declarations of emergency, effectively banning abortion until the

pandemic ends. These actions directly contradict the [recommendations](#) of health experts and place further burdens and health risks on low-income people, women of color, and survivors, who already face the greatest barriers to accessing reproductive health care. Such restrictions have already forced people to travel outside of their home state to access care, potentially increasing risk for COVID-19 exposure.

Mutual Accountability in COVID-19 Prevention

As infection rates surge across the country, the question of enforcement of COVID-19 related public health orders has become highly polarized. Many states, cities, and counties are reversing plans to reopen, and making mask-wearing and social distancing rules mandatory and enforceable by penalty. On the other hand, some jurisdictions are moving to create or reinstate laws that make mandating or wearing face masks in public illegal, thereby criminalizing the act of protecting oneself from COVID-19 exposure through facial coverings.

Criminalization is never the answer to keeping our communities safe — it has been shown over and over to perpetuate the systemic harms it is advanced to solve. There's no reason to believe criminalization in connection with COVID-19 related orders will protect community health during the pandemic — [as we have seen](#), it only leads to targeting, fining, criminalization and increased risk of infection through incarceration for Black and Brown communities.



Still, we're faced with the question: What do we do about the fact that so many people aren't wearing masks, social distancing, or taking steps that could help prevent the huge rise in infections of a disease that is disproportionately harming marginalized communities?

The co-pandemics of COVID-19 and policing have held a mirror up to the work needed to abolish the carceral logistics embedded in current public health responses, which enshrine individual rights for white bodies against the collective bodily self-determination of Black, Brown, Indigenous, queer, trans, 2 spirit, migrant, disabled, and sex worker communities.

How can we move toward mutual accountability as a practice of bodily self-determination in order to take care of ourselves and one another during the COVID-19 pandemic?

Recommendations

- **Public health frameworks based on mutual accountability:** What if mutual accountability were the guiding principle of public health messaging, instead of punishment based on narrow individualist notions of risk/compliance, data extraction through contact tracing, or reporting people to the police for not following health orders?
- **Harm reduction, not criminal punishment:** Redirect resources away from punitive enforcement, fines, and detention for violating COVID-19 public health orders into evidence-based harm reduction strategies. Instead of police on the streets, there could be accessible public stations with harm reduction workers providing free masks, gloves, sanitation equipment, and popular education.
- **Broaden workplace protections:** Many workers have public-facing jobs inside enclosed spaces, which increases their risk of COVID-19 exposure, especially when serving customers who are not wearing masks. Labor policies should proactively ensure worker safety by making employers provide personal protective equipment for all workers (regardless of classification) and requiring patrons to wear a mask when entering a business establishment in order to receive service.
- **Defend reproductive justice:** Threats to reproductive justice are threats to health care access and bodily self-determination everywhere. Don't let states further criminalize reproductive health care during the pandemic.