Committee members present:
Bernard Greene, Chair
C. Scott Ananian
Lt. Paul Campbell
Susan Howards
Amy Hummel
Sal D’Agostino
Feng Yang (Interim CTO for Brookline, designee for Kevin Stokes; not present for entire meeting)
Casey Hatchett
Igor Muravyov

Non-committee members present:
Emiliano Falcon, ACLU
Devon Williams (webex meeting host)

Committee member Ananian agreed to take minutes.

Discussion:
1. Discussion of security and privacy issues associated with the COVID-19 health crisis
   a. Chair Greene emphasized that any new measures be temporary
   b. Committee member Ananian suggested a pragmatic balance between security and the needs of the moment
   c. Committee member Howards asked if there were measures we could make to improve social distancing
      i. Ananian noted that the digital Soofa signs track # of people around them, could be used to quantify hot spots, etc
      ii. Google has recently released county-level data (Norfolk county)
      iii. How can this be used?
2. Committee member D’Agostino: as part of my research for this call I have reviewed IT policy across the town and most are in need of updates; e.g. https://studentprivacy.ed.gov/sites/default/files/resource_document/file/FERPAandVirtualLearning.pdf
3. Chair Greene concurred with committee member D’Agostino: “You don’t have security w/o privacy, you don’t have privacy w/o security”. For example, folks who might avoid testing because they are worried their information could be given to ICE.
4. Committee member Hummell wishes to ask the public health dept what information they are collecting, with who they are sharing it, etc. How is contact tracing being done, what tools are they using, who are they partnering with, who are they sharing the information with. Are the agreements time-limited to this crisis?
a. It is suggested the Public Health officials would be best to answer some of these questions. Dr Jett and Pat Maloney have been our primary contacts on contact tracing.

5. Committee member Ananian discussed other districts being pressured to give out very specific information about COVID cases, to the extent that could lead to harassment of individuals who have tested positive. Suggested opening up conversation with Town Public Health to ensure that if they feel they are being pressured to give up too much information they can fall back on the support of this committee to justify an appropriate level of information sharing.

6. Lt. Campbell explained that officers are given information about the locations they respond to, when they are responding to certain addresses whose residents may be confirmed COVID-19 positive. This information comes from the health department through their MAVEN system. Computer-Aided Dispatch (CAD) premise files (tied to 911) as a warning to responders. “Larimore” is our computer-aided dispatch system. It’s an internal system we used to log calls and track dispatch.
   a. Each public health commission in the state has access to MAVEN. It’s a reporting system for doctors to report certain diseases to the departments of health. Communicable diseases on a list of reportable conditions. If someone in your community has been reported with disease X, the health dept gets a ping.
   b. Infectious disease surveillance data collected by the Bureau of Infectious Disease and Laboratory Sciences (BIDLS) are maintained in the Massachusetts Virtual Epidemiologic Network (MAVEN). MAVEN contains epidemiological, clinical, laboratory, and case management data utilized for case investigation and surveillance purposes on approximately 90 reportable infectious diseases.
   c. The State Dept of Health maintains MAVEN. Local department of public health has access.

7. Chair Greene asked Committee members Muravyov and D’Agostino if there are organizations w/ expertise in these areas who we should be aware of?

8. Committee member Howards asked about HIPPA issues
   a. Committee member D’Agostino mentioned that HIPPA requirements have recently been loosened for the present crisis.

9. Committee member D’Agostino brings up “returning to normal”: how do we do that? If folks who have had the disease and are immune can do certain tasks, how do we track those?

10. Committee member Muravyov asks, “What is the process for turning on and turning off ‘enhanced surveillance’?”. Especially if there is a second wave, or if epidemics such as this become regular occurrences. Muravyov says it would be dangerous to prematurely ban enhanced surveillance after the first wave of this event appears to be over.
Muravyov argues that private enterprise is best positioned to maintain this surveillance data.

11. Committee member D'Agostino noted that the companies claim that "all we are is the data processor" to avoid liability and responsibility, pushing those on the folks who use the systems. There is a gap where companies seem to expect (for example) parents to accept terms and conditions they don’t understand, and shift liability in this manner, and we need to bring sunlight onto the gap.

12. Importance of balancing requirements and ensuring that we exert pressure on companies to ensure this isn’t the “new normal” but that issues are addressed and temporary.

13. Committee member Muravyov: our company is focused on a national tele-critical care network. Understanding emerging clinical patterns, understanding the flow of the disease (geographic, etc), is a tremendous problem that doesn’t have any simple solutions. Private enterprise is a critical part of solving this. Enormous resources are being put into this system, and the companies are going to want to monetize this to fund the development. Muravyov: “I’m all for trying to come up with these fundamental safeguards, but we need to be realistic about the tremendous cost of developing these systems.”

14. Chair Greene suggests crowdsourcing the review of these gigantic terms of service documents in order to better understand what we’re signing away
   a. Committee member D’Agostino is cherry-picking a few and writing them up to show the issues involved.

Follow up items:
1. Next meeting will be Thursday April 23 at 10:30am, hopefully with Dr. Jett or a representative to answer questions re: public health response
2. Folks should email questions to Chair Greene to be posed to Dr. Jett.