



Irish Council for
Civil Liberties

Digital Rights Ireland

**Submission to the Special Committee on COVID-19 Response on the HSE/
Department of Health's COVID-19 contact-tracing/symptom-tracking app and
contact tracing**

June 16, 2020

Digital Rights Ireland and the Irish Council for Civil Liberties thank the Special Committee on COVID-19 Response for the opportunity to provide this submission on the HSE and Department of Health's planned COVID-19 contact-tracing and symptom-tracking app.

Summary

The key to success in the battle with COVID-19 is and has been mutual respect and mutual care, combined with open, frank and clear communication. Heavy handedness is not and should not be part of the strategy. Personal responsibility and respect for autonomy should be at the heart.

The General Data Protection Regulation (GDPR)¹, the Data Protection Act 2018² and the ePrivacy Regulations³ provide a framework for dealing with personal data, and in particular sensitive data including medical and biometric data.

A pandemic is absolutely not the time to disregard the protection of personal data. In fact, this is a time when data protection is more important than ever before. The trust of citizens in the institutions is, and has been, critical to all efforts.

A pandemic is also not the time to begin large-scale data collection enterprises. This is true for both public and private efforts.

However, many of the issues around data protection in relation to contact tracing and testing are much more pedestrian than the development of new apps.

1. Background to data protection and IT systems in the health service

Whilst there has been recognition that IT systems have a critical role to play in the development of our health system, the HSE's efforts at developing its systems have been beset with difficulties since its foundation. The PPARS (personnel, payroll and related systems) scandal⁴ left a major mark.

It was reported in January 2020, for example, that around three-quarters of the HSE's computers were running the obsolete Windows 7 operating system, and this was giving rise

¹ Eur-Lex. [General Data Protection Regulation](#). June 14.

² Irish Statute Book. [Data Protection Act 2018](#). June 14.

³ Irish Statute Book. [S.I. No. 336/2011 - European Communities \(Electronic Communications Networks and Services\) \(Privacy and Electronic Communications\) Regulations 2011](#). June 14.

⁴ Irish Examiner (2006). [Study warns that €160m PPARS fiasco could happen again](#). June 15.

to further expense and complexity⁵. We understand that the systems operated by the Health Protection Surveillance Centre, the part of the HSE charged with the surveillance of infectious diseases, are severely strained and have been in need of new investment for some time.

We are concerned at lack of compliance with data protection law in the HSE. DRI became aware last year that the HSE was not maintaining a centralised Record of Processing Activities, even though this is a legal requirement under Art. 30 GDPR. We understand that the HSE is now considering its compliance with Art. 30.

It is important to understand that the difficulties that arise in the current crisis are part of a greater pattern and a continuous lack of investment in IT systems and data protection.

2. Proposed HSE contact-tracing and symptom-tracking app

The HSE app was announced on March 29, 2020⁶ and it was to be launched within weeks. Digital Rights Ireland wrote to the HSE at that stage⁷, raising its concerns that the data protection aspects of the app had not been well considered. The HSE rebuffed DRI, believing that it had the data protection issues under control. As things turned out, DRI's concerns turned out to be very well founded. Data protection issues turned into a major bugbear for the project.

On April 29, 2020, DRI and the ICCL, along with other civil society organisations, scientists, academics, and data protection experts called on the HSE and Department of Health to embrace transparency and promote trust among the public by publishing the app's draft specification and user requirements, Data Protection Impact Assessment (DPIA) and source code⁸. These requests were not met. In May, a major change to the technical architecture of the project was announced, changing the design from the centralised model, which was originally envisaged, to a decentralised model. This decentralised model was the one originally advocated by DRI, ICCL and others. This late change must have resulted in great delay and expense.

To be effective, this app will need to have the trust and consent of the population. To foster trust, there must be public scrutiny, especially when a state embarks on a surveillance mechanism involving highly sensitive health data and information. No new information has been made available about the app since Minister for Health Simon Harris committed to making detailed information available⁹.

3. What evidence do we have that the HSE's COVID-19 app will actually work?

To date, neither DRI nor ICCL has seen any empirical scientific evidence to suggest that contact-tracing apps, or apps with a symptom-tracking element, curb the transmission of COVID-19 or can assist human contact tracing. This has also been the conclusion of civil liberties colleagues and researchers in the US¹⁰ and in the UK¹¹. The European Data Protection Board noted in April that, "The conditions under which such applications would

⁵ Weckler, A. (2020). ['The cost is approximately €1.1m' - HSE give details of Microsoft bill \(Irish Independent\)](#). June 13.

⁶ Mitchell, S., & Rogan, A. (2020). [Phone tracking app set to be used as next step to fight COVID-19 \(Business Post\)](#). June 11.

⁷ [Digital Rights Ireland wrote to the CEO of the HSE Paul Reid on April 6](#)

⁸ Irish Council for Civil Liberties. (2020). [HSE app: experts and public need to see details](#). June 11

⁹ Oireachtas debate. [Dail Eireann debate. COVID-19 \(Health\) Statements, Thursday, May 14.](#)

¹⁰ Stanley, J., & Granick, J. S. (2020). [The limits of location tracking in an epidemic. ACLU](#). June 11.

¹¹ Ada Lovelace Institute. (2020). [Exit Through The App Store](#). June 11.

contribute effectively to the management of the pandemic are not yet established” and “these conditions would need to be established prior to any implementation of such an app”¹².

Research at Trinity College Dublin¹³ about Bluetooth contact-tracing apps has cast doubt over the accuracy and reliability of Bluetooth technology¹⁴ for detecting and measuring proximity between phone users. They found the signals were affected by issues such as where a phone was placed in a handbag; whether people were walking side-by-side or one behind the other; whether the phones were in the users’ pockets; whether people were indoors or outdoors; where phones were located in relation to metal objects; and whether a signal would have to travel through a human body to reach another phone. Media reports suggest that the HSE’s own tests have yielded similarly disappointing results¹⁵.

A contact-tracing app needs public support and high uptake among users. To gain and maintain public confidence and support, there needs to be a much stronger case made to explain how the HSE app, specifically, will reliably detect close contacts or when people are within two metres of each other for 15 minutes or more¹⁶.

4. Is the app necessary? Is this response proportionate?

Although we are living with a pandemic, human rights laws still apply and any interference with privacy must still be lawful, necessary and proportionate. The EDPD has also stated that these principles¹⁷ must guide any measure that involves the processing of personal data in response to COVID-19. Surveillance measures must be justified by legitimate public health objectives, as determined by the appropriate public health authorities, and be proportionate to those needs. COVID-19 cannot be used as an excuse for indiscriminate mass surveillance, whether by accident or design.

The HSE and the other bodies involved, which we understand include the Irish Government Economics and Evaluation Services (IGEES), the Department of Public Expenditure and Reform and the Economic Social Research Institute (ESRI) will have to consider this project carefully to decide whether it is necessary and proportionate. In the face of the lack of evidence, and the risks that arise, we would say that the answer to both questions is ‘no’. With so little evidence that the app could actually work, we cannot see how it can possibly meet the hurdles of necessity and proportionality.

To put it in economic terms: the proposed app is just not likely enough to have positive effects greater than the negative effects for it to be worthwhile. If the app cannot reasonably be expected to deliver benefits, it cannot be necessary to fight COVID-19. If it is not necessary and may not even work at all, it cannot possibly be a proportionate response.

If the HSE does decide to proceed with the app, it should be held accountable for this decision and the decision needs to be re-assessed at regular intervals to determine whether

¹² European Data Protection Board (2020). [Guidelines 04/2020 on the use of location data and contact tracing tools in the context of the COVID-19 outbreak](#). June 12.

¹³ Leith, D., & Farrell, S. (2020). [Coronavirus Contact Tracing App Privacy: What Data Is Shared By The Singapore OpenTrace App?](#). June 11.

¹⁴ Leith, D., & Farrell, S. (2020). [Coronavirus Contact Tracing: Evaluating The Potential Of Using Bluetooth Received Signal Strength For Proximity Detection](#). June 11.

¹⁵ BBC (June 11, 2020). [Coronavirus: Ministers consider NHS contact-tracing app rethink](#). June 12.

¹⁶ Department of Health. (2020). [COVID-19 \(Coronavirus\): Health advice](#). June 11.

¹⁷ European Data Protection Board (2020). [Guidelines 04/2020 on the use of location data and contact tracing tools in the context of the COVID-19 outbreak](#). June 11.

it is worth carrying on with. It must be required to be completely transparent in relation to the app. The experimental nature of the app project must be clearly spelt out to the public. There must be no perception abroad that the app is a ‘talisman’ or a ‘panacea’ that provides protection from COVID-19.

5. Transparency and public engagement

Transparency has been an afterthought in the development of the HSE app. Very little is known about it, other than what has been published or said in media reports, brief responses to questions in the Dail¹⁸, and the publication of an 11-page Dail statement and briefing for the Minister for Health Simon Harris on the Department of Health website¹⁹.

DRI and the ICCL, along with other civil societies, scientists, academics, and data protection experts have called on the HSE and Department of Health to embrace transparency and promote trust among the public by publishing the app’s draft specification and user requirements, Data Protection Impact Assessment (DPIA) and source code²⁰.

We highlighted that such actions would allow for independent expert input and assistance, while also serving to open up the project to public debate and scrutiny. Democratic principles require that independent experts are given an opportunity to review the workings and purpose of this app and to ensure that it respects our human rights and our data protection and privacy rights. On June 3 we repeated this call when we published our aforementioned set of nine principles²¹.

6. Lessons from the Public Services Card

When considering transparency and public engagement, it may be helpful for members to recall comments made earlier this year by the UN Special Rapporteur on Extreme Poverty and Human Rights Professor Philip Alston²² in a letter addressed to the Irish Government, in respect of the Public Services Card and MyGovID project.

Dr Alston said that democratic debate and parliamentary oversight of the project had been “minimal” until the PSC’s remit was broadened beyond the remit of the Department of Employment Affairs and Social Protection. As members will be aware, DRI and ICCL had been raising concerns regarding the DEASP and the legality of the PSC for many years. Following an investigation into the legal basis upon which personal data was being processed by the DEASP, the Data Protection Commissioner found in August 2019 that the PSC violates privacy laws in a number of ways and ordered the destruction of data related to 3.2 million cardholders²³. The Government has refused to comply and the matter is now before the Circuit Court, while the DPC is currently carrying out a separate investigation into the biometric element of the PSC.

7. Data protection issues in relation to testing

Testing and tracing is a proven way to control and reduce infection in the population. This is in contrast to the contact-tracing app, whose efficacy is completely unproven in practice.

¹⁸ Oireachtas. COVID (Health) statements on [April 30](#) and [May 14](#). June 11.

¹⁹ Department of Health. (2020). [Dáil Statement and Briefing for Minister Harris: National app for COVID-19](#). June 11.

²⁰ Irish Council for Civil Liberties. (2020). [HSE app: experts and public need to see details](#). June 11

²¹ Irish Council for Civil Liberties. (2020). [Principles for legislators on the implementation of new technologies](#). June 11.

²² [UN Special Rapporteur on Extreme Poverty and Human Rights Dr Philip Alston’s letter to the Irish Government on April 14, 2020](#).

²³ [Final investigation report of the Data Protection Commission into the Public Services Card](#). (2019). June 12.

Much greater investment and care should have been, and should be, put on streamlining testing and tracing. Testing was a topic which caused many difficulties in the months of March, April and early May. Initial difficulties related to availability of materials for tests. Latterly, issues arose with the IT systems and the administration of the testing system. In particular, results of tests were not given to patients, or were given many days after the test had been carried out. We are aware of one set of circumstances in which samples were lost. These are major failures. Speed is critical to allow infected persons to isolate themselves and prevent spread of infection. Even negative results are important, because they provide comfort to the patient and provide reassurance that the testing system is working efficiently.

There have also been issues reported in relation to confidentiality. We understand that in at least one instance, test results were given to the patient's employer before they were given to the patient him- or herself²⁴. This was not justified by the circumstances and should not have happened. Much greater attention should have been given to respecting the data protection rights of the patient.

8. Other issues in relation to testing

The statistics we have been furnished with in relation to testing are not of as high a quality as we could have hoped. The addition of test results processed at a German centre confused the presentation of statistics²⁵. The figures presented on a given day often related to COVID-19 tests or deaths which were related to infections that had occurred some days or even weeks previously. The reporting on deaths also came into the spotlight. Deaths in Ireland are typically not officially reported to the authorities until weeks or even months after the event. The causes of these shortcomings deserve to be carefully investigated.

9. Use of health identifiers and electronic health records

There has been some advocacy in relation to health identifiers and electronic health record²⁶ and how these could have been of benefit in the fight against COVID-19. There is no reason to think that health identifiers and electronic health records would have made any difference to the management of COVID-19. These technologies have an important role in the management of healthcare over the lifespan of the patient as they move from clinician to clinician, and institution to institution. They are of no special relevance to the management of a disease such as COVID-19 which is time-limited and from which 95 percent of patients will recover within a few months.

From ICCL and DRI's point of view, these two initiatives would mean that much more stringent data protection measures would be required in order to protect patients. The greatest of care is needed in their introduction.

10. Biobanks

A letter written by the chief academic officers of the seven Irish hospital groups appeared in The Irish Times recently claiming, in summary, that Ireland would have been considerably better off and would be in a position to better combat a second wave of COVID-19 if a national biobank were in place²⁷. We do not know of any proper basis for this claim.

²⁴ RTE. (May 19, 2020). [HSE to suspend practice of telling employers' workers test results](#). June 15.

²⁵ Brennan. C. (April 10, 2020). [Confusion at number of coronavirus cases in Ireland as officials give three different figures \(Irish Examiner\)](#). June 15.

²⁶ Horgan-Jones. J. & Wall M. & Staunton. D. (May 13, 2020). [Technical issues and errors slowing down covid-19 testing and tracing in Ireland \(The Irish Times\)](#). June 14.

²⁷ The Irish Times letters page. (June 4, 2020) [Covid-19 – a national research biobank is urgently needed](#). June 15.

Biobanks have major implications for human rights and data protection. Biobanks need to be established with care and with due consideration for the rights of patients. We should not rush into giving legal protections to biobanks. COVID-19 does not create any new or special circumstances for establishing a legally protected biobank with greater haste or fewer protections than before.

11. Statistics and the role of the CSO

The Health Protection Surveillance Centre (HPSC) is the agency which is charged with the management of data in relation to infectious diseases. However, in the case of the app, it was proposed that the CSO would take a major role in the analysis of data. However, the role of the CSO in analysing infectious disease is not clearly defined. It should be the subject of a DPIA and, if appropriate, be put on an appropriate statutory footing.

12. Private sector measures / schemes

We have also seen reports of private companies in Ireland, hospitals and building firms using technology to trace employees - Beaumont Hospital²⁸, Cairns Homes²⁹. It's also been reported that Cairns Homes is also considering using Facial Recognition Technology in response to COVID-19.

There are also reports of the deployment of FRT systems combined with temperature testing. One example is at the Royal Hospital Donnybrook. It would appear that no proper DPIA was put in place prior to putting this system into operation.³⁰ These systems need to be subject to data protection impact assessments, and need to be monitored and regulated as appropriate.

13. Digital Immunity Passports

It is reported that 'Digital Immunity Passports' are being considered by some countries. The concept here is that if a person has already had the disease, they should be considered safe to return to the community, since they will not get the disease again. The 'passports' could also be used to record vaccination when that is available. There are many technical and scientific problems with this concept, the most important being that immunity is not guaranteed. There are also social problems. The availability of such passports would create a 'perverse incentive' for some citizens (most likely disadvantaged casual workers) to go out of their way to contract COVID-19, in order to get an immunity passport and open up work or social opportunities.

14. Contact Tracing

Contact-tracing is the activity of taking lists of infected persons, contacting them to find out who they have been in contact with whilst they have had the virus and contacting those contacts to put them on notice and to test if appropriate. The work requires capable, trained people and takes time. It also requires IT support. We understand that the contact tracing IT system is not well integrated with the system which tracks positive test results and that this may have led to unnecessary delays. A TD recently raised concerns about the quality of the contact tracing system and its ability to deal adequately with the volume of infections³¹.

²⁸ Tighe. M. (June 7, 2020). [Beaumont Hospital contact tracing app trialed to monitor staff social distancing \(The Sunday Times\)](#). June 15.

²⁹ O'Dwyer. P. (June 7, 2020). [Cairn trials GPS and facial recognition technology on sites \(Business Post\)](#). June 15.

³⁰ Twitter post by HSE, May 31, 2020. https://twitter.com/Tupp_Ed/status/1267777756684791808. June 15.

³¹ Oireachtas. [Covid \(Health\) statements on May 14, 2020](#). Video [here](#). June 15.

Contact tracing obviously involves the collection of sensitive personal data. It is critical that this data is dealt with carefully and deleted once it is no longer required. It is also critical that contact tracing is not used as a cover for bad actors to obtain personal data which they can then misuse. It is difficult to evaluate how effective Ireland's contact tracing efforts have been. The worst pitfalls have certainly been avoided when we compare to the experience in England. It is important that the whole contact tracing system be evaluated to identify both good and bad practice.

15. Right to privacy and data protection

Privacy is a fundamental human right. It is central to the maintenance of democratic societies and it reinforces other rights, such as freedom of expression and information, freedom of association and freedom of thought and conscience. Data protection is a fundamental right set out in Article 8 of the EU Charter of Fundamental Rights³². In addition, Article 5 of the General Data Protection Regulation (GDPR) sets out seven key principles related to the processing of personal data³³, which data controllers need to comply with when collecting and processing personal data. These principles are: (i) Lawfulness, fairness, and transparency; (ii) Purpose limitation; (iii) Data minimisation; (iv) Accuracy; (v) Storage limitation; (vi) Integrity and confidentiality; and (vii) Accountability.

We must be free to conduct our personal lives as we see fit without worrying that we are being observed or monitored. We all have the right to the protection of our personal information. This includes the freedom to know what information has been compiled about us – be that by our government, by state agencies or by corporations.

Recommendations

Our recommendations outlined below follow the recent publication of nine principles³⁴ which we believe must be followed if our Government is to ensure it fulfils its legal and human rights obligations by making sure the app is a privacy-protecting piece of technology. These principles have been incorporated into our recommendations:

1. Review of COVID-19 app development: Firstly, if the COVID-19 app is actually released, despite necessity and proportionality concerns, then it must be subject to regular review. If the app does not yield significant measurable benefits after 30 days of operation we would recommend that it be retired. The development of the COVID-19 app has yielded many important lessons. Most obviously, it is clear that data protection has not been given due consideration in the early development of the app and that this is a symptom of a deeper problem within our health services.

Secondly, there are lessons to be learned about the evaluation of projects. The decision to develop this app appears to have been made without much consideration or evaluation. The HSE put itself in a position where it had issued releases to the media about its plans and could not then easily back down or reverse itself from its position. We do note that the emphasis on the project changed considerably over the months of April and May. It was

³² Publications Office of the European Union [Charter of Fundamental Rights of the European Union - TITLE II - FREEDOMS - Article 8 - Protection of personal data](#). June 12.

³³ Data Protection Commission. (2019). [Quick Guide to the Principles of Data Protection](#). June 11.

³⁴ ICCL (June 2020). [Principles for legislators on the implementation of new technologies](#). June 14.

described on March 29 as "A very important piece of technology"³⁵ and, on April 22³⁶, as: "A key element of the next phase... a vital part of our collective efforts to slow the spread of Covid-19", but, by May 10, the HSE's enthusiasm had cooled and it was described as follows: "It plays a role, not a major role".³⁷ It would also be timely to investigate how health statistics are collated and published. Accurate, objective figures need to be at the heart of planning and policymaking.

2. Have a clear and limited purpose: To ward off potential abuse, the new Government must ensure there is a clear and limited purpose to this app and the processing of any data collected. The technology and data collection and processing must be used solely for the stated purpose and not for any other purpose such as the sharing of data with third parties or employers, for advertising or for any punitive purpose or legal proceedings. It should be used for contact tracing only. It should not be used for symptom tracking, immunity tracking, health record access, health status checking or any other purpose. The app should also be retired when the crisis is over. Other measures should similarly be strictly limited. The current crisis must not be used as a means to introduce intrusive measures, or to introduce measures without proper systems being in place.

3. Be necessary and proportionate: The app should be necessary and proportionate to the stated problem, which is the transmission of Covid-19. Evidence must demonstrate that necessity and proportionality.

4. Be effective: The app must be effective and evidence, continuously reviewed, must be established to show how effective it will be in the State's efforts to curb the transmission of Covid-19. The necessity and proportionality of the app is contingent on its effectiveness. Any deployment of an app that is not effective will damage public trust for future initiatives. Evidence must be established to show how effective use of the technology will be and its efficacy must be kept under review. The necessity and proportionality of the technology is contingent on its effectiveness. The deployment of ineffective technologies will erode public trust and undermine future efforts to implement solutions.

5. Embrace transparency and promote trust: The new government must commit itself to transparency. Not only must it be transparent in its own activities, it must also push for international companies such as Apple and Google to be completely transparent about how their Covid-tracking software works.

6. Subject to statutory oversight: A clear and independent oversight mechanism must be able to, and empowered to, receive and address complaints from the public regarding the technology. Assurances for the technology surrounding data protection, privacy and human rights standards must be grounded in legislation.

7. Subject to timely deletion of personal data: Any and all personal data collected or processed via the technology and subsequently shared with others must be immediately deleted when there is no longer a need to retain it. This must be regularly reviewed.

³⁵ EURACTIV. March 29, 2020. [Ireland to roll out voluntary phone tracker app to tackle coronavirus](#). June 15.

³⁶ Horgan-Jones. J. May 10, 2020. [Twitter](#). June 15.

³⁷ Horgan-Jones. J. May 10, 2020. [Contact Tracing is key to stopping COVID-19, so how well does it work in Ireland? \(The Irish Times\)](#). June 15.

8. Privacy and data protection by design: Protection of citizens' public data must be considered in the basic design of the technology. The data collected and processed must be the minimum necessary to achieve the technology's purpose. It must be developed in line with the principles of data protection by design and default, as per Article 25 of GDPR³⁸. These protections must be kept under review.

9. Subject to a sunset clause: In a resolution adopted on April 17, the European Parliament stressed that any digital device deployed in response to COVID-19 should include a sunset clause.³⁹ We call on the Government to include a sunset clause for the app and its related infrastructure across all the departments and organisations involved. Any extended use of the app and data collected beyond its sunset clause would need a clear explanation for its continued necessity and for that explanation to be the subject of parliamentary and public debate.

10. Broaden the range of actors involved and foster engagement: The range of actors positively engaged with the technology's design and implementation decisions should be broad. This will ensure the evidence base justifying the technology is diverse and robust.

11. Review generally: All the activities in relation to testing and contact tracing will benefit from being subjected to thorough review. The purpose of such a review is not to find things that went wrong or to apportion blame. The purpose should be to discover what lessons are to be learned, what pitfalls can be avoided and to provide guidance on future investment.

12. Investment in IT systems and data protection: The particular problems encountered in relation to the delays for testing and contact tracing are symptomatic of wider issues in our health services. The HSE has a long way to go in developing IT systems. IT systems have a critical role to play in providing high-quality healthcare for citizens. It is hard to underestimate the extent of this challenge. The HSE has tens of thousands of employees, millions of patients and thousands of areas of activity. The work involved is enormous.

13. Investment in data protection and maintaining the confidence of patients: The HSE has particular problems in relation to ensuring its patients' data protection rights are properly protected. These problems extend to the entire health sector. The experience in relation to the GMI project at Beaumont Hospital, where the health minister eventually intervened⁴⁰, is a good demonstration of what is happening, often behind closed doors and without proper scrutiny. One surprising aspect of the development of this app has been the lack of consideration and the lack of awareness in the HSE about the requirements of data protection law which is a poor and worrying position to start from when considering deploying a surveillance tool of this magnitude.

About us

Digital Rights Ireland

Digital Rights Ireland is a non-profit civil liberties group focusing on issues of technology and fundamental rights and has extensive experience in the area of privacy and data protection. DRI was the lead plaintiff in the judgment of the European Court of Justice in Digital Rights

³⁸ EDPB (April 2020) "[Guidelines 4/2019 on Article 25 Data Protection by Design and by Default](#)". June 14.

³⁹ European Parliament (2020). [European Parliament resolution of 17 April 2020 on EU coordinated action to combat the COVID-19 pandemic and its consequences \(2020/2616\(RSP\)\)](#). June 11.

⁴⁰ Horgan-Jones. J. June 12, 2020. [Beaumont Hospital extends deadline for opt-outs to genomics research \(The Irish Times\)](#). June 15.

Ireland and Seitlinger and Others which invalidated the Data Retention Directive, and that action continues before the High Court in Dublin seeking to invalidate the Communications (Retention of Data) Act 2011 as well as earlier Irish data retention provisions. DRI was an amicus curiae in Schrems, which found the Safe Harbor decision on data transfers to the United States to be invalid, and was an amicus curiae in Microsoft v. United States, which prohibited extra-territorial access by the US Government to emails stored in Ireland.

Irish Council for Civil Liberties

The Irish Council for Civil Liberties is Ireland's leading independent human rights organisation. It monitors, educates and campaigns in order to secure full enjoyment of rights for everyone. Founded in 1976 by Mary Robinson and others, the ICCL has played a leading role in some of the most successful human rights campaigns in Ireland. These have included campaigns resulting in the establishment of an independent Garda Síochána Ombudsman Commission, the legalisation of the right to divorce, more effective protection of children's rights, the decriminalisation of homosexuality and introduction of enhanced equality legislation. The ICCL have previously given submissions to the 2016 commissioned review of Communications (Retention of Data) Bill 2009. They have also previously pursued privacy rights litigation with Liberty and others at the ECHR in relation to the UK's system of surveillance in the case of Liberty and Others v The UK, and 10 NGO and Others v The UK.

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