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Eric Lewitus
Ednor Gardens

TESTIMONY ON LO23-0379
Facial Recognition Technology

TO: Chair McCray and members of the Health, Environment and Technology Committee

I am a resident of District 14 and am submitting this testimony on 23-0379: Facial Recognition Technology.

I work as a research scientist in public health for the US Army. I am committed to understanding and implementing evidence-based public health and safety initiatives. In my experience, these rarely align with what may intuitively provide health and safety and should never be mistaken with what only looks like health and safety. As a Baltimore resident, I take the same approach in advocating for policy that evidence shows will keep my family and neighbors healthy and safe. There is no evidence that facial recognition technology (FRT) will accomplish this and therefore must be tightly regulated to mitigate its harmful effects.

In 2001, Ybor City became the first community in the US to integrate FRT into its CCTV system. Two years later the effort was scrapped as a failure.¹ The following decades saw little improvement in FRT performance: one analysis on three software programs showed a 8-20% error rate on female faces and 12-20% error rate on darker faces;² another, using the software implemented by the London Metropolitan Police, found that it correctly identified only 19% of faces;³ and the National Institute of Standards and Technologies reported systemic demographic biases in a survey of FRTs.⁴ In 2019, Axon, the largest provider of police body-worn cameras, concluded that "Face recognition technology is not currently reliable enough to ethically justify its use on body-worn cameras".⁵

The concerns that FRT is unsafe have typically centered on individual privacy. Different applications have claimed that FRT can be used for anything from identifying disorders^{6,7,8} to inferring sexual orientation.⁹ In these cases, the mettle of the claims is not significant: if FRT is adopted by government agencies, its applications become legitimized. Moreover, there are no protections for individual privacy under current law: neither the Genetic Information Nondiscrimination Act nor the Americans with Disabilities Act would likely apply to FRT for any diagnostic purposes;¹⁰ and the FDA has stated that it does not intend to regulate FRT for medical use.¹¹ This lack of protection will have notable consequences for individuals whose menstrual cycle¹² or substance use¹³ can be tracked using FRT.

There is of course a further concern that it will increase arrests and imprisonment in a city where the incarceration rate is already four times higher than anywhere else in the state.¹⁴

Twenty-two cities have passed FRT bans.¹⁵ These range from bans on police only, as in Jackson, MS,¹⁶ and Minneapolis, MN,¹⁷ to total bans on government agencies and private businesses, as in Portland, OR.¹⁸

As a researcher for the US Army I develop vaccines to prevent the spread of infectious disease. If I ignore evidence-based solutions, I cannot keep anyone safe. The same goes for members of the Health, Environment and Technology Committee and I petition them to keep that in mind when considering this bill.

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