



WHEN PROTECTION BECOMES REPRESSION

MANDATORY QUARANTINES UNDER COVID-19 IN THE AMERICAS

AMNESTY
INTERNATIONAL



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CONTENTS

1. EXECUTIVE SUMMARY	3
1.1 METHODOLOGY	7
2. BACKGROUND	8
3. INTERNATIONAL LAW AND STANDARDS ON QUARANTINES UNDER STATE CUSTODY	10
4. HUMAN RIGHTS VIOLATIONS IN MANDATORY QUARANTINES	14
4.1 HOW PEOPLE WERE PLACED IN STATE-RUN QUARANTINES	15
4.2 POLICE AND MILITARY ENFORCEMENT OF MANDATORY QUARANTINES	17
4.3 UNSANITARY AND SOMETIMES INHUMANE CONDITIONS	19
4.4 ARBITRARY DETENTION UNDER STATE-RUN QUARANTINES	26
4.4.1 Unclear communication about quarantine and isolation periods	26
4.4.2 Limitations on access to information	30
4.4.3 Lack of access for independent monitors	31
4.4.4 Arbitrary detention	32
5. STIGMA AND DISCRIMINATION AND MANDATORY QUARANTINES AS PUNISHMENT	34
5.1 STIGMA AND DISCRIMINATION	34
5.2 QUARANTINE AS PUNISHMENT	36
6. CONCLUSION AND RECOMMENDATIONS	37
6.1 CONCLUSION	37
6.2 RECOMMENDATIONS FOR GOVERNMENTS	38

GLOSSARY

QUARANTINE	According to the World Health Organization (WHO), quarantine is the “separation of persons who are not ill but who may have been exposed to an infectious agent or disease, with the objective of monitoring their symptoms and ensuring the early detection of cases.”
ISOLATION	According to the WHO, isolation is the “separation of ill or infected persons from others to prevent the spread of infection or contamination.”

1. EXECUTIVE SUMMARY

“I’d like to forget all this, but I can’t,” Ana Cristina told Amnesty International after describing how she had spent 40 days sleeping on a dirty mattress on the floor in a mandatory state-run quarantine facility in El Salvador. She had been taken there by police, who accused her of breaking the national lockdown when she was out buying groceries and medicine, an activity that was considered essential and allowed at the time of her detention.

Across the Americas, since the outbreak of COVID-19, governments have either struggled to balance stay-at-home orders with the need to keep economies running in countries with high numbers of informal workers and weak social protection systems or resorted to policing strict lockdowns and curfews.

In some countries, including Venezuela, El Salvador and Paraguay authorities have taken particularly strict measures which have included placing tens of thousands of people in state-run quarantine centres under the custody of the military and the police.

Different forms of quarantine have been used for centuries to control epidemic diseases. Quarantine - which the World Health Organization (WHO) differentiates from isolation - is the “separation of persons who are not ill but who may have been exposed to an infectious agent or disease, with the objective of monitoring their symptoms and ensuring the early detection of cases.” While, isolation, is the “separation of ill or infected persons from others to prevent the spread of infection or contamination.”

The scale to which quarantines have been used in recent months globally in response to the COVID-19 pandemic has been unprecedented in recent history.

By late August, according to government figures, some 90,000 of the 5.1 million Venezuelans the UN estimates have fled the country’s human rights crisis and humanitarian emergency in recent years had returned from neighbouring countries such as Colombia and Peru, after being left jobless and homeless. On return, they are sent to state-run mandatory quarantine centres, where hundreds continue to be quarantined daily.

In El Salvador, by the end of August, President Nayib Bukele’s government had mandatorily quarantined 16,780 people. El Salvador’s Human Rights Ombudsman estimated in late May that the country had established 88 quarantine centres (known as containment centres). These types of detentions took place in large numbers until, after multiple legal challenges, the Constitutional Chamber of the country’s Supreme Court found that the authorities had no legal basis to hold people in these centres as a form of punishment.

In Paraguay, as of late June, authorities had also mandatorily quarantined some 8,000 people, mostly Paraguayans returning to the country who had been working informally in neighbouring Brazil and had lost their jobs in the informal sector there as COVID-19 lockdowns were enforced.

Under international human rights law, in times of public health emergencies, authorities may legitimately impose quarantines, as they have in response to COVID-19. However, as mandatory quarantine under state-custody represents, in practice, a deprivation of a person's liberty, their use is only permissible in limited circumstances. Governments also have clear obligations to ensure that those quarantined are held in humane conditions, with safeguards against ill-treatment, and that they are not discriminated against, or their detention risks becoming unlawful. The WHO also states that although quarantine can delay the introduction of a disease to a country, if not implemented properly, it can create additional sources of dissemination of the disease.

This research, carried out between March and August 2020, found that many of the warehouses, sports stadiums and other facilities where authorities have placed people to complete mandatory state-run quarantines have often been unsanitary or lacked basic supplies, which could amount to ill-treatment. This has also risked making them counterproductive as spaces where people could contract the virus.

International human rights law requires that any deprivation of liberty must be based in law, be time bound, subject to review and be necessary and proportionate. Authorities must also prevent indefinite detentions. They must ensure time limits for mandatory quarantine and isolation are limited to the minimum period necessary, as informed by evolving scientific evidence and best practice and given clear information about the length of the process of their detention.

WHO guidelines currently advise that quarantine should last 14 days, after which people can be released, provided they do not develop symptoms of COVID-19. While initial WHO guidance published in February recommended testing of people at the end of 14 days, revised guidance from August states that contacts of confirmed or probable cases of COVID-19 who do not develop symptoms no longer need to be tested as a requirement for leaving quarantine.

In contrast, current WHO guidelines advise that people confirmed to have the COVID-19 virus may be discharged from isolation, either after two negative tests taken 24 hours apart from each other, or after a minimum of 13 days, and at least three days after symptoms have stopped.

During this research, Amnesty International received information that people in the three countries had been placed in mandatory state quarantine well beyond 14 days, in some instances with people staying over a month in these centres. It found that people held in these centres did not have sufficient access to information about how long they would be detained for or the scientific criteria which would be used at any given time to determine their discharge from quarantine or isolation.

In all three countries, mandatory quarantines have been implemented under the guidance of the Ministry of Health, but principally enforced by the military and/or police, sometimes with reports of excess use of force.

Authorities in all countries mentioned in this briefing have undermined a range of human rights. However, Amnesty International believes that the way that the authorities in Venezuela and El Salvador particularly have implemented mandatory quarantine has converted a public health intervention into a punitive response. This has disproportionately impacted low-income communities, and refugees and migrants returning to their countries of origin.

In Venezuela, where the country's collapsed health system is one of the faces of a humanitarian crisis that has led to millions fleeing the country in recent years, a policy of quarantining all returnees in unprepared and unsanitary settings may amount to ill-treatment.

Members of President Nicolás Maduro's administration have described Venezuelan refugees returning from Colombia as "biological weapons" sent to infect the Venezuelan population. Senior officials have also described those returning as "traitors."

This state-sponsored campaign of stigma and discrimination towards Venezuelans returning to the

country, based on their perceived political views and association with COVID-19, coupled with their automatic placement in state-run mandatory quarantines, raises concerns that their deprivation of liberty was discriminatory, possibly rendering the detentions arbitrary.

Similarly, in El Salvador, between March and July, President Bukele's government detained thousands of mostly low-income people in ill-equipped and filthy centres in many cases for more than a month. This was seen as a strategy to punish those who were accused of breaking the national lockdown.

Between March and May, El Salvador's Human Rights Ombudsperson received more than 1,300 complaints related to situations deriving from the sanitary emergency, and 406 cases of people who were detained for allegedly breaking the national quarantine and, in their majority, taken to containment centres.

Under international law, governments who deprive people of their liberty in mandatory quarantines have to enact effective monitoring systems to protect individuals from ill-treatment and grant those affected access to independent medical advice and legal assistance.

In El Salvador, the judiciary ultimately acted as a safeguard against human rights violations for the hundreds of people held in quarantine centres who presented legal challenges to their detentions.

In Paraguay, the National Mechanism for the Prevention of Torture, a state institution established to monitor compliance with the standards under the Optional Protocol to the Convention against Torture, was able to visit several centres in June. However, at the time of writing, independent human rights monitors and civil society in Venezuela had very limited access to quarantine centres in the country.

Amnesty International found that imposition of mandatory quarantine under state-control without providing clear explanations of the length of time people will be held, in settings that lack minimum prevention and infection control, and without independent procedural safeguards are unlikely to meet international human rights law and standards and may amount to arbitrary detention.

If quarantine settings are also discriminatory and authorities fail to provide adequate food, water and medical care, the situation may also amount to ill-treatment and could violate the right to health.

As the COVID-19 pandemic continues, and countries across the Americas face the possibility of repeated lockdowns, this initial research into state-run quarantines highlights the need for authorities to avoid resorting to coercive, punitive and discriminatory approaches as they implement public health measures. Lessons learnt from other pandemics have shown that such approaches undermine public health interventions.

Instead, when people are empowered with evidence-based knowledge to protect their own health and that of their communities and are given the tools and economic resources to comply with voluntary quarantine and isolation measures, they tend to do so.

Amnesty International calls on authorities in all countries considered in this report to prioritize COVID-19 prevention campaigns and voluntary quarantine measures, and to avoid placing anyone in state-controlled quarantine unless such a measure is strictly necessary and proportionate, only when other means have failed to achieve the purpose of protecting public health, and only if they are able to provide appropriate settings, food, water and medical care.

Authorities must also regularly update the criteria for release of individuals based on evolving scientific information to ensure that they spend only the scientifically required period in quarantine.

Lessons learnt from decades of responding to other epidemics, such as HIV&AIDS, make it clear that associating a virus with a region, nationality, race or location can lead to racism, xenophobia, discrimination and stigmatization of entire regions. Amnesty International calls on authorities at all levels of government to stop using stigmatizing and discriminatory language that associates migrants and refugees, people returning to their country of origin, and low-income communities with COVID-19.

They must also ensure that quarantines are not used to target or punish specific communities.

Finally, governments who implement mandatory quarantine under state control must immediately grant humanitarian organizations and independent human rights monitors access to such centres or any place under state jurisdiction and control where people are deprived of their liberty for public health purposes to monitor the conditions, safeguard against ill-treatment and provide urgently needed, water, food and other supplies to comply with WHO guidelines on quarantine settings.



1.1 METHODOLOGY

In March 2020, Amnesty International began to monitor a range of measures taken by authorities in the Americas to address the COVID-19 pandemic. Almost immediately, the organization began receiving reports about the unsanitary and, sometimes hostile, conditions in state-run mandatory quarantine centres.

While Amnesty International received information that such mandatory quarantines were in place in at least five countries in the Americas, including Guatemala and Honduras, this briefing focuses on three countries where the organization was most able to gather information – Venezuela, El Salvador and Paraguay.

For this briefing, Amnesty International’s researchers and its Crisis Evidence Lab reviewed and verified dozens of videos available on social media or sent to the organization directly, mostly filmed by people placed in mandatory quarantine centres describing the conditions in which they were being held.¹

Researchers also carried out a total of 14 phone interviews, including with people placed in these facilities, as well as with experts from universities, journalists, civil society organizations and human rights monitors.

In El Salvador, this included a representative from the Human Rights Ombudsperson, a representative from the Institute for Human Rights at the Central American University José Simeón Cañas, and a lawyer from the *Centro de Atención Legal de ORMUSA*. Amnesty International also documented the case of person who had been in quarantine which is detailed in this briefing.

In Venezuela, the organization spoke with representatives from the NGO Venezuelan Education-Action Program on Human Rights (Provea), journalists, as well as several sources who only agreed to speak on the condition of anonymity out of fear of possible reprisals. Amnesty International took care to protect the confidentiality of those interviewed or who sent the organization information.

In Paraguay, Amnesty International spoke to the President of the National Mechanism for the Prevention of Torture, as well as with a technician who had visited some of the quarantine centres. The organization also documented the case of a person who had been placed in quarantine and received information from sources who spoke to the organization on condition of anonymity.

In all countries included in this briefing, researchers also reviewed dozens of newly passed laws, policies, and protocols related to lockdowns and the implementation of the mandatory quarantines, as well as court documents, and reports by independent monitors.

In addition, Amnesty International examined numerous articles published by local journalists who, often in precarious conditions, have reported on the stories of people held in quarantine centres.

In Paraguay, Amnesty International made access to information requests which the authorities responded to and were drawn on for this research. Amnesty International staff also held meetings on the 27 May and 1 July with General Máximo Díaz, one of the coordinators of the Interinstitutional Centre of Coordination, set up to respond to COVID-19.

In early July, the organization also wrote to Venezuela’s Presidential Commission for the Prevention and Control of Coronavirus, and to El Salvador’s Ministry of Health requesting meetings with the authorities to understand in more detail their perspective on this issue. At the time of going to print, the organization had not received responses to these requests.

¹ The verification process includes ensuring where a piece of content was captured and checking the date of its capture. This includes ensuring it has not appeared online before and checking other features of the content to give a timeframe in which the capture occurred.

2. BACKGROUND

Beginning in March, countries across the Americas declared states of emergency and implemented quarantines and/or curfews with the aim of halting the spread of COVID-19.

Around the same time, Amnesty International began to receive worrying indications that governments were adopting repressive tactics to enforce pandemic-related public health measures.

By mid-May, Amnesty International's researchers and its Crisis Evidence Lab had verified more than 60 videos that showed the use of detention as a first rather than last resort; excessive and unnecessary use of force in the enforcement of COVID-19 lockdowns, and in the policing of protests related to lack of food and other basic necessities; and the imposition of mandatory state-run quarantines in inhumane conditions. The videos all suggested that people living in poverty, people who are homeless, and migrants and refugees were more likely to be impacted by these punitive measures.²

This briefing focuses specifically on the issue of mandatory quarantines in state run facilities in three countries – Venezuela, El Salvador, and Paraguay – and considers whether they comply with international human rights standards and have sufficient safeguards against arbitrary detention.

In at least two countries considered in this briefing, Amnesty International has documented repressive public policies for some time and in conducting this research has found these policies have seeped into their public health responses.

In Venezuela, for example, President Nicolás Maduro's government has installed a systematic and widespread policy of repression since at least 2017 - including selective extrajudicial executions, arbitrary detentions, and deaths and injuries caused by excessive use of force – which may constitute crimes against humanity.³ Additionally, since at least 2018, severe violations of the right to health, as well as difficulties in accessing food and other basic services, have put thousands of people's lives at risk in Venezuela and led to the world's second largest refugee population.⁴ According to the World Food Program, the prevalence of undernourishment has increased from 2.5 percent between 2010 and 2012 to 31.4 percent between 2017 and 2019.⁵

In El Salvador, after a year in power, President Bukele's government has failed to leave behind the repressive public security strategies implemented by previous administrations or to guarantee an organized withdrawal of the participation of the armed forces in public security duties.⁶

2 Amnesty International, Americas: Authorities must protect people from COVID-19 instead of resorting to repressive measures, 15 May 2020

3 Amnesty International, Crimes against humanity in Venezuela (AMR 53/0222/2019)

4 Amnesty International, Venezuela: Unattended health rights crisis is forcing thousands to flee, 9 March 2018; Amnesty International, Emergency Exit, <https://www.amnistia.org/en/specials/emergency-exit>; Amnesty International, Venezuela: Stubborn politics accelerate catastrophic humanitarian crisis, 10 June 2016

5 FAO, IFAD, UNICEF, WFP and WHO. 2020, The State of Food Security and Nutrition in the World 2020, Transforming food systems for affordable healthy diets. Rome, Page: 14, <https://doi.org/10.4060/ca9692en>

6 Amnesty International, El Salvador: Repression and broken promises, the new face of the country after one year of President Bukele's government, 1 June 2020; Amnesty International, El Salvador: Memorandum to the President, 24 June 2019, (AMR 29/0546/2019)

Different forms of quarantine have been used for centuries as a strategy to control epidemic diseases. Quarantine - which the WHO differentiates from isolation - is the “separation of persons who are not ill but who may have been exposed to an infectious agent or disease, with the objective of monitoring their symptoms and ensuring the early detection of cases.” While, isolation, is the “separation of ill or infected persons from others to prevent the spread of infection or contamination.”⁷

All three countries investigated for this report put in place strict travel restrictions and national quarantines and quickly established mandatory quarantine centres in a variety of state-run facilities, including for those returning to the country, and in some countries, for those accused of breaking national quarantines. The facilities used ranged from sport stadiums, military facilities, warehouses, hospitals, and schools, to hotels and guesthouses, among others. In all countries, people who became ill or tested positive for the COVID-19 virus during quarantine were sent to hospital facilities or centres where they were also placed in isolation.

⁷ WHO, Considerations for quarantine of individuals in the context of containment for coronavirus disease (COVID-19), Interim guidance, 19 March 2020, Page: 1

3. INTERNATIONAL LAW AND STANDARDS ON QUARANTINES UNDER STATE CUSTODY

MANDATORY QUARANTINES AS A LAST RESORT

International human rights law allows for the restriction of some rights in limited circumstances, when necessary and proportionate to protect public health or other relevant legitimate purpose under international human rights law. However, there are clear boundaries on which rights can be restricted and to what extent. Any limitation must be for a legitimate aim (in this case, limiting the impact of the COVID-19 pandemic), necessary and proportionate to that aim.⁸

In response to the COVID-19 pandemic, many states have introduced measures to protect public health, including mandatory quarantines, self-isolation or other physical distancing measures. Even when these measures pursue the legitimate aim of protecting public health, all measures restricting the rights to freedom of movement and to liberty must meet the three-part test described above. The test requires measures to be adequate to achieve their lawful purpose, be the least intrusive instrument amongst those which might achieve the desired result and be proportionate to the legitimate interest to be protected.

The Inter-American Court on Human Rights has also stated that restrictions on human rights in the context of the pandemic must be “temporarily limited, legal, adjusted to well-defined aims based on scientific criteria, reasonable, absolutely necessary and proportionate...”⁹

While the right to liberty is not an absolute right, and derogations from it are permitted under international human rights law, the prohibition of arbitrary deprivation of liberty is absolute and universal.¹⁰

8 See: Siracusa Principles on the Limitation and Derogation of Provisions in the International Covenant on Civil and Political Rights, UN Doc. E/CN.4/1984/4 (1984), International Covenant on Civil and Political Rights, Article 12 (3)

9 Statement of the Inter-American Court of Human Rights 1/20, COVID-19 and human rights: The problems and challenges must be addressed from a human rights perspective and with respect for international obligations, 9 April 2020, www.corteidh.or.cr/tablas/alerta/comunicado/Statement_1_20_ENG.pdf

10 General Comment 35 on Article 9 (Liberty and security of person), Para: 66; Working Group on Arbitrary Detention, Deliberation No. 11 on prevention of arbitrary deprivation of liberty in the context of public health emergencies, 8 May 2020, Para: 5, www.ohchr.org/Documents/Issues/Detention/DeliberationNo11.pdf

The Working Group on Arbitrary Detention, an independent group of experts mandated by the Human Rights Council to investigate cases of arbitrary deprivation of liberty, says that measures implemented in the context of public health emergencies must also be “the least intrusive means to protect public health and imposed only for the time required to combat the emergency.”¹¹

This means that quarantine under state-custody - a public health intervention, according to the WHO¹² and international human rights law and standards - should generally only be used as a last resort, tried only after other measures have proven unsuccessful or if it becomes clear that the objective cannot be achieved by those other means. Before resorting to strict quarantines, authorities should implement robust public education campaigns and also provide sufficient social protection, including financial support, that allows people to voluntarily comply with stay-at-home orders before being placed in state-run mandatory quarantine. States should provide a clear justification of each measure taken.

Furthermore, the imposition of penalties as enforcement measures must be the last resort after other alternatives have proven unsuccessful or if it becomes clear that the objective cannot be achieved by those other means. Using quarantine as a punishment for breaking lockdown rules or other public health measures is not legitimate.

ANY DEPRIVATION OF LIBERTY MUST BE SPECIFIED IN LAW AND TIME-BOUND

According to international human rights law, mandatory quarantines under custody such as those described in this briefing are a *de facto* form of deprivation of liberty.¹³ As such, according to international human rights law and standards, states must ensure that decisions to place people under quarantine are not arbitrary and that there is a time-limit on the length someone is held for, which must be clearly specified in law and followed in practice.

CONDITIONS MUST BE HUMANE AND NON-DISCRIMINATORY

Governments must provide humane and non-discriminatory conditions for people they decide to quarantine, including access to nutritionally adequate and safe food, and an adequate supply of safe and potable water.¹⁴ Authorities should also enact an effective monitoring and review system that safeguards against ill-treatment.¹⁵ Additionally, they must grant those quarantined access to independent medical advice and legal assistance, means to communicate with the outside world, and the possibility to challenge and remedy any abuse.¹⁶

Similarly, WHO guidelines on quarantine published in March 2020, advise governments to provide “clear, up-to-date, transparent and consistent guidelines” on their use; ensure “constructive engagement with communities”; and provide quarantined people with healthcare, financial, social and

11 Working Group on Arbitrary Detention, Deliberation No. 11 on prevention of arbitrary deprivation of liberty in the context of public health emergencies, 8 May 2020, Para: 3; The Committee on Economic, Social and Cultural Rights, General Comment 14, The right to the highest attainable standard of health (Article 12 of the International Covenant on Economic, Social and Cultural Rights), UN Doc. E/C.12/2000/4 (2000); Para: 28-29;

12 See WHO, Considerations for quarantine of individuals in the context of containment for coronavirus disease (COVID-19), Interim guidance 19 March 2020, page 1. “Member States have, in accordance with the Charter of the United Nations and the principles of international law, the sovereign right to legislate and to implement legislation, in pursuit of their health policies, even if this involves the restriction of movement of individuals.”

13 Working Group on Arbitrary Detention, Deliberation No. 11 on prevention of arbitrary deprivation of liberty in the context of public health emergencies, 8 May 2020, Para: 8

14 The Committee on Economic, Social and Cultural Rights, General Comment 14, The right to the highest attainable standard of health (Article 12 of the International Covenant on Economic, Social and Cultural Rights), UN Doc. E/C.12/2000/4 (2000); Para: 49 b-c

15 Subcommittee on Prevention of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, Advice provided by the Subcommittee to the National Preventive Mechanism of the United Kingdom of Great Britain and Northern Ireland regarding compulsory quarantine for coronavirus (COVID-19 virus) (CAT/OP/9), 31 March 2020

16 See the “Syracusa Principles” for interpretation of the International Covenant on Civil and Political Rights. Also see the Subcommittee on Prevention of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, Advice of the Subcommittee to States parties and national preventive mechanisms relating to the coronavirus disease (COVID-19) pandemic, (CAT/OP/10) (7 April 2020)

psychosocial support and basic needs. The guidelines also recommend that states consider “cultural, geographic and economic factors” and conduct rapid assessments of the local context to inform their strategies of “the most appropriate and culturally accepted measures.”¹⁷

In the context of the COVID-19 pandemic, in April, the United Nation’s Sub Committee on Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment also stated: “Those individuals who are being temporarily held in quarantine are to be treated at all times as free agents, except for the limitations necessarily placed upon them in accordance with the law and on the basis of scientific evidence for quarantine purposes... and are not to be viewed or treated as if they were detainees.”¹⁸

Like the WHO, the Committee has emphasized that authorities should ensure that mandatory quarantine facilities are big enough to allow for internal freedom of movement and a range of purposive activities, should encourage communication with friends and family, and provide psychological support.¹⁹

The Committee has reiterated that authorities have an obligation to ensure that people in quarantine, or who have been in quarantine, do not suffer from marginalization or discrimination, including after they have gone back to their communities.²⁰

Finally, all people, especially the most marginalized, and including those in quarantine or isolation, should be guaranteed “the highest attainable standard of physical and mental health”, without any kind of discrimination.²¹

17 See WHO, Considerations for quarantine of individuals in the context of containment for coronavirus disease (COVID-19), Interim guidance, 19 March 2020; Also see: OHCHR, A human rights perspective into the Ebola outbreak, September 2014, www.globalhealth.org/wp-content/uploads/A-human-rights-perspective-into-the-Ebola-outbreak.pdf

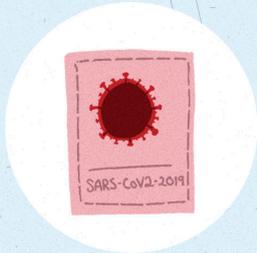
18 Subcommittee on Prevention of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, Advice of the Subcommittee to States parties and national preventive mechanisms relating to the coronavirus disease (COVID-19) pandemic, (CAT/OP/10), 7 April 2020, Para: 10a-b

19 Subcommittee on Prevention of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, Advice of the Subcommittee to States parties and national preventive mechanisms relating to the coronavirus disease (COVID-19) pandemic, (CAT/OP/10), 7 April 2020, Para: 10c-g

20 Subcommittee on Prevention of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, Advice of the Subcommittee to States parties and national preventive mechanisms relating to the coronavirus disease (COVID-19) pandemic, (CAT/OP/10), 7 April 2020, Para: 10f

21 The Committee on Economic, Social and Cultural Rights, General Comment 14, The right to the highest attainable standard of health (article 12 of the International Covenant on Economic, Social and Cultural Rights), UN Doc. E/C.12/2000/4, 2000; Para: 1

STATES CAN ONLY USE MANDATORY QUARANTINES IN LIMITED CIRCUMSTANCES AND MUST ENSURE CERTAIN CONDITIONS INCLUDING:



A legitimate aim –in this case, to respond to and prevent COVID-19



They are necessary and proportionate –used as a last resort only to prevent infection, not to punish or discriminate



They provide humane conditions: Access to food, water, sanitary conditions



Everyone is treated with dignity.



They are time-bound, and people are detained for the minimum period necessary



People have access to independent doctors, lawyers and psychological support, there is freedom of movement in the facilities and access to communication and belongings.



There is clear information about the scientific criteria being used to determine the length of their quarantine and people can appeal their detention.



Independent human rights organizations and humanitarian groups have access to quarantine centers

4. HUMAN RIGHTS VIOLATIONS IN MANDATORY QUARANTINES

ANA CRISTINA – EL SALVADOR: “WE WERE (HELD) THERE LIKE ANY OTHER COMMON CRIMINAL.” DETAINED FOR A MONTH IN A STATE-RUN QUARANTINE CENTRE AS PUNISHMENT FOR ALLEGEDLY BREAKING THE NATIONAL LOCK-DOWN

Ana Cristina²² is a 48-year-old human rights defender and Director General of the El Salvador Association for Sex Workers.

Ana Cristina told Amnesty International that she left home on 13 April to buy food and medicine for her 3-year-old son. After leaving the market, the police detained her for allegedly breaking the home quarantine and took her to a police station.

At the time of Ana Cristina’s detention, the decree governing the national quarantine allowed people to leave home to get essential goods, including food and medicine. Nevertheless, Ana Cristina told Amnesty International that after her detention, police officials pressured her to sign a document giving consent to be placed in state-run containment centre.

According to her testimony, police officials initially told Ana Cristina that they only needed to carry out a test for COVID-19, after which she would be able to go home. However, once at the containment centre - where she was placed with some 38 other women - a doctor told her that she would not be tested right away and would not be allowed to leave until given further notice. It was almost three weeks after entering the centre that she was first tested for COVID-19, and according to her testimony, the test came back negative.

On 19 April, Ana Cristina’s family submitted a *habeas corpus* petition on her behalf.²³ On 24 April, the Constitutional Chamber of the Supreme Court, in reviewing Ana Cristina’s case along with that of dozens of other people who had been similarly detained in containment centres, held there was no legal basis that permitted the authorities to use forcible medical confinement as a form of punishment for having allegedly breaking lockdown regulations. In view of the apparent arbitrary and illegal transfer of people to containment centres, the Court ordered that Ana Cristina should be tested for the COVID-19 virus, and immediately allowed to return home to complete quarantine.²⁴

Despite the Court decision, the authorities continued to detain Ana Cristina. During her time in the containment centre, she was tested a total of three times, each time testing negative for COVID-19. She told Amnesty International that after the second test, the authorities told her she would not be allowed to leave because other people detained with her had tested positive for COVID-19.

Ana Cristina told Amnesty International that during most of her time in mandatory quarantine, she and the other women slept side-by-side on dirty mattresses on the floor, without clean face masks, and with practically no physical distance between them. Amnesty International reviewed photos of the facility corroborating these conditions.

According to Ana Cristina, the place where she stayed only had four bathrooms for some 38 women, some of which were blocked, and the remaining ones - which they were left to clean themselves - often flooded. She told Amnesty International that the administrators of the centre would often scold the women when they made noise or laughed and gave them almost no information about the process.

Ana Cristina has type 2 diabetes which, according to current Centres for Disease Control and Prevention information, can increase the risk of severe illness arising from COVID-19.²⁵ She indicated that those in charge of the centre failed to give her treatment for her diabetes for the first three days of her stay, and then subsequently gave her the treatment she needed sporadically, despite the fact that the court had ordered information about her treatment. She said that the poor-quality food also caused her stomach-ache and did not cater for her needs as a diabetic.²⁶ Ana Cristina also told Amnesty International that medical staff at the centre gave test results publicly and were highly insensitive to the situation of the women.²⁷

On 13 May, supposedly after some of the women held with Ana Cristina tested positive for COVID-19, the authorities moved her and others to private or semi-private rooms. On 20 May, almost a month after a court had ordered her release, she was eventually allowed home.

When asked about how the quarantine had affected her, she said: “I’d like to forget all this, but I can’t.”

22 Telephone interviews with Ana Cristina, 8 May and 11 June 2020

23 Copia de documento de interposición de Habeas Corpus, 205-2020, 19 de abril de 2020

24 Copia de documento de interposición de Habeas Corpus, 205-2020, 19 de abril de 2020, Page: 18

25 See CDC, People with Certain Medical Conditions, 17 July 2020, www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html

26 The Court decision specifically ordered that she be granted medical treatment for her diabetes

27 Telephone interview with Ana Cristina, 3 September 2020



4.1 HOW PEOPLE WERE PLACED IN STATE-RUN QUARANTINES

International human rights law requires that any deprivation of liberty, including for the purposes of quarantine, be based in law and time bound.

VENEZUELA

On 13 March 2020, authorities in Venezuela declared a State of Alarm (in addition to a State of Economic Emergency that has been in place since 2016).²⁸

To respond to the COVID-19 pandemic, the authorities established the Presidential Commission for the Follow-up, Control and Prevention of COVID-19, headed by the Executive Vice-President.

Around the same time, tens of thousands of the now 5.1 million Venezuelan refugees living in other countries, 1.4 million of whom live in Colombia and Peru,²⁹ lost their jobs in the informal sector and many were left homeless, leaving them with little choice but to return to Venezuela.³⁰

According to the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), approximately 72,500 people returned to Venezuela by land between 6 April and 28 July, mostly through northern border states.³¹ Between 6 April and 21 May, an average of 1,000 people returned to Venezuela by land every day mostly through Táchira state.³² In the same period, some 26,888 people completed mandatory quarantines, mostly in temporary shelters or PASI's (*Puntos de Atención Social Integral* in Spanish),³³ centres established by the Bolivarian National Armed Forces.³⁴

28 Decreto N° 4.160, mediante el cual se decreta el Estado de Alarma en todo el Territorio Nacional, <https://pandectasdigital.blogspot.com/2020/03/decreto-n-4160-mediante-el-cual-se-17.html>; Also see: TelsurTV, 'Venezuela confirma los primeros dos casos de Covid 19,' 13 March 2020, www.youtube.com/watch?v=Ehaoaf0DOqQ

29 See Regional Inter-Agency Coordination Platform, 24 July 2020, <https://r4v.info/en/situations/platform>

30 Amnesty International, Peru: *Evictions of vulnerable people* (AMR 46/2400/2020)

31 OCHA, VENEZUELA - Junio 2020, Informe de situación, Última actualización: 13 ago. 2020, page 2

32 OCHA, Venezuela, Flash Update No. 4, 22 May 2020

33 OCHA, Venezuela, Flash Update No. 4, 22 May 2020, Page 3

34 Protectorado, Táchira Dos Batallas, Reportaje Especial, www.freddybernaloficial.com/wp-content/uploads/2020/06/Revista-2-compressed.pdf

By mid-April, the UN estimated that authorities had established some 71 temporary shelters with a capacity for 3,664 people.³⁵ While the UNHCR initially published a mapping of temporary shelters, it later removed access to the site.

By June, many Venezuelans trying to return to the country had been left stranded at the Colombia-Venezuela border after the Venezuelan authorities capped the number of people who could return daily at 300-350.³⁶

By the end of August, some 90,000 returnees had completed quarantines under state custody, according to figures from the Venezuelan authorities.³⁷ And as of 14 July, there were approximately 105 PASI's in border states, according to OCHA.³⁸ Reports also increasingly emerged of people entering irregularly through gaps, known as "trochas," in the Colombia-Venezuela border.³⁹

EL SALVADOR

In El Salvador, in March, authorities implemented a nation-wide quarantine and quickly passed a series of decrees in response to the COVID-19 pandemic,⁴⁰ including a State of Emergency.⁴¹ On 13 April, the Ministry of Health published a regulation setting out conditions of quarantine and isolation.⁴²

By 25 May, according to El Salvador's Human Rights Ombudsperson, the country had established 88 containment centres in hotels, convention centres, and gyms, all under the watch of the National Civilian Police and parts of the military.⁴³ As 28 August, according to government data, 16,780 people had finalized quarantine under state custody, one quarantine centre remained open, and 62 people remained in quarantine.⁴⁴

The authorities quarantined at least four categories of people: those accused of breaking the mandatory national lockdown, Salvadorians returning from overseas travel, people deported from the USA and Mexico, and individuals who had been or were suspected of having been in contact with COVID-19 patients.⁴⁵

35 UN, *Plan Intersectorial de Preparación y Atención COVID-19*, April 2020, Page: 33

36 Al Jazeera, 'Venezuelan migrants stranded after border with Colombia closed,' 6 June 2020, www.aljazeera.com/news/2020/06/venezuelan-migrants-stranded-border-colombia-closed-200606104105795.html

Also see, AP Photos: 'Venezuelan migrants make a long trek back home,' 11 June 2020, <https://apnews.com/5ad626ea08125c460af3293437b50cf5>

37 Patria Blog, '90 mil connacionales han ingresado al país por pasos fronterizos legales', 23 August 2020, <https://covid19.patria.org.ve/noticia/90-mil-connacionales-han-ingresado-al-pais-por-pasos-fronterizos-legales/>

38 OCHA, VENEZUELA - Junio 2020, Informe de situación, Última actualización: 13 ago. 2020, Page 2

39 Ministerio de Relaciones Exteriores de Colombia, 'Retorno de Venezolanos a su país tomaría hasta 6 meses debido a las restricciones de Venezuela,' 16 June 2020, www.migracioncolombia.gov.co/noticias/retorno-de-venezolanos-a-su-pais-tomaria-hasta-6-meses-debido-a-las-restricciones-de-venezuela-director-de-migracion-colombia; Washington Post, 'As coronavirus explodes in Venezuela, Maduro's government blames "biological weapon": the country's returning refugees,' 19 July 2020, www.washingtonpost.com/world/the-americas/coronavirus-venezuela-migrant-maduro/2020/07/19/582c659c-c518-11ea-a99f-3bbdfbf1af38_story.html

40 Compilación de decretos de emergencia por COVID-19, <https://impresnanacional.gob.sv/compilacion-de-decretos-de-emergencia-por-covid-19/>

41 Estado de Emergencia Nacional de la pandemia por COVID-19, <https://www.diariooficial.gob.sv/diarios/do-2020/03-marzo/14-03-2020.pdf>

42 Reglamento para el aislamiento, cuarentena, observación o vigilancia por COVID-19, <https://www.diariooficial.gob.sv/diarios/do-2020/04-abril/13-04-2020.pdf>

43 Procurador para la Defensa de los Derechos Humanos, *Informe Preliminar sobre COVID-19 y derechos humanos en El Salvador*, June 2020, Page: 7, www.pddh.gob.sv/portal/wp-content/uploads/2020/06/informe-preliminar-junio-2020.pdf

44 See <https://covid19.gob.sv/>

45 Ministerio de Salud, *Lineamientos técnicos para la atención de personas en centros de contención y hospitales ante la pandemia por COVID-19*, 2020, Page: 6

PARAGUAY

On 10 March, Paraguay declared a national quarantine, and on 16 March partially closed its international borders.⁴⁶

The government established the Interinstitutional Centre of Coordination for support to the Ministry of Health, within the Council of National Defense.

The authorities similarly established four categories of people who could be quarantined under state custody: individuals who voluntarily wanted to leave their own family, people who could not carry out self-isolation in their own home due to vulnerability to infection, those accused of breaking the mandatory lockdown, and all those entering the country.⁴⁷

By late May, the authorities had established 84 quarantine centres, mostly in warehouses, and other state-owned buildings such as schools, where 1,834 people had been placed.⁴⁸

Approximately 8,000 people had passed through these state-run centres or “health-hotels,” by late-June.⁴⁹ Most of them were young migrant workers who had returned from neighbouring Brazil or Argentina.”

4.2 POLICE AND MILITARY ENFORCEMENT OF MANDATORY QUARANTINES

The use of police and/or military to enforce mandatory quarantines has been a key feature in the three countries examined in this report. For many people in quarantine, the enforcement of measures by police and military has led to the perception that such quarantines amount to punishment and criminalization.

In Venezuela, according to news reports, authorities deployed some 92,000 police, firefighters, and civil protection officials, as well as over one million members of the Bolivarian National Armed Forces.⁵⁰ The authorities also reportedly deployed 300,000 “milicianos” – civilians trained and equipped by the military – to respond to the COVID-19 pandemic, according to state news reports.⁵¹ In Táchira alone, as of April, authorities said there were 2,350 military controlling the border.⁵²

In El Salvador, by May the National Civilian Police indicated it had deployed 23,000 officials to police the quarantine and ensure physical distancing regulations.⁵³

In Paraguay, between March and June, the Ministry of Interior deployed 24,000 police agents and at least 3,000 military personnel to, among other things, enforce the lockdown and patrol borders.⁵⁴

While military forces can provide valuable support in times of an emergency, for example when using military logistics to set up temporary hospital facilities, relying on the military to carry out law

46 See: Decreto 3458, 16 March 2020

47 Resolución 173/2020 y 177/2020, Artículo 2

48 This is according to government information provided to Amnesty International after an access to information request.

49 *Segundo Informe Oficial del Presidente Mario Abdo Benítez*: Congreso y a la nación, June 2020, Page: 19

50 Efecto Cocuyo, Reverol: Vamos a ser estrictos en el cumplimiento de esta cuarentena, 8 June 2020, <https://efectococuyo.com/coronavirus/reverol-vamos-a-ser-estrictos-en-el-cumplimiento-de-esta-cuarentena/> Quédate a ver, ‘Órganos de Seguridad garantizarán cumplimiento de la cuarentena social en el país,’ 16 March 2020, www.vtv.gob.ve/organos-seguridad-garantizaran-cumplimiento-cuarentena-social/

51 Agencia Venezolana de Noticias, ‘Más de 300.000 milicianos desplegados para resguardar la seguridad del país ante la pandemia,’ 13 April 2020, www.avn.info.ve/node/480518

52 Gobierno Bolivariano de Venezuela, ‘Venezuela enfrenta doble batalla, una contra el Covid-19 y la otra contra ingreso de mercenarios,’ 7 April 2020, www.presidencia.gob.ve/Site/Web/Principal/paginas/classMostrarEvento3.php?id_evento=15478

53 PNC, ‘Director PNC asegura que más de 23,000 policías contienen en primera línea el COVID-19,’ 5 May 2020, www.pnc.gob.sv/portal/page/portal/informativo/novedades/avisos/Noticias%20de%20%FAltima%20hora/Director%20PNC%20asegura%20que%20m%E1s%20de%2023000%20polic%EDas%20contienen%20en#.XxiOWp5KiyII

54 *Segundo Informe Oficial del Presidente Mario Abdo Benítez*: Congreso y a la nación, June 2020, Page: 24

enforcement tasks is not generally appropriate since they are not trained nor equipped for responding to these very different situations. Military forces should only be deployed in exceptional and temporary circumstances, based on clearly articulated needs, and be subject to civilian command, control and oversight. Restraint in the exercise of police powers and a consent-based, rather than a coercive approach, should also be prioritized to maintain acceptance of lockdown measures.

In El Salvador, a video verified by Amnesty International, shows that in early May, authorities sent riot police to quarantine centre *Gimnasio Adolfo Pineda* in El Salvador after people allegedly tried to escape. In the video, the commentator is heard saying: “They think we are criminals.”⁵⁵

The Human Rights Ombudsperson received 34 complaints of alleged ill-treatment between March and May alone. Of those 15 related to cruel, inhuman and degrading treatment, and 11 to excessive use of force.⁵⁶ According to the Ombudsperson and dozens of *habeas corpus* petitioners, the police beat and threatened them during the arrests that lead to their mandatory quarantines.⁵⁷ Amnesty International also documented the case of a young man who was shot in the legs by police when they detained him for allegedly breaking the national quarantine.⁵⁸

Sources in Venezuela told Amnesty International that, in practice, quarantine centres were under the control of police, the military, and in some cases the Bolivarian National Intelligence Service (SEBIN), all actors who have been involved in a policy of repression since at least 2017 and may be responsible for crimes against humanity.⁵⁹ During this research, sources told Amnesty International that people who complained or protested against conditions in mandatory quarantine were met with tear gas,⁶⁰ and some were afraid to give testimony due to fear of reprisals. NGO Provea also received reports from people from one quarantine in Villa Bolivariana of people being beaten with wooden sticks by SEBIN and the military.⁶¹

In Paraguay, while Amnesty International did not document specific examples of unnecessary or excessive use of force, multiple sources said that the military in charge of quarantine centers communicated poorly and initially took a “fight-the-enemy” approach towards returning nationals entering quarantines at the Brazil-Paraguay border and may have used unnecessary force in some cases. However, by June, at some isolation centers the military were unarmed and sometimes wore civilian clothing.⁶²

55 Noticias Lourdes Colon, www.facebook.com/NoticiasLourdesC/videos/649273098960790/

56 Procurador para la Defensa de los Derechos Humanos, *Informe Preliminar sobre COVID-19 y derechos humanos en El Salvador*, June 2020, Page: 43

57 Copia de documento de interposición de Habeas Corpus, 205-2020, 19 de abril de 2020

58 Amnesty International, ‘El Salvador: Repression and broken promises, the new face of the country after one year of President Bukele’s government,’ 1 June 2020

59 Amnesty International, *Venezuela: Crimes against humanity require a vigorous response from the international justice system*, 14 May 2019

60 El Pitazo, ‘Funcionarios disparan perdigones y lacrimógenas contra venezolanos en la Guajira,’ 21 July 2020, <https://elpitazo.net/sucesos/funcionarios-disparan-perdigones-y-lacrimogenas-contra-venezolanos-ubicados-en-pasi-de-guana/>

61 Provea, ‘Situación de confinamiento en Villa Bolivariana continúa empeorando,’ 1 June 2020, www.derechos.org/ve/actualidad/situacion-de-confinamiento-en-villa-bolivariana-continua-empeorando

62 Mecanismo Nacional de Prevención de la Tortura, *Informe de Monitoreo*, IMAAS 01/2020, IV. (17)

4.3 UNSANITARY AND SOMETIMES INHUMANE CONDITIONS

In March, Amnesty International began receiving videos from state-run quarantine centres across the Americas, which ranged in size from warehouses hosting up to 100 people to large sport stadiums reportedly holding several hundred. In the videos, people held in the centres showed and described the unsanitary and often inhumane conditions in which they were being held, frequently without minimum infection prevention or control measures.⁶³

Under international human rights law, mandatory quarantines under custody are, in practice, a deprivation of liberty. As such, governments must provide humane and non-discriminatory conditions for people they decide to quarantine, including access to nutritionally adequate and safe food, and an adequate supply of safe and potable water. Additionally, they must grant those quarantined access to independent medical advice and legal assistance, means to communicate with the outside world, and the possibility to challenge and remedy any abuse.

WHO guidelines, which can be read alongside international law, set out in some detail the conditions states should provide if they choose to place people in mandatory quarantine. As a minimum, they must ensure:⁶⁴

1. The quarantine setting is appropriate and that adequate food, water, and hygiene provisions can be made for the quarantine period.
2. Minimum infection prevention and control measures can be implemented.
3. Minimum requirements for monitoring the health of quarantined persons can be met during the period. The guidelines set out in detail the types of conditions and measures that must be met.

Where quarantine is implemented in state-run facilities, the WHO stipulates that people should be placed in either adequately ventilated, spacious single rooms with *en suite* facilities that allow for hand hygiene and toilets, or alternatively, well-ventilated, high-ceiling rooms with beds placed at least one metre apart and sufficient space for people to maintain one metre of physical distance between each other. The accommodation must also provide food, water and hygiene facilities, as well as medical treatment. Provisions should also be made to ensure people can wash their hands frequently with water and soap or alcohol-based hand rub.⁶⁵

In contrast to these guidelines, and international human rights law and standards, during this research, Amnesty International received information from all three countries that states had or were continuing to quarantine people in unsanitary and unprepared settings, sometimes without access to adequate food, drinking water, or electricity.

WHO guidelines also set out in detail cleaning and disinfection procedures for places of quarantine. They suggest cleaning surfaces regularly with a diluted bleach solution and washing and drying linen regularly with detergent and at high temperature.

However, in all countries analysed for this report, sources told Amnesty International that the authorities left people in quarantine to do their own cleaning at the centres, often without the necessary protective equipment, water, bleach, or washing machines.

63 Amnesty International, 'Americas: Authorities must protect people from COVID-19 instead of resorting to repressive measures,' 15 May 2020

64 WHO, Considerations for quarantine of individuals in the context of containment for coronavirus disease (COVID-19), Interim guidance 19 March 2020

65 WHO, Considerations for quarantine of individuals in the context of containment for coronavirus disease (COVID-19), Interim guidance 19 March 2020; On 19 August, the WHO also provided updated guidance for the implementation of quarantine, and provided additional guidance on ventilation and on the care of children in quarantine. See: Considerations for quarantine of contacts of COVID-19 cases, Interim guidance, 19 August 2020

According to international human rights law and standards, authorities are responsible for the health care of those whom it holds in custody.⁶⁶ The WHO guidelines indicate that in order to properly and effectively monitor the health of people in quarantine, authorities should provide daily screening for body temperature and symptoms. In order to ensure a safe environment and control infection between people in quarantine settings, anyone who develops fever or respiratory symptoms should be managed as a possible case of COVID-19. They should also ensure people at higher risk of infection and severe complications have access to additional monitoring and treatment for specific medical conditions.⁶⁷

Based on information gathered by Amnesty International, authorities at quarantine centres in all three countries failed to provide appropriate medical care for those quarantined.

Additionally, in El Salvador and Venezuela there are indications that locations used to isolate people with COVID-19 were equally unprepared.

In nearly all countries, sources said that psychosocial support was either lacking or completely unavailable, as required under international law. People interviewed by Amnesty International also spoke about violations of their right to privacy, as often the results of COVID-19 tests were not communicated in a confidential way.

VENEZUELA

In Venezuela, based on the information gathered by Amnesty International, the combined human rights crisis and humanitarian emergency⁶⁸ which has included frequent water, food, electricity, fuel, and medicine shortages in recent years has only been magnified in mandatory quarantine centres.

By April, according to the UN, providing temporary accommodation for Venezuelans returning from overseas had become a “critical challenge.”⁶⁹ An Intersectoral Plan developed by UN agencies indicated that US\$ 72 million would be needed to implement the plan to respond to COVID-19.⁷⁰ And while UN agencies have been trucking water for handwashing and drinking to PASI’s in border⁷¹ according to multiple sources, authorities have frequently failed to provide people in quarantine centres with clean drinking water⁷² resulting in people getting sick with diarrhoea.

One person told Amnesty International that when they arrived at a PASI there was no electricity and no water, everything was dirty, and they were not given face masks. There were also no health professionals at the shelter, which was managed by state police and the Bolivarian National Guard. The source said there were springs sticking out the mattresses they were given to sleep on.

66 The Committee on Economic, Social and Cultural Rights, General Comment 14, The right to the highest attainable standard of health (Article 12 of the International Covenant on Economic, Social and Cultural Rights), UN Doc. E/C.12/2000/4, 2000; OHCHR, A human rights perspective into the Ebola outbreak, September 2014, www.globalhealth.org/wp-content/uploads/A-human-rights-perspective-into-the-Ebola-outbreak.pdf;

67 WHO, Considerations for quarantine of individuals in the context of containment for coronavirus disease (COVID-19), Interim guidance 19 March 2020

68 Amnesty International, *Emergency Exit: Venezuelans fleeing the human rights crisis*, www.amnistiaonline.org/SalidadeEmergencial/; Amnesty International, *Hunger for Justice: Crimes against humanity in Venezuela* (AMR 53/0222/2019)

69 UN, *Plan Intersectorial de Preparación y Atención COVID-19*, April 2020, Page: 9

70 UN, *Plan Intersectorial de Preparación y Atención COVID-19*, April 2020, Page: 12

71 OCHA, Venezuela, Flash Update No. 4, 22 May 2020

72 See for example, Provea – Cadef - Defensoras de DDHH Táchira - Laboratorio de Paz, *Informe: Retorno de venezolanos necesita protocolos claros de atención sanitaria con respeto a los derechos humanos*, 13 April 2020, www.derechos.org/ve/informes-especiales/informe-retorno-de-venezolanos-necesita-protocolos-claros-de-atencion-sanitaria-con-respeto-a-los-derechos-humanos (Hereinafter: Provea, Informe: Retorno de venezolanos necesita protocolos claros de atención sanitaria con respeto a los derechos humanos)



According to Venezuelan NGO Provea, many of the shelters used to quarantine people are completely improvised and not habitable. Different sources who spoke to Amnesty International said food provided at the shelters is sometimes rotten and nearly always insufficient. In a video from Venezuela posted on social media by a regional news channel, a group of people in the state of Apure are seen saying they had been quarantined for 18 days without adequate food.⁷³

In April, people recently returned from Colombia who were quarantined in a stadium in Táchira protested the conditions and tried to leave.⁷⁴ At one university used to quarantine some 680 people, only 180 mattresses were available.⁷⁵ Provea also reported that some of the locations used to quarantine people are open-air, and often lack sufficient bathrooms, sheets, toilet paper, sanitary napkins, diapers, soap and hand sanitizer.⁷⁶ As a result, some people have developed skin conditions and foot funguses, according to Provea.⁷⁷

NGO Provea has also reported pregnant women and children were being kept in inadequate conditions.⁷⁸ Another news article, indicates that some 18 babies have been born in mandatory quarantine, some in PASI's with reportedly poor conditions.⁷⁹ According to OCHA, as of June, identifying and attending the needs of children and adolescents and pregnant women, as well as older people, in PASI's is an unmet need, and more support from partners is needed to ensure these groups have access to their nutritional needs.⁸⁰

In May, a newspaper in the western state of Lara reported the chilling story of a man who described how his child died after allegedly becoming ill from the food provided at a centre and due to the late medical attention they received. According to his testimony, the entire family became sick with diarrhoea and screamed for help from their room for hours before being seen by a doctor. After

73 NTN24 Noticias, <https://twitter.com/ntn24ve/status/1277632099705593856?s=12>

74 <https://twitter.com/NTN24ve/status/1253111590712418305> RCTV, 'Venezolanos repatriados protestaron para exigir traslado,' 23 April 2020, <https://rctv.com/noticias/venezolanos-repatriados-protestaron/>

75 Provea, Informe: *Retorno de venezolanos necesita protocolos claros de atención sanitaria con respeto a los derechos humanos*, Page: 10

76 Provea, Informe: *Retorno de venezolanos necesita protocolos claros de atención sanitaria con respeto a los derechos humanos*

77 Provea, 'Venezolanos que retornaron inician huelga de hambre en el estado Táchira,' 4 June 2020, www.derechos.org/ve/actualidad/venezolanos-que-retornaron-inician-huelga-de-hambre-en-el-estado-tachira

78 Provea, 'Denuncian hacinamiento, insalubridad y mala alimentación en zona de confinamiento de Apure,' 17 June 2020, www.derechos.org/ve/actualidad/denuncian-hacinamiento-insalubridad-y-mala-alimentacion-en-zona-de-confinamiento-de-apure

79 El Pitazo, '18 embarazadas retornadas han parido en cuarentena por COVID-19,' 9 June 2020,

<https://elpitazo.net/los-andes/18-embarazadas-retornadas-han-parido-en-cuarentena-por-covid-19/>

80 OCHA, VENEZUELA - Junio 2020, Informe de situación, Última actualización: 13 ago. 2020, Page 8

more than 12 hours, the child was finally taken from the quarantine centre to hospital but died from dehydration shortly afterwards, according to the news report.⁸¹

Similarly, media reports from Venezuela indicate that conditions in hospitals where people who test positive for COVID-19 are taken are little better than the PASI's that house people who test negative for the COVID-19 virus.⁸²

On 2 June, a reporter from Univision Noticias shared on Twitter at around 5 pm local time (possibly filmed the night before) a video showing a man seated in the emergency area of the Hospital Universitario de Maracaibo in the north-western state of Zulia, Venezuela, visibly struggling but receiving no care. Others filmed complained they were hungry. Later, the reporter shared another tweet with an image attached showing what appears to be the same man collapsed on the floor, surrounded by medical staff.⁸³

The following day, on 3 June, another video emerged online at around 5.30pm local time showing people asking for help after another patient had allegedly died and staff had not collected his body.⁸⁴

A day later, fresh footage emerged showing another individual laying on the hospital floor and people again condemning the lack of medical attention. One of the men is heard saying: "They are letting us die one by one."⁸⁵

Amnesty International's Crisis Evidence Lab verified the footage was captured at the date and location specified.

EL SALVADOR

In El Salvador, by late March, the Human Rights Ombudsperson's office had received 200 complaints from people, including many that had been detained by authorities for allegedly breaking the national restrictions imposed by the authorities.⁸⁶ In total between March and May, the Ombudsperson received more than 1,300 complaints related to situations deriving from the sanitary emergency, and 406 cases of people who were detained and accused of breaking the national quarantine and, in their majority, taken to containment centres.⁸⁷

A representative of El Salvador's Ombudsperson's office, who was able to visit several centres in the country, told



81 Diario de Lara - La Prensa, 'Negligencia acaba con la vida de menor de un año,' 27 May 2020, www.laprensalar.com.ve/nota/16560/2020/05/negligencia-acaba-con-la-vida-de-menor-de-un-ao

82 The Guardian, 'They think they'll be left to die': pandemic shakes already fragile Venezuela, 25 August 2020, www.theguardian.com/global-development/2020/aug/25/venezuela-coronavirus-covid-death-toll-maracaibo

83 See <https://twitter.com/elyangelicnews/status/1267926317800005634> <https://twitter.com/ElyangelicaNews/status/1267927721914568705>

84 <https://twitter.com/freddyeuclides/status/1268294353748983814>

85 <https://twitter.com/esteninf/status/1268668643761688576>

86 El Diario de Hoy, 'PDDH registra 200 casos de abusos de autoridad,' 29 March 2020, <https://www.elsalvador.com/eldiariodehoy/pddh-coronavirus/700775/2020/>

87 Procurador para la Defensa de los Derechos Humanos, *Informe Preliminar sobre COVID-19 y derechos humanos en El Salvador*, June 2020, Pages: 40-46

Amnesty International that they saw neither infection prevention measures nor physical separation.⁸⁸ At least one containment centre flooded after a storm in late April.⁸⁹

Between 13 March and 27 May, the Supreme Court processed 330 *habeas corpus* petitions (legal challenges to their detention) and 61 *amparos* (requests for judicial protection) in the context of the COVID-19 pandemic.⁹⁰ In numerous habeas corpus, people repeatedly alleged that the conditions of the centres were inadequate, lacked cleaning materials, and drinkable water, and that people were unable to access medication for chronic illnesses.⁹¹

Amnesty International also verified footage from the Hospital Saldaña, a public hospital in San Salvador, where people who tested positive for the COVID-19 virus were taken. The area of the hospital that is shown appears empty and the commentator says there are no doctors and nurses.⁹² According to news reports, some doctors had resigned in protest at poor working conditions.⁹³

El Salvador's Ombudsperson also identified at least 44 cases of people deprived of their liberty in quarantine in the context of the pandemic between March and May, who had underlying medical conditions.⁹⁴ Dozens of people, including Ana Cristina, who presented habeas corpus petitions,⁹⁵ claimed that authorities denied them regular treatment for underlying health conditions during their quarantine, potentially putting them at greater risk for complications from COVID-19 should they have tested positive for the virus.

In early April, the authorities opened an investigation into the death of a man in a hotel where authorities had quarantined him. According to news reports, the Ministry of Health did not allow him access to antibiotics.⁹⁶

PARAGUAY

In Paraguay, based on the information Amnesty International was able to gather, the conditions in quarantine centres have varied but improved over time. In an initial phase, between April and May, authorities placed hundreds of people in warehouses, and other inappropriate settings, often without basic facilities.⁹⁷

Daniel, who was quarantined in late April and whose case is detailed below, told Amnesty International that the living conditions at the mandatory quarantine centre he was held in started well but deteriorated over time.

Amnesty International's Crisis Lab verified footage from Paraguay posted on social media on 4 May showing individuals peacefully protesting conditions at a warehouse used as a mandatory quarantine centre. In the video, people say the centre only had two bathrooms and some outside portable toilets for more than 100 individuals and that they did not have access to sufficient hand sanitizer.⁹⁸

88 Telephone interview with Ombudsperson representative, 24 June 2020

89 See verified footage at: [Youtube, TCS Noticias, 'Centro de Contención Comunal Monserrat', 28 April 2020.](https://www.youtube.com/watch?v=jn8PN_x0yE&fbclid=IwAR3VxgAoWppGC2oQN80w6zK69sYt1f2rkq3LON50c7tXZr5g8CLuQaLhOw)

90 Corte Suprema de Justicia – Órgano Judicial, Boletín Informativo, 21 April 2020. This was updated by the Supreme Court on Twitter: <https://twitter.com/CorteSupremaSV/status/1268217203725385729>

91 See for example: Copia de documento de interposición de Habeas Corpus, 205-2020, 19 April 2020

92 See verified footage at: www.youtube.com/watch?v=VzFDCaCrikA

93 El Diario de Hoy, 'Neumólogo y trabajadora social renuncian a sus trabajos en el Saldaña,' 4 April 2020, www.elsalvador.com/noticias/nacional/hospital-saldana-medicos/702740/2020/

94 Procurador para la Defensa de los Derechos Humanos, *Informe Preliminar sobre COVID-19 y derechos humanos en El Salvador*, June 2020, Page: 49

95 For a chronology of the habeas corpus petitions submitted between March and April see: Observatorio Universitario de Derechos Humanos, *MEMORIAS: El acontecer nacional de El Salvador, desde una perspectiva de derechos humanos*, Período: del 1 de enero al 30 de abril de 2020.

96 MSM Noticias, 'La Fiscalía investiga la muerte de un hombre en un centro de cuarentena de El Salvador,' 4 April 2020, www.msn.com/es-us/noticias/otras/la-fiscal%C3%ADa-investiga-la-muerte-de-un-hombre-en-un-centro-de-cuarentena-de-el-salvador/ar-BB128Zmv

97 Reuters, 'A FONDO-Albergues de cuarentena, primera línea de defensa ante coronavirus en Paraguay... a un costo', 11 June 2020, <https://fta.reuters.com/articulo/salud-coronavirus-paraguay-albergues-idLTAKBN2311Q3-OU5LT>

98 See verified footage here: <https://www.facebook.com/molimolinas/videos/10158327330034214/>

In other centres, a technician from the National Mechanism for the Prevention of Torture, who was able to visit several centres where people were being quarantined said that by June the conditions were adequate and sanitary,⁹⁹ and that people were not being treated like prisoners. The technician said the food was adequate but heavily processed, lacking in fresh fruits and vegetables, and compared it to aeroplane food – something tolerable for several days but not for weeks on end.

Daniel also told Amnesty International that people who felt unwell were not given medical attention. Similarly, in the aforementioned video from Paraguay verified by Amnesty International, a group of more than 100 people claimed they had no access to medical care, despite some reporting having fever and body aches.¹⁰⁰

In Paraguay, while tests results were initially given verbally without confidentiality, authorities later changed the system to allow people to access their test results online with a private password, a positive development to protect people's right to privacy.

99 Telephone interview with technician from the National Mechanism for the Prevention of Torture, 15 July 2020; Also see: Mecanismo Nacional de Prevención de la Tortura, *Informe de Monitoreo*, IMAAS 01/2020

100 See verified footage here: www.facebook.com/molimolinas/videos/10158327330034214/



DANIEL – PARAGUAY: HELD IN STATE-QUARANTINE FOR 46 DAYS

Twenty-year-old Daniel¹⁰¹ is a Paraguayan national who was working in San Paulo, Brazil, in a sewing factory but lost his job when COVID-19 broke out. He started communicating with Amnesty International after he was placed in mandatory quarantine.

In early April, he travelled from San Paulo to the Paraguayan border with his partner and one-and-a-half-year-old child. There, he told Amnesty International, the authorities separated him from his family, as they gave women and children priority to enter the country first.

Daniel said he slept on the floor at the *Puente de Amistad* - a bridge connecting Paraguay and Brazil -- alongside some 200 other men also seeking to return to Paraguay for three nights. He said authorities told them little more than that they would be allowed to enter Paraguay and placed in shelters (known locally as *albergues*).

On 21 April, when Daniel finally entered Paraguay, the authorities told him there was no space at the shelter where his family had been taken, and they sent him to another one in *Ciudad del Este*, a nearby city. After 15 days, his family tested negative for COVID-19 and were allowed to go home. Daniel's experience was different.

He was first placed in a military-controlled shelter with 100 other people, although he estimates it was equipped for no more than 30. Daniel told Amnesty International that the shelter only had two bathrooms and that the beds were separated by no more than 20-30cm. He said they had access to fresh facemasks as frequently as they asked. The day after they arrived, they were told they would be there for 15 days.

According to Daniel's testimony, at first the food was good, they had cleaning supplies and medical volunteers were present, but after the fifth day the situation began to change. Ten days after that, the medical volunteers left completely. As the food worsened, he and others held in quarantine began to pool money together so that people who had family members living nearby could bring them groceries which they then cooked for themselves.

Daniel told Amnesty International that the Ministry of Health was only ever present at the quarantine sites to carry out testing. The rest of the time the military were in charge, and even when people became sick there was insufficient medical attention.

Daniel was first tested for COVID-19 on 7 May, 16 days after being placed in quarantine. A week later, he says he was given a positive result along with many others at the centre. Daniel says he never had COVID-19-related symptoms.

After a second test, carried out eight days later, Daniel tested negative and was moved to a different warehouse, on the same compound. Six days after that, he was tested again, and his results were again positive, so he was moved back to the first warehouse.

According to Daniel, after a fourth test his result was negative and then he was moved to another quarantine centre entirely, this time in an open-air building, with some 35 other people. Daniel told Amnesty International that it was cold, the food provided was inedible, and as none of the other people in quarantine had family close-by they were unable to buy food and cook it as they had before.

At this point Daniel said the communication that they had established with the military officials in charge deteriorated, but they told him he would need another negative COVID-19 test in order to be able to go home. Daniel was finally able to do so on 6 June, after a further negative test, 46 days after first entering quarantine.

Daniel told Amnesty International that he is not against mandatory quarantines and that he would even volunteer in a centre in the future, but he thinks the conditions of the centres, and above all the communication, and access to information must improve.

101 Telephone interview with Daniel, 11 June 2020, as well as on-going messages and interviews with Amnesty International

4.4 ARBITRARY DETENTION UNDER STATE-RUN QUARANTINES

4.4.1 UNCLEAR COMMUNICATION ABOUT QUARANTINE AND ISOLATION PERIODS

Arbitrary arrest, detention or imprisonment is prohibited under international human rights law and standards.¹⁰²

The UN Working Group on Arbitrary Detention has clarified that a deprivation of liberty is arbitrary when, among other things, there is no legal basis justifying it and when the detention is discriminatory.¹⁰³

The Working Group has stated that mandatory quarantine facilities, such as those established in response to COVID-19, are de facto forms of deprivation of liberty.¹⁰⁴ As such, according to international human rights law and standards, states must ensure that decisions to place people under quarantine are not arbitrary and that there is a time-limit on the length someone is held for, which must be clearly specified in law and followed in practice.¹⁰⁵

According to current WHO guidelines, quarantine should last 14 days, after which people can be released, provided they do not develop symptoms of COVID-19. While initial WHO guidance published in February¹⁰⁶ recommended testing of people at the end of 14 days, revised guidance from August¹⁰⁷ states that contacts of confirmed or probable cases of COVID-19 who do not develop symptoms no longer need to be tested as a requirement for leaving quarantine. Countries have discretion, based on local risk assessments, to determine who to quarantine¹⁰⁸ and can develop their own protocols for quarantine requirements, including quarantine at home.

Amnesty International gathered available information in all countries analysed for this report to understand the legal framework and health and COVID-19 testing protocols used by authorities to determine how to quarantine, as well as to isolate COVID-19 confirmed patients.

During this research, Amnesty International has received information in all three countries it examined that people have been placed in mandatory state quarantine well beyond 14 days without clear access to information about how long they would be detained for and the scientific criteria which would be used at any given time to determine their discharge from quarantine or isolation.

VENEZUELA

In Venezuela, according to a government protocol dated 15 June 2020, authorities should conduct rapid COVID-19 tests for returnees at points of entry. Those that test negative should be referred to PASI's to complete quarantines. At day 5-7 they should be given a second rapid test, and if they test

102 International Covenant on Civil and Political Rights, Article 9 and American Convention on Human Rights, Article 7 (3)

103 The Working Group on Arbitrary Detention, Revised Fact Sheet No. 26, www.ohchr.org/Documents/Issues/Detention/FactSheet26.pdf

104 Working Group on Arbitrary Detentions, Deliberation No. 11 on prevention of arbitrary deprivation of liberty in the context of public health emergencies, 8 May 2020, Para: 8

105 Working Group on Arbitrary Detentions, Deliberation No. 11 on prevention of arbitrary deprivation of liberty in the context of public health emergencies, 8 May 2020, Para: 7-8

106 WHO, Considerations for quarantine of individuals in the context of containment for coronavirus disease (COVID-19), Interim guidance 29 February 2020, Page: 5

107 WHO, Considerations for quarantine of contacts of COVID-19 cases, Interim guidance, 19 August 2020,

108 WHO, Considerations for quarantine of individuals in the context of containment for coronavirus disease (COVID-19), Interim guidance 19 March 2020

negative, given a third (but this time a PCR test,¹⁰⁹ at the time of writing considered the most reliable test for COVID-19) at day 10. If they test negative for the PCR, they should be sent home to complete 14 further days of isolation.¹¹⁰

If at any time a person tests positive for the virus, they should be given a PCR test, and sent to a health centre for specialized COVID-19 medical assistance and/or be isolated. In this case, a person can be released five days after their symptoms have cleared and have passed one negative PCR test. They are then required to isolate for a further 14 days at home under supervision. If someone has spent more than 21 days in quarantine the individual should be given further tests to determine if they carry out further quarantine at home or are isolated.¹¹¹

Despite this, according to information Amnesty International was able to gather, people returning to Venezuela have spent lengthy periods in quarantine without access to appropriate information, sometimes in contrast to the country's protocol.

NGO Provea documented a case in which families unknown to each other, including babies and children, were quarantined in the same space without having been given a COVID-19 test first.¹¹² According to one news report, a cancer-patient spent at least 38 days in mandatory quarantine in the state of Apure during which time she claims she tested negative five times.¹¹³ According to Provea, one group quarantined in Táchira initiated a hunger strike after completing 14 days in quarantine and being told by the authorities that they could not leave as the results of their PCR tests had not arrived.¹¹⁴

At the start of the pandemic, in Táchira state returnees were placed in shelters for five days before being transferred to their home state to complete 14 days of quarantine.¹¹⁵

EL SALVADOR

El Salvador's protocol for containment centres seems to have officially entered into force on 7 May 2020, however, the actual document does not contain a specific month of publication.¹¹⁶ A representative of the Ombudsperson told Amnesty International that the protocol was not available when they visited centres as part of their monitoring.¹¹⁷

According to the protocol, for people who returned to the country or allegedly violated stay-at-home orders, to leave a containment centre they must have spent 20 days in quarantine, not presented symptoms for COVID-19 for 10 consecutive days and had at least one negative PCR test for the virus. They should have also respected physical distancing and not been in touch with a person who tested positive for COVID-19 virus in the centre. After leaving the centre, they are required to spend a further 15 days in quarantine at home, wear masks, and not go outside.¹¹⁸

109 According to the British Society of Immunology, "The PCR test identifies the presence of genetic material from the virus." "PCR is an established scientific technique and has a high accuracy rate when performed by trained laboratory professionals. It is a very sensitive test that can detect very low levels of genetic material from a sample. However, the swab sampling of the nose and throat needs to be done correctly and at the appropriate time after infection to ensure there's enough of the virus on the swab. Tests can give false negative results, which can occur between 2% and 29% of the time." See: <https://www.immunology.org/news/covid-19-testing-what-does-it-mean-for-me>

110 Gobierno Bolivariano de Venezuela, Actualización de criterios de ingreso y egreso de casos sospechosos, probables y confirmados de COVID-19

111 OCHA, Venezuela, Flash Update No. 4, 22 May 2020. See also: Gobierno Bolivariano de Venezuela, *Actualización de criterios de ingreso y egreso de casos sospechosos, probables y confirmados de COVID-19*; Así Somos, 'Estos son los 46 hospitales y centros centinelas para atención de casos de Covid-19, 14 March 2020, www.vtv.gob.ve/46-hospitales-atencion-covid-19/

112 Provea, *Informe: Retorno de venezolanos necesita protocolos claros de atención sanitaria con respeto a los derechos humanos*, Page: 14

113 Crónica Uno, 'En Apure "pareciera que nos están castigando porque nos fuimos del país"', 17 June 2020, <https://cronica.uno/pareciera-que-nos-están-castigando-porque-nos-fuimos-del-pais/>

114 Provea, 'Venezolanos que retornaron inician huelga de hambre en el estado Táchira,' 4 June 2020

115 Quédate a ver, 'Freddy Bernal: Más de 650 connacionales ingresan diariamente desde Colombia, Ecuador y Perú escapando de la xenofobia,' 22 April 2020, www.vtv.gob.ve/freddy-bernal-connacionales-ingresan-diariamente-escapando-xenofobia/

116 Ministerio de Salud, *Lineamientos técnicos para la atención de personas en centros de contención y hospitales ante la pandemia por COVID-19*, 2020

117 Telephone interview with Ombudsperson representative, 26 June 2020

118 Ministerio de Salud, *Lineamientos técnicos para la atención de personas en centros de contención y hospitales ante la pandemia por*

The protocol also states that those who test positive for the COVID-19 virus are allowed to leave the centres provided they have had no symptoms associated with COVID-19 while in the centre, following a negative PCR test, if they had respected physical distancing and not been in touch with a person known to be COVID-19 positive.¹¹⁹

Based on information Amnesty International was able to gather, many people were quarantined often for 30 days, sometimes 40, and subjected to repeated extensions of their stay.¹²⁰ A lawyer from the *Centro de Atención Legal de ORMUSA*, who provided legal assistance to Ana Cristina in El Salvador, said that her detention was extended repeatedly as a consequence of the lack of appropriate conditions and physical distancing in the containment centres.¹²¹

According to one news report, people in one centre who had allegedly been there for 46 days said they were thinking about escaping or committing suicide.¹²²

This led the Ombudsperson to call on authorities to urgently provide COVID-19 testing for those quarantined and to consider allowing those who tested negative to return home.¹²³

On 26 May, the Ombudsperson called on the Director of Migration and Foreign Affairs and Minister of Health to ensure adequate conditions for returnees in containment centres.¹²⁴

PARAGUAY

In Paraguay, based on information Amnesty International was able to gather, the testing protocol also evolved over time. While initially authorities only tested people with symptoms of COVID-19 and placed others in quarantine centres without prior testing for 14 days or more, by late April they had changed their protocol to test everyone before being quarantined. To be allowed to leave the quarantine centre, authorities required two consecutive negative tests. Those who tested positive for COVID-19 were to be isolated from those who had tested negative.

Daniel (whose case is detailed above) said his first test for COVID-19, which came back positive, was performed 16 days after he was placed in quarantine. He will never know whether he contracted the virus during quarantine or before entering. In total, he spent 46 days deprived of his liberty, in harsh conditions, with insufficient information, and unable to provide for his family.

Similarly, when the National Mechanism for the Prevention of Torture inspected a sanitary isolation shelter used to house those who had tested positive on 18 June, there were five people who had already spent between 40 and 45 days there.¹²⁵

Such extended periods of quarantine leave many people, who have already been forced to migrate after being left jobless due to COVID-19 lockdowns, unable to provide financially for their families for weeks on end. This has been a major cause of stress and worry for people quarantined which many authorities have failed to address adequately.

Assessing whether countries considered in this briefing have quarantined or isolated people in line with

COVID-19, 2020, Page: 8-11

119 Ministerio de Salud, *Lineamientos técnicos para la atención de personas en centros de contención y hospitales ante la pandemia por COVID-19*, 2020, Page: 14

120 See statement from El Salvador's Human Rights Ombudsman at <https://twitter.com/PDDHEISalvador/status/1249149092153962501?s=20>

121 Telephone interview with lawyer, 15 May 2020

122 El Mundo, 'Tras 46 días en cuarentena albergados amenazan con escapar o suicidarse,' 29 April 2020, <https://diario.elmundo.sv/tras-46-dias-en-cuarentena-albergados-amenazan-con-escapar-o-suicidarse/>

123 See <https://twitter.com/PDDHEISalvador/status/1246615319575171082/photo/1>

124 https://twitter.com/PDDHEISalvador/status/126532471024772162?ref_src=twsrc%5Etfw%7Ctwcamp%5Etweetembed%7Ctwtterm%5E126532471024772162%7Ctwtgr%5E&ref_url=https%3A%2F%2Fwww.elsalvador.com%2Fnoticias%2Fnacional%2Fpddh-funcionarios-violan-derecho-salud-repatriados%2F717991%2F2020%2F

125 Mecanismo Nacional de Prevención de la Tortura, *Informe de Monitoreo*, IMAAS 01/2020

international human rights law and standards, including that it is carried out in the least restrictive way possible, and for strictly scientifically necessary reasons and periods has been challenging for several reasons.

Initially, WHO guidance from February recommended laboratory testing of quarantined persons, irrespective of their symptoms, at the end of the quarantine period.¹²⁶ In its updated guidance on the implementation of quarantines for contacts of COVID-19 cases, published on 19 August, the WHO recommended that any person in quarantine who develop COVID-19 related symptoms during quarantine should be treated and managed as a suspected case of COVID-19 and tested. However, for contacts who do not develop symptoms the WHO stated that laboratory testing was no longer a requirement for leaving quarantine after 14 days.¹²⁷

The WHO criteria for releasing COVID-19 positive patients from *isolation* has also changed over time. Initial guidance published at the outset of the epidemic in January 2020, required a patient to be clinically recovered and have two negative PCR tests on samples taken at least 24 hours apart in order to be released from isolation.¹²⁸

However, on 27 May, the WHO updated its guidance and moved to a non-testing-based criterion for release, in recognition that the initial test-based criteria for releasing patients had been challenging for many countries who had insufficient capacity, supplies and kits to test quickly and release after two negative results.

For example, in Venezuela, the United Nations Office for Humanitarian Affairs reported in May that increasing the capacity to undertake PCR tests was a priority.¹²⁹ News reports from Venezuela suggest patients have waited days for the results of their PCR test as there is insufficient capacity for analysing test results.¹³⁰

The updated WHO recommendations added guidance on how to determine length of *isolation* in the absence of testing. The new criteria is a minimum of 13 days, and at least three days after symptoms have stopped. This means patients could be isolated, for example, for 30 days if they exhibit symptoms that long, plus three symptom-free days, resulting in an isolation period of 33 days. However, countries are still free to use the old guidance of two negative tests 24 hours apart if they have the diagnostic capacity.¹³¹

In updating its guidance, the WHO also recognized that the initial criteria for release of people who had tested positive for the COVID-19 virus had also resulted in long periods of isolation for people who repeatedly tested positive but who it is now known were unlikely to still be contagious.¹³²

Amnesty International recognizes that because scientific evidence about how COVID-19 is transmitted and the accuracy of testing regimes for COVID-19 is evolving daily, authorities may have good reasons for changing the timeframe in which they discharge people from quarantine and isolation.

But beyond the challenges associated with the initial release criteria, communication and lack of appropriate settings have been the biggest challenge.

Amnesty International found that in the first months of the pandemic, people placed in state-run quarantines in all countries considered in this briefing were not provided with clear and accessible information about the protocol for their detention. This means thousands of people were co-habiting in

126 WHO, Considerations for quarantine of individuals in the context of containment for coronavirus disease (COVID-19), Interim guidance 29 February 2020, Page: 5

127 WHO, Considerations for quarantine of contacts of COVID-19 cases, Interim guidance, 19 August 2020, Page: 5

128 WHO, Criteria for releasing COVID-19 patients from isolation: Scientific Brief, 17 June 2020

129 OCHA, Venezuela, Flash Update No. 4, 22 May 2020

130 El País, 'La odisea de las pruebas de coronavirus en Venezuela,' 24 July 2020, <https://elpais.com/internacional/2020-07-24/la-odisea-de-las-pruebas-de-coronavirus-en-venezuela.html>

131 WHO, Criteria for releasing COVID-19 patients from isolation: Scientific Brief, 17 June 2020

132 WHO, Criteria for releasing COVID-19 patients from isolation: Scientific Brief, 17 June 2020.

conditions often without minimum infection prevention and control measures. This potentially placed them at risk of contracting COVID-19 and created an environment of fear and panic in quarantine centres.

Amnesty International also found that lack of infection and control measures and appropriate physical distancing in state-run quarantines has created an almost infinite cycle of tests for many held in them, because if one person in a quarantined group tested positive, authorities have tended to assume others in the group may have also been exposed and have therefore in many cases extended everyone's quarantine period. While continuing to quarantine people who might have been exposed during quarantine might prevent transmission, WHO guidance suggests people should ideally not be co-located, to prevent this scenario.

In some instances, Amnesty International also received information that people entered quarantine centres at different points. While this is not inherently risky when facilities are managed correctly, and appropriate infection prevention control measures and materials are in place and available, in instances where facilities lacked these measures, this potentially put those already there at renewed risk.

4.4.2 LIMITATIONS ON ACCESS TO INFORMATION

An additional factor which in all countries affected people's access to accurate procedural information, has been the proliferation of new laws and policies passed by authorities in response to the COVID-19 pandemic. This has taken place at a time when many defence lawyers and NGOs were also under national lockdowns and courts had closed or reduced their workload, meaning people detained during lockdowns and/or taken into mandatory state quarantines were left with fewer recourses to challenge the reasons and conditions of their detention. In some cases, limitations on freedom of expression have further exacerbated barriers to access to information.

Between March and June alone, authorities in El Salvador published more than 80 decrees in response to the COVID-19 pandemic.¹³³ The Constitutional Chamber of the Supreme Court later found at least 11 decrees to be unconstitutional.¹³⁴

In mid-March, the Association of Journalists of El Salvador (*Asociación de Periodistas de El Salvador*) called on the government to provide consistent and accessible information about the measures they took in the context of the emergency.¹³⁵

The country's Ombudsperson received 86 complaints regarding lack of adequate information about the length people would be required to stay in containment centres, as well as 38 complaints alleging failure of the authorities to provide results of COVID-19 tests, between March and May alone.¹³⁶

Similarly, in Paraguay, authorities had passed at least 40 resolutions and decrees related to the COVID-19 pandemic by late July.¹³⁷ The initial protocol used to guide the implementation of quarantine centres did not officially come into force until 9 May 2020, weeks after the centres were in operation.¹³⁸ And while authorities did respond to Amnesty International's access to information requests, multiple sources indicated that little clear information was provided to those quarantined.

133 Compilación de decretos de emergencia por COVID-19, <https://imprentanacional.gob.sv/compilacion-de-decretos-de-emergencia-por-covid-19/>

134 Sala de lo Constitucional de la Corte Suprema de Justicia, 21-2020/23-2020/24-2020/25-2020, http://www.jurisprudencia.gob.sv/pdf/I_21-2020.pdf

135 See <https://twitter.com/apeselsalvador/status/1239657936147881986>

136 Procurador para la Defensa de los Derechos Humanos, *Informe Preliminar sobre COVID-19 y derechos humanos en El Salvador*, June 2020, Page: 43

137 See: <https://www.mspbs.gov.py/decretos-covid19.html>

138 Resolución 212, *Por la cual se aprueba el protocolo de orientación para personas que requieran cumplir cuarentena o aislamiento, evaluación y funcionamiento de albergues, en el marco del estado de emergencia sanitaria declarado por el gobierno de la república en la lucha contra la pandemia de Coronavirus*, 9 May 2020,

Even in June, when the National Mechanism for the Prevention of Torture visited a site for patients that had tested positive for the COVID-19 virus, the majority of those interviewed indicated they had not been given an estimated date of release and, according to the Mechanism, information provided was “ambiguous, insufficient and contradictory.”¹³⁹

In Venezuela, authorities published information about quarantines in Decree 4.160 which sets out the State of Alarm. In another Resolution, they further detailed that all people entering the country would be mandatorily tested and placed in state-supervised quarantine for 14 days.¹⁴⁰

Nevertheless, multiple testimonies reported in social media and by journalists highlight the lack of information provided by authorities. Amnesty International also documented the case of at least one journalist who police arrested in March, in an apparent attempt to silence his reporting on the spread of COVID-19 in Venezuela.¹⁴¹

Amnesty International’s Crisis Evidence Lab reviewed multiple videos from all three countries of people demanding access to basic information about the length of their quarantine.

For example, in one verified video from mid-April, filmed at the Hotel Beverly Hills in El Salvador, people placed signs on their windows and called out from their windows: “We want answers.” “We ask every day, and no one tells us anything... Help us.”¹⁴²

In a video from Paraguay, verified by Amnesty International, people claimed they had been quarantined for 18 days without being given their test results.¹⁴³

4.4.3 LACK OF ACCESS FOR INDEPENDENT MONITORS

Mandatory quarantines in state-facilities are a form of deprivation of liberty, and as such, authorities must grant independent monitors access as a key safeguard against arbitrary detention, torture and other ill-treatment.¹⁴⁴

In El Salvador and Paraguay, the Human Rights Ombudsperson and the National Mechanism for the Prevention of Torture, respectively, have been permitted to visit quarantine centres.

In Venezuela, UN agencies visited Táchira state in May to obtain information about the situation of mandatory quarantines and returnees and met with government and military authorities in order to improve humanitarian assistance to PASI’s.¹⁴⁵ However, according to multiple sources in Venezuela, authorities have largely denied human rights monitors and civil society organizations access to visit these centres for routine monitoring or provision of services.

Failing to grant independent human rights monitors access to state-run quarantine centres goes against international human rights standards because it denies essential safeguards to prevent against different forms of abuse, including arbitrary detention, torture and other ill-treatment. It can also be counterproductive from a public health perspective as it risks generating a culture of secrecy and fear around these centres which, in turn, makes people less likely to want to enter them.

139 Mecanismo Nacional de Prevención de la Tortura, *Informe de Monitoreo*, IMAAS 01/2020, Page: 5

140 Resolution 41.891: <https://www.finanzasdigital.com/2020/06/gaceta-oficial-no-41-891-normativa-sanitaria-de-responsabilidad-social-ante-el-coronavirus-covid-19/>

141 Amnesty International, *Journalist Reporting on COVID-19 jailed* (AMR 53/2019/2020)

142 See verified footage at: <https://www.facebook.com/gloria.osorio.12382/videos/2743146029141015/> and at <https://twitter.com/PDDHEISalvador/status/1251255102637301762?s=20>

143 Paraguay Noticias 24, ‘Grave denuncia sobre falta de asistencia en albergue,’ 3 May 2020, <http://paraguaynoticias247.com/grave-denuncia-sobre-falta-de-asistencia-en-albergue/>

144 Subcommittee on Prevention of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, Advice of the Subcommittee to States parties and national preventive mechanisms relating to the coronavirus disease (COVID-19) pandemic, 7 April 2020, Para: 5; Subcommittee on Prevention of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, Advice provided by the Subcommittee to the National Preventive Mechanism of the United Kingdom of Great Britain and Northern Ireland regarding compulsory quarantine for coronavirus (COVID-19 virus), 31 March 2020, Para: 3

145 OCHA, Venezuela, Flash Update No. 4, 22 May 2020

4.4.4 ARBITRARY DETENTION

According to the UN Working Group on Arbitrary Detention, any extension of the period in which a person is placed under mandatory quarantine must be clearly specified in law and strictly adhered to in practice.¹⁴⁶

Amnesty International believes that when mandatory quarantines under state-control lack clear explanations on the length of the quarantine, in settings that lack minimum prevention and infection control, and without independent procedural safeguards, such as access to independent medical support, or a lawyer, or where there is no real way to challenge the lawfulness of the detention, such quarantines fail to meet the principles of necessity or proportionality and may render the detentions arbitrary.

If authorities fail to provide adequate food and water, and medical care, this may also amount to ill-treatment.



146 Working Group on Arbitrary Detention, Deliberation No. 11 on prevention of arbitrary deprivation of liberty in the context of public health emergencies, 8 May 2020, Para: 8

In El Salvador, following hundreds of legal challenges by people held in mandatory quarantine, the Constitutional Chamber of the Supreme Court found that the forceable quarantine of people in containment centres without evidence of symptoms or exposure to COVID-19 was unconstitutional.¹⁴⁷

In Venezuela, Amnesty International has documented a policy of repression that includes politically motivated arbitrary detentions since at least 2014.¹⁴⁸ According to the local NGO Foro Penal, there have been 240 new politically motivated arbitrary detentions, between January and June 2020 alone.¹⁴⁹ In her most recent report, published in July, the UN High Commissioner for Human Rights Michelle Bachellet expressed concern at the lack of independence of the country's judiciary.¹⁵⁰ This shows the unlikelihood that the judiciary would act as an effective safeguard against human rights violations in the context of state-run quarantines.

According to information Amnesty International was able to gather, no legal challenges to conditions in quarantine centres Venezuela had been initiated at the time of concluding this briefing, a possible indicator of the lack of trust in the judiciary and fear people have to report potential human rights violations to the Ombudsman and other national oversight mechanisms.

In Paraguay, sources also told Amnesty International that there were insufficient safeguards and procedures against ill-treatment in quarantine centres, such as access to lawyers, and independent medical advice. At the time of writing, Amnesty International was not able to identify any legal challenges made by people over their detentions.

147 Sala de lo Constitucional de la Corte Suprema de Justicia, Hábeas corpus, 148-2020, www.jurisprudencia.gob.sv/PDF/HC148-2020.PDF

148 Amnesty International, *Venezuela: Silenced by force: Politically-motivated arbitrary detentions in Venezuela*, (AMR 53/6014/2017)

149 Foro Penal, 'Reporte sobre la represión en Venezuela,' Julio 2020, <https://foropenal.com/reporte-sobre-la-represion-en-venezuela-junio-2020/>

150 OHCHR, 'Independence of the justice system and access to justice in the Bolivarian Republic of Venezuela, including for violations of economic and social rights, and the situation of human rights in the Arco Minero del Orinoco region,' (A/HRC/44/54), 15 July 2020

5. STIGMA AND DISCRIMINATION AND MANDATORY QUARANTINES AS PUNISHMENT

Authorities must ensure that in enforcing lockdowns they do not directly or indirectly discriminate on any grounds. Any measure that states put in place to counter the COVID-19 pandemic, including mandatory quarantines in state facilities, must comply with the principle of non-discrimination.¹⁵¹

As set out by the UN Sub-Committee on Torture, those being temporarily held in quarantine facilities are not to be viewed or treated as if they were detainees.¹⁵² Furthermore, if the way detainees are treated does not relate to the purpose for which they are ostensibly being detained, or if a detention is based on discriminatory grounds, it may be arbitrary.

5.1 STIGMA AND DISCRIMINATION

Many people who spoke to Amnesty International said the response of authorities in establishing quarantine centres has often been marked by stigma towards low-income communities, migrants or people returning to their home countries who have been conceived as an “enemy coming from outside.”

The most openly disturbing example of state-sponsored campaigns of stigma and discrimination has come from Venezuela, where over the past months, high level officials of the Maduro administration have repeatedly used stigmatizing language towards Venezuelans who have returned home.

In April, the Attorney General asked rhetorically on Twitter if the return of “Venezuelans who publicly scolded the nation” was “karma.”¹⁵³ The Minister of Prison Affairs, later tweeted: “In light of the return

151 Working Group on Arbitrary Detention, Deliberation No. 11 on prevention of arbitrary deprivation of liberty in the context of public health emergencies, 8 May 2020, Para: 26-27

152 Subcommittee on Prevention of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, Advice of the Subcommittee to States parties and national preventive mechanisms relating to the coronavirus disease (COVID-19) pandemic, (CAT/OP/10) (7 April 2020) Para: 10a-b

153 <https://twitter.com/TarekWilliamSaab/status/1249824326838255619>

of fascists and camouflaged *coup* members, it's necessary to reflect on the nature of the scorpion,"¹⁵⁴ This led the Inter-American Commission on Human Rights to publicly condemn Venezuelan officials for using discriminatory language.¹⁵⁵

Similarly, in June, Venezuelan NGO Provea reported that the mayor of the border-town of Guasdalito threatened people who protested at the lack of food in quarantines centres with reporting them to prosecutors, and claimed returnees were "biological weapons."¹⁵⁶

In July, President Maduro called for those that entered the country without passing through official entry points to be "captured." He stated: "They are contaminating communities. They are killing their families. You that came through a "trocha" can kill you family.... The Colombian virus has gone everywhere and is killing innocent people."¹⁵⁷

The same month, the Strategic Command Operations of the Bolivarian National Armed Forces, an arm of the Venezuelan military, on its twitter account called people who entered unofficially (known derogatively as *trocheros*) "bioterrorists" and published an email address directing people to report them to the authorities.¹⁵⁸

Around the same period, Amnesty International received information that the authorities in some states were posting "wanted posters" of people who had allegedly escaped quarantine centres, suggesting they were criminals.

On 21 July, the Inter-American Commission on Human Rights again publicly condemned the militarization of Venezuela's borders, the criminalization of people returning, and the stigmatizing language used by authorities.¹⁵⁹

A close reading of cases published by Venezuelan NGO Provea suggests this stigmatizing and discriminatory language is reproduced by national guards in charge of places of mandatory quarantine. One person who spoke to Amnesty International said the guards in charge of the quarantine centre they were held in told them they would just have to "put up with" the poor conditions in the centres because they were "traitors of the homeland" who had left the country.

Such testimonies suggest authorities are aware of the dire conditions in quarantines and using them as a form of punishment.

Furthermore, while it is important that governments publish epidemiological data on COVID-19 (especially in Venezuela where epidemiological data has not been regularly published since 2017),¹⁶⁰ by emphasising in their bulletins¹⁶¹ the number of cases among people who have recently returned to the country, the Venezuelan authorities risk fuelling stigma and discrimination. This is especially the case where there is an absence of reliable prevalence data of COVID-19 in the general population.

154 See <https://twitter.com/irisvarela/status/1250431700762386436?lang=en> Also: Washington Post, Opinión: El gobierno de Maduro debe dejar de estigmatizar a quienes retornan por COVID-19, 22 April 2021

155 IACHR tweet: <https://twitter.com/CIDH/status/1251157470044512259?s=20>

156 Provea, 'Denuncian hacinamiento, insalubridad y mala alimentación en zona de confinamiento de Apure,' 17 June 2020, www.derechos.org/ve/actualidad/denuncian-hacinamiento-insalubridad-y-mala-alimentacion-en-zona-de-confinamiento-de-apure

157 <https://www.youtube.com/watch?v=zjXY-ffzUsc>

158 See <https://twitter.com/libertad020/status/1282314952657838083?s=12> Also: Quédate a ver, 'Crean correo para procesar denuncias de trocheros que hayan ingresado ilegalmente al país,' 14 Julio 2020, <https://www.vtv.gov.ve/correo-denuncia-trocheros-ingreso-ilegal/>

159 <https://twitter.com/cidh/status/1285545334425489410?s=12> Also VTV: www.youtube.com/watch?v=Nk7VycwzfZA

160 Amnesty International, Annual Report 2019 (AMR 01/1353/2020), Page: 91

161 Comisión Presidencial para la Prevención, Atención y Control del Coronavirus, 3 July 2020, <http://mppre.gob.ve/wp-content/uploads/2020/07/2020-07-03-Bolet%C3%ADn-informativo.pdf>

5.2 QUARANTINE AS PUNISHMENT

As outlined, under international human rights law and standards, quarantines should generally only be used as last resort, tried only after other measures have proven unsuccessful. Countries should prioritize helping people to comply with stay-at-home orders before placing people in state-run mandatory quarantine.

In El Salvador, according to various sources including a representative of the Ombudsperson,¹⁶² it was mainly young men from low-income communities who often had gone out to buy food, who were arrested and placed in the quarantine centres with the worse conditions.

In public statements, President Bukele made no effort to hide that the authorities relied on the criminal law to regulate behaviour and punish people for breaking home quarantine orders, rather than using quarantine as a public health intervention, and before using alternative less severe measures.

On 6 April, President Bukele announced he had given instructions to the Minister of Defence, the Director of Police, and the Minister of Security to be more heavy-handed with people in the street.¹⁶³

On 8 April, the same day as the Constitutional Chamber found it unconstitutional to quarantine people for breaking the home quarantine,¹⁶⁴ the President tweeted: “If you violate the quarantine, you will be detained by the authorities and the Ministry of Health will order your admission into a Centre of Quarantine for being a potential source of infection. There you will spend 30 days, or until the health authorities can prove you do not carry the virus.”¹⁶⁵

Then on 10 April, he tweeted: “There are now 1,531 irresponsible people who have been detained in containment centres for breaking the quarantine. These places could have perfectly well been used for Salvadorians who want to come back to our country. If we don’t change, selfishness will end up infecting us all.”¹⁶⁶

In April, El Salvador’s Minister of Justice and Public Security also warned that people who broke the national lockdown would be placed in a containment centre, “far from their families and run the risk in those centres of quarantine of also contracting the virus.” This indicated that the authorities were well aware that centres lacked the appropriate standards to prevent infection between those quarantined.¹⁶⁷

The many habeas corpus petitions made by people from quarantine in El Salvador, videos reviewed, and testimony given by Ana Cristina, make it clear that many detained were treated as prisoners.

Furthermore, in habeas corpus petitions people also claimed that the police took photographs of them and published them on their social media, as if they were criminals.

162 Telephone interview with Ombudsperson representative, 26 June 2020

163 <https://www.facebook.com/nayibbukele/videos/639881123255512/>

164 Sala de lo Constitucional de la Corte Suprema de Justicia, Habeas Corpus 148-2020, www.jurisprudencia.gob.sv/PDF/HC148-2020.PDF

165 <https://twitter.com/nayibbukele/status/1248091836046073857?s=20>

166 <https://twitter.com/nayibbukele/status/1248733818216943616>

167 La Prensa Gráfica, “‘Pedimos a salvadoreños respetar cuarentena o si no serán llevados a centros donde pueden contagiarse de COVID-19’, advierte ministro,” 2 April 2020, www.laprensagrafica.com/elsalvador/Pedimos-a-salvadorenos-respetar-cuarentena-o-si-no-seran-llevados-a-centros-donde-pueden-contagiarse-de-COVID-19-advierte-ministro-20200402-0088.html

6. CONCLUSION AND RECOMMENDATIONS

6.1 CONCLUSION

As this report was being finalized, quarantine centres have been mostly closed or reduced in numbers in El Salvador and Paraguay. However, every day the Venezuelan authorities continue to quarantine hundreds of people who have been left with no option but to return to a country suffering from devastating humanitarian and human rights crises.

While governments have had to respond quickly to an unprecedented pandemic, improvisation and arbitrariness, coupled with police and military enforcement, have become the defining characteristics of the authority's implementation of state-run mandatory quarantines. This has left tens of thousands of people deprived of their liberty without access to information, often in inhumane conditions, without appropriate safeguards against ill-treatment.

In Venezuela, authorities have placed tens of thousands of people forced to return home in wholly inadequate quarantine settings. Additionally, a state-sponsored campaign of stigma and discrimination towards those who return to their own country appears to have converted a public health intervention into what may amount to arbitrary detentions.

Authorities in El Salvador have also used mandatory quarantines under the custody of police as a form of punishment against those accused of violating the national quarantine, especially low-income people.

In Paraguay, while conditions in mandatory quarantine have improved over time, initially they were inadequate, communication about the periods people would be held in quarantine or isolation has been insufficient, and there are inadequate safeguards in centres against potential human rights violations.

Amnesty International calls on authorities in all countries to prioritize COVID-19 prevention campaigns and voluntary quarantine measures, and to avoid placing anyone in state-controlled quarantine unless such a measure is strictly necessary and proportionate, only when other means have failed to achieve the purpose of protecting public health, and only if they are able to provide appropriate settings, food, water and medical care. Authorities must also regularly update the criteria for release of individuals based on evolving scientific information to ensure that they spend only the scientifically required period in quarantine.

People who have COVID-19 and who are placed in state-supervised isolation should also have access to appropriate medical care.

Lessons learnt from decades of responding to other epidemics, such as HIV&AIDS, make it clear that associating a virus with a region, nationality, race or location can lead to racism, xenophobia, discrimination and stigmatization of entire regions. This in turn drives stigma against specific communities irrespective of their health situation, can breach people's right to privacy, and lead to negative impacts on people's mental health, access to basic services and in some cases lead to stigma-fuelled violence.¹⁶⁸

As countries across the Americas and elsewhere face the prospect of further and maybe repeated public health measures that impinge on human rights, authorities must ensure that state-supervised quarantines are not imposed arbitrarily and that they guarantee people's rights to food, water and sanitation, evidence-based prevention, and access to information and healthcare.

Above all, instead of resorting to punitive approaches, authorities should make sure that their policies to respond to the challenges posed by the COVID-19 pandemic empower and support communities to protect themselves to be able to comply with the restrictions and that generate trust between the general population, especially groups who are marginalized, and public health authorities.

They should also focus on ensuring that the most vulnerable – especially people on the move and low-income communities – have enough economic support to voluntarily comply with the restrictions. This is particularly important in the context of a deeply unequal region like the Americas, which in recent years has also seen Venezuelans become the world's second largest refugee population.

History has shown that criminalization and punitive measures are rarely effective ways of responding to epidemics. Alternatively, when people are empowered with the knowledge needed to protect their own health, that of their communities and of people they love; and supported to comply with such measures, they tend to do so.¹⁶⁹

6.2 RECOMMENDATIONS FOR GOVERNMENTS

- Immediately ensure authorities at all levels of government stop using stigmatizing and discriminatory language that associates migrants and refugees, people returning to their country of origin, and low-income communities with COVID-19.
- Ensure quarantines are not used to target or punish specific communities.
- Avoid the use of criminal sanctions, or the threat of them, to enforce lockdown measures.
- Refrain from utilizing the military to enforce lockdown measures or manage mandatory quarantine centres. If the military are deployed to assist in the response to the emergency, their involvement must be exceptional and timebound, based on clearly articulated needs, and they must be subject to civilian command, control and oversight.
- Immediately grant humanitarian organizations and independent human rights monitors access to state-run quarantine centres or any place under state jurisdiction and control where people are deprived of their liberty for public health purposes to monitor the conditions, safeguard

168 UNAIDS, *Rights in the time of COVID-19 Lessons from HIV for an effective, community-led response*, 2020, Para: 12; WHO, Social Stigma associated with COVID-19, A guide to preventing and addressing social stigma, February 2020

169 UNAIDS, *Rights in a Pandemic: Lockdowns, rights and lessons from HIV in the early response to COVID-19*, 2020, www.unaids.org/sites/default/files/media_asset/rights-in-a-pandemic_en.pdf; UNAIDS, *Rights in the time of COVID-19 Lessons from HIV for an effective, community-led response*, 2020; Global Commission on HIV and the Law, *Risks, Rights & Health*, 2012, www.hivlawcommission.org/report The Lancet, Social Consequences of Ebola Containment Measures in Liberia Plos One Volume 10, Issue 12, December 2015, Volume 384 , Issue 9960 , 2091 – 2093, [https://doi.org/10.1016/S0140-6736\(14\)61412-4](https://doi.org/10.1016/S0140-6736(14)61412-4)

against ill-treatment. In the case of Venezuela, provide urgently needed, water, food and other supplies to comply with WHO guidelines on quarantine settings.

- Immediately accept all international cooperation and assistance to ensure that appropriate settings and minimum infection control measures can be provided in mandatory quarantines centres.
- Ensure that mandatory quarantines are only applied as a last resort, when less intrusive measures such as allowing people to self-isolate at home after returning to a country, have proven unsuccessful or if it becomes clear that the objective cannot be achieved by those other means.
- Avoid placing anyone in mandatory quarantine under state supervision unless appropriate conditions can be provided, including adequate food, water, and medical care, as well as prevention and infection control measures. Without such conditions, quarantine centres may become spaces of disease transmission and become counterproductive.
- If appropriate quarantine and isolation conditions can be provided, regularly update the criteria for release of individuals based on evolving scientific information to ensure that they spend only the scientifically required period in quarantine or isolation.
- Provide clear information about the time people will spend in quarantine and/or isolation and the process.
- Publish and widely share clear, accessible, objective and reliable information about procedures in mandatory quarantine centres, the length of time people will be held in state-run quarantine and ensure confidential delivery of people's COVID-19 test results.
- Keep a register of those who enter quarantines under state-custody, including details of any underlying medical conditions, and dietary requirements.
- Ensure people in state-run quarantines have easy access to legal advice and independent medical assistance, and recourse to legally challenge and remedy alleged violations of their human rights.
- Provide psychosocial support to people while in quarantine centres and after they leave.
- Ensure that the families of those placed in state-run quarantine do not suffer economic hardship and take appropriate financial measures to meet their basic needs.
- Develop evidence-based public health campaigns on COVID-19, with the inclusion of affected communities, and publish accurate epidemiological data and public health information that empowers people to make informed decisions about the risks they might face and protect themselves and their families.



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WHEN PROTECTION BECOMES REPRESSION

MANDATORY QUARANTINES UNDER COVID-19 IN THE AMERICAS

History has shown that criminalization and punitive measures are rarely effective ways of responding to epidemics.

Nevertheless, in the first months of the COVID-19 pandemic, countries in the Americas - specifically Venezuela, El Salvador, and Paraguay - have placed tens of thousands of people in state-run quarantine centres in insanitary conditions, sometimes without adequate food, water and medical care. They have also repeatedly extended their quarantine or isolation periods without clear communication of the scientific reasons for doing so.

In Venezuela, authorities have also placed tens of thousands of Venezuelans forced to return home in totally inadequate quarantine settings, possibly amounting to ill-treatment. Additionally, a state-sponsored campaign of stigma and discrimination towards those who return appears to have converted a public health intervention into what may amount to arbitrary detention.

Authorities in El Salvador have used mandatory quarantines under the custody of military and police as a form of punishment.

Amnesty International calls on authorities to stop resorting to these punitive approaches, and to quarantine and isolate people for only as long as absolutely necessary based on evolving scientific criteria. Authorities should focus on empowering people with the knowledge and resources they need to protect their own health, that of their communities, and that of the people they love.

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