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Quarantine

The notion of quarantine is embedded in local and global health practices. Historically, it has been defined as the "detention and segregation of subjects suspected to carry a contagious disease" (Gensini, Yacoub and Conti 2004: 257–258). Today, the term is used by the World Health Organization (WHO) to refer to "the compulsory physical separation, including restriction of movement, of populations or groups of healthy people who have been exposed to a contagious disease. This may include efforts to segregate these persons within specified geographic areas" (WHO 2008: 10). In the context of the recent COVID-19 pandemic, for instance, quarantine has been widely enforced globally to restrict the movement, or separate "from the rest of the population, of healthy persons who may have been exposed to the virus, with the objective of monitoring their symptoms and ensuring early detection of cases" (WHO 2020). Therefore, the term quarantine is restricted to healthy (asymptomatic) individuals after exposure and only in the potential scenario that they might transmit the disease. The term isolation, however, refers to infected (symptomatic) persons. Both measures are considered preventive tools to avoid transmission and protect public health (Allen 2017). The origin of the term dates back to the 14th century, when quarantine was the foundation of coordinated disease control strategies that included actions such as sanitary cordons, bills of health issued to ships, fumigation, disinfection, and regulation of groups of persons (Tognotti 2013: 254–255).

After 1893, in both Europe and the United States, conventions and regulations for the standardization of quarantine measures began to be ratified, establishing periods of detention. When WHO replaced the International Office of Public Health in 1948, the expression "quarantine diseases" disappeared and was replaced by "pathologies controlled under international health law," such

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as plague, cholera, and yellow fever, and "pathologies under surveillance," such as poliomyelitis, recurrent fever, and typhus (Gensini, Yacoub and Conti 2004: 259–260; Davey et al. 2013: 6). The modern quarantine concept has been driven by three main currents: first, the personification of epidemics, where a concrete connection between travel and outbreak is established; secondly, the existence of a social organization capable of supporting the necessary infrastructure; and thirdly, the role of medical science (Mafart and Perret 1998).

The quarantine-humanitarian nexus can be traced back to the resurgence of attention towards infectious diseases that were catalogued as "emergencies" and the arrival of a global governance logic where "health spread" was constituted as an imperative (Bashford 2006; Mafart and Perret 1998; Gensini, Yacoub and Conti 2004: 260). The contemporary regimes for intervention in the field of global health can be divided into global health security and humanitarian biomedicine. The first one focuses on "emerging infectious diseases" that threaten wealthy countries and on systems of preparedness. The second type targets diseases that afflict poor nations and is directed towards individual human lives (Lakoff 2010: 60). The treatment of the Ebola outbreak in 2014 is exemplary of the intersection of these two regimes and the difficult use of quarantine in humanitarian contexts. Measures to contain the spread of Ebola via quarantines and isolation units to care for patients required extensive infrastructure and resources that were impossible to either sustain by humanitarian organizations, such as Médecins Sans Frontières, or replicate through national public health systems. Furthermore, the application of quarantine measures, often raises ethical problems as discussed by WHO's *Guidance for Managing Ethical Issues in Infectious Disease Outbreaks* (2016). Moreover, pandemic preparedness inscribes a distinct notion of security into the regulations of populations whereby "good" circulations are created in opposition to "bad" circulations: "protective care from dangerous care, infected from non-infected people moving across space and time" (Park and Umlauf 2014).

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Refugee

Who is a refugee? This question has no easy answers. In the public imagination, refugees are people forcibly displaced by events beyond their control: war, ethnic persecution, natural disasters. Lacking the protection of their own government, refugees are entitled to its substitute by a third party.

The core international refugee instruments, the United Nations (UN) Convention on the Status of Refugees of 1951 and its 1967 Protocol, establish criteria for refugee status and set out the rights and benefits that states must accord refugees. They define "refugees" as persons who, owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion, are outside the country of their nationality and are unable or, owing to such fear, are unwilling to avail themselves of the protection of that country. For stateless persons, the same criteria apply with regard to the country of former habitual residence. Unlike an *internally* displaced person, a refugee has crossed an international border to a third state.

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