

<https://www.hrw.org/news/2020/10/13/venezuela-abusive-treatment-returnees>

**For Immediate Release**

**\*\*\*To download video:**

<https://media.hrw.org/preview/2584/Venezuela:-Abuses-Against-Returnees/eng>

## **Venezuela: Abusive Treatment of Returnees**

### *Poor Quarantine Conditions May Spread Covid-19*

(Washington, DC, October 13, 2020) – [Venezuelan](#) authorities’ treatment of approximately 100,000 citizens returning from other countries in many cases is abusive and is likely to amplify transmission of [Covid-19](#), Human Rights Watch and the Johns Hopkins University’s Centers for Public Health and Human Rights and for Humanitarian Health said today. Foreign affairs ministers from Latin American countries scheduled to meet online the week of October 19, 2020, as part of the Quito Process should urgently address the returnees’ situation.

Tens of thousands of Venezuelans, most of whom were living in other Latin American countries, are returning to Venezuela because of the Covid-19 pandemic and its economic impact. Human Rights Watch and the Johns Hopkins centers found overcrowded and unsanitary quarantine centers for the people returning, with little access to food, water, or medical care. Some who protested the conditions were threatened with arrest. And due to Covid-19 testing delays and an unnecessarily elaborate testing protocol, many people have been quarantined for weeks longer than the 14 days the World Health Organization (WHO) recommends.



Click here  
to download  
video for  
publication



“Sending returnees to overcrowded and unsanitary quarantine centers, where social distancing is impossible, is a recipe for spreading Covid-19,” said Dr. Kathleen Page, a physician and faculty member of the Johns Hopkins University School of Medicine and the Johns Hopkins centers. “Requiring them to stay there longer than the standard 14 days only increases the risk they will become infected, serving no reasonable public health purpose.”

Since 2014, [more than 5 million](#) Venezuelans have left their country, fleeing a continuing

human rights, humanitarian, political, and economic crisis. But Covid-19-related lockdowns in other Latin American countries left many Venezuelans who had been working in informal economies unable to afford food and rent. Since the pandemic began, approximately 130,000 Venezuelans have made an often-arduous journey home, according to [Venezuelan officials](#) and aid agencies' estimates.

Latin American governments created the Quito Process in 2018 to chart a common response to the Venezuelan exodus. At their October meeting, the member countries should make a commitment to protect the rights of Venezuelans in their territories and consider adopting a regional temporary protection regime to grant Venezuelans in their territories legal status for a period of time. Officials should also cooperate to protect returnees' rights and press Venezuelan authorities to end abusive quarantine conditions and consider alternatives – such as home quarantine – where feasible.

On June 11, Nicolás Maduro said that his government “[will continue to receive all the Venezuelans who return with love](#).” Yet the government has repeatedly stigmatized returnees, accusing them of bringing the virus to Venezuela.

From June through September, Human Rights Watch interviewed 76 people, including 23 returnees, 10 women and 13 men, from Colombia, Brazil, Peru, Ecuador, and the United States, as well as journalists, aid workers, representatives of nongovernmental organizations, and residents of areas where returnees are arriving. Human Rights Watch analyzed information provided by international and Venezuelan groups, video statements by government officials, and protocols issued by the Venezuelan Health Ministry. A Johns Hopkins centers researcher participated in some interviews and reviewed Health Ministry documents.

As of October 12, Venezuela had confirmed [83,137 cases and 697 deaths](#) due to Covid-19. The real number is most [likely much higher](#).

People entering Venezuela are required to stay at quarantine centers known as Puntos de Atención Social Integral, or PASI. Returnees interviewed stayed in a total of 26 centers. Nineteen were primary reception centers in the border states of Táchira, Apure, and Bolívar. The rest were in the Capital District (city of Caracas) and the states of Aragua, Falcón, Guárico, Vargas, and Zulia.

While conditions in the centers vary, most returnees interviewed described them as severely overcrowded, with many people sharing a single room. Many also described unsanitary conditions, including a lack of water and electricity to run water pumps and of basic supplies needed for hygiene, such as soap. They said they had serious difficulties getting medical care and food, including formula and clean water for infants.

The Venezuelan government has a duty of care toward people in quarantine centers and is obligated to provide for their basic needs, including adequate food, safe water, access to sanitation, materials to ensure good hygiene, and medical care. The conditions described by returnees in some centers fall far short of meeting their basic needs, and in some cases

may be severe enough to amount to degrading treatment forbidden under the International Covenant on Civil and Political Rights, among other instruments.

The conditions described by returnees are likely to contribute to the spread of the virus, Human Rights Watch and the John Hopkins centers said. The overcrowding makes social distancing impossible and increases the risk of coronavirus transmission. In some instances, people who entered the centers at different times or were at various stages of testing were not isolated from each other. At hotels used as PASI centers, quarantined people sometimes shared common spaces with hotel guests who did not wear facemasks.

Requiring people to stay beyond 14 days solely to await test results is unnecessary from a public health standpoint and inconsistent with WHO guidelines, and it effectively results in arbitrary detentions.

Aid workers reported better conditions in some PASI centers than others. No official common standard applies to all centers. State officials or security forces, including the Bolivarian National Guard, operate the centers, and conditions, along with access for aid workers, vary greatly, largely depending on who is in charge.

Local and international humanitarian organizations are assisting returnees and trying to improve conditions in PASI centers with funding from international cooperation, and representatives from some of these groups told Human Rights Watch that their access has improved in recent weeks. However, their capacity and reach across all the PASI centers is limited, so many returnees in PASI centers will not receive services adequate to meet their basic needs, Human Rights Watch said.

On July 10, Human Rights Watch requested information from Venezuelan authorities on policies addressing official hostility toward, and poor conditions for, returnees. They have not responded.

“Venezuelan returnees face a heightened risk of Covid-19 on both sides of the border,” said [José Miguel Vivanco](#), Americas director at Human Rights Watch. “The Quito Process is an opportunity for governments to provide a lifeline to returnees and improve their own treatment of Venezuelans in the midst of Covid-19. They should seize it.”

**For additional information on Human Rights Watch’s findings, please see below.**

**For more Human Rights Watch reporting on Venezuela, please visit:**

<https://www.hrw.org/americas/venezuela>

**For more Human Rights Watch reporting on Covid-19, please visit:**

<https://www.hrw.org/tag/coronavirus>

**For more information, please contact:**

For Human Rights Watch, in Washington, DC, José Miguel Vivanco (English, Spanish): +1-917-379-1180; or [vivancj@hrw.org](mailto:vivancj@hrw.org). Twitter: @JMVivancoHRW

For Human Rights Watch, in Buenos Aires, Tamara Taraciuk Broner (English, Spanish, Portuguese): +1-917-385-4139; or [taracit@hrw.org](mailto:taracit@hrw.org). Twitter: @TamaraTaraciuk  
For Johns Hopkins University, in Baltimore, Dr. Kathleen Page (English, Spanish): +1-410-614-1814; or [kpage2@jhmi.edu](mailto:kpage2@jhmi.edu)

## **Recommendations to Governments Participating in the Quito Process**

A [declaration adopted](#) by representatives of Quito Process member states on September 24 invites member states to “[a]ccompany and facilitate the process of voluntary return, through policies created and implemented with a human rights-based approach, coordination among Member States, and cooperation with competent international mechanisms.” Human Rights Watch recommends that foreign affairs ministers meeting in October as part of the Quito Process:

- Commit to developing an action plan to protect the rights of Venezuelans in their territories by ensuring that Venezuelans – like everyone else under their jurisdiction – have access to health care and adequate food, water, and other essentials for a life with dignity
- Adopt a collective and concerted response to Venezuelan migration, including through a [region-wide temporary protection regime](#) that would grant all Venezuelans legal status for a fixed but renewable period of time, at least pending adjudication of their individual claims by competent authorities
- Urge United Nations Secretary-General Antonio Guterres to ensure UN participation in formalizing a program to provide support to returnees on both sides of the border between Colombia and Venezuela. The effort should be carried out with participation of public health experts, led by the Pan American Health Organization. This effort should focus on ensuring that authorities can get accurate information about confirmed Covid-19 cases, that returnees’ stay in quarantine centers follows WHO recommendations, including limiting the stay of asymptomatic patients in quarantine centers to 14 days, and that quarantine measures respect human rights
- Contribute financial support to humanitarian efforts in border areas where a significant number of returnees are waiting. In addition to supporting the process to coordinate public health policies on both sides of the border, increased funding should be provided to international groups such as the UN High Commissioner for Refugees (UNHCR) and the International Organization for Migration (IOM) to protect the rights of returning Venezuelans, including by ensuring that all returns are voluntary and returnees are fully informed about the return process and conditions in their places of origin
- Work with Secretary-General Guterres and his humanitarian team, the European Union, the United States, Canada, and other countries to press Venezuelan authorities to allow a full-scale UN-led humanitarian response in Venezuela. Such a response should include, but not be limited to, addressing the situation for returnees. These authorities should also adopt measures recommended in the [May 26 Human Rights Watch report](#) on aid needed to address the humanitarian

- emergency and Covid-19 in Venezuela, in particular expediting the full deployment of the World Food Program there
- Urge Venezuelan authorities to allow humanitarian actors and the UN Office of the High Commissioner for Human Rights unrestricted access to monitor conditions in quarantine centers, and call on Venezuelan authorities to adopt measures to:
    - end abusive conditions, including overcrowding and unsanitary conditions, at quarantine centers
    - provide adequate food, water, and medical care to people there
    - cease keeping asymptomatic people in quarantine for longer than 14 days absent new exposures to the virus
    - consider allowing effective quarantine alternatives, such as home quarantine for people who have a place where they can do so safely
  - Publicly condemn mistreatment of returnees by Venezuelan authorities and armed pro-government groups

## **The Return to Venezuela**

Many South American countries have enacted nationwide lockdowns that effectively prevent their informal economies from operating. As a result, many Venezuelans living in those countries who depend on the informal economy are no longer able to afford adequate food and rent. Many have lost their jobs or some of their income. While some of these countries have established emergency financial assistance programs such as [Colombia's Ingreso Solidario](#), [Ecuador's Bono de Protección Familiar por Emergencia](#), and [Peru's Bono Familiar Universal](#), these are not always available to foreigners.

Because many Venezuelans lack [regular legal status](#) in their host countries, they often do not have access to health care and other services, such as testing or care for Covid-19. Some host countries, including [Peru](#), [Ecuador](#), and [Colombia](#), report extending health services to refugees and migrants who test positive or are suspected of having Covid-19. But such services often do not reach those with irregular status, either because they do not know they are eligible or because they fear that care for undocumented people is inadequate.

These conditions mean that thousands of Venezuelans – including children, the elderly, men, and women, some pregnant – are returning to their home country, many in [the way they once fled](#), on foot. Returning from countries including Colombia, Peru, Ecuador, and Brazil, they may walk for weeks through heat, cold, and rain, carrying all their belongings in suitcases. Some have little or no access to shelter along the way. Returnees told Human Rights Watch that they slept by the side of the road, bathed in rivers, and relied on cheap foods, such as rice, bread, and unrefined whole cane sugar. Nongovernmental organization workers in Colombia said many of the returnees they encounter on their way to Venezuela are malnourished and dehydrated.

Some returnees are able to take buses to the border. The Colombian government has subsidized such trips, but they are still costly and [subject to delay](#). Social distancing on

such trips is often inadequate. In addition to those who walk and take buses, [hundreds](#) have returned to Caracas, from across Latin America, on [flights](#) sponsored by the Maduro government.

Once returning Venezuelans reach the border by land, they have to wait, on the Colombian or Brazilian sides, without adequate access to food, water, bathrooms, or shelter, largely due to Venezuelan authorities' decision to limit entries into the country. On June 8, the Maduro government [limited daily entry](#) at official border crossings to 100 or 300 people, depending on the location, and at some crossings, only on Mondays, Wednesdays, and Fridays. Since then, [crowds awaiting](#) entry have gathered in makeshift shelters or by the side of the road, with little social distancing. Returnees described waiting for days – more than a week in some instances – on the Colombian side of the border.

As of August 25, approximately 2,700 Venezuelans were waiting to enter the country in the Colombian city of Cúcuta – where 80 percent of Venezuelan returnees coming through Colombia cross the border, according to a Colombian government official and an aid worker. Colombian authorities and aid workers were providing support, including shelter and medical screening, to nearly 1,000 – the rest were waiting near the border.

Aid workers expect the number of Venezuelans stuck at the Colombian side of the border to grow into the thousands as Colombian authorities [lift travel restrictions](#) inside the country. Colombian authorities also [expect](#) that the future reopening of the Colombian economy will mean that approximately 144,000 Venezuelans are likely to return to Colombia, especially as Venezuela continues to experience economic and political instability. There is currently no formal protocol to coordinate efforts to screen or quarantine returnees before and after crossing the border.

Rather than waiting indefinitely at an official crossing, [many](#) resort to entering Venezuela by *trochas*, unofficial border crossings where armed groups with a [history of committing abuses](#) often [extort payment](#) to allow passage, humanitarian and human rights officials told Human Rights Watch. For passage from Colombia's Arauca state to Venezuela's Apure state, the "Martín Villa 10th Front" – a group that emerged from the Revolutionary Armed Forces of Colombia (FARC) guerrillas – is charging people between US\$32 and \$162, a Colombian government human rights official told Human Rights Watch.

Venezuelan authorities have also stigmatized and prosecuted returnees who use unofficial crossings, which many find to be the only practical option to return to their country due to delays at official crossings. The National Bolivarian Armed Forces have [called](#) "trocheros" – both those entering by trochas and those helping them do so – "bioterrorists," and President Maduro has encouraged people to [report](#) them anonymously. As of July 22, Venezuelan authorities had brought [209](#) people before prosecutors and detained 36. Newspapers [listed](#) the charges against 13 of them as including "illegal human trafficking," "encouragement of warfare," "instigation to disobey the law," and "propagation of the epidemic." The [authorities threatened](#) to bring those arrested to El Dorado penitentiary in Bolívar state, one of the most dangerous

prisons in the country.

## **Testing Protocols**

The government has established an elaborate testing protocol that requires returnees to undergo multiple tests while at quarantine centers. At various centers, asymptomatic returnees were forced to quarantine for far longer than 14 days as they awaited delayed test results. New exposures to the virus could in theory require an extension of quarantine in a specific case, but authorities have an obligation to prevent such exposures through social distancing and hygiene measures.

The Maduro government issued a [protocol](#) on June 15 for those entering Venezuela. The protocol requires everyone to be tested with a rapid antibody test. When the result is negative, a person is required to stay at a PASI quarantine center for 14 days before leaving for any final destination in the country. Individuals with a negative initial rapid screening test are required to undergo at least two more tests, including one toward the end of a person's time in quarantine. When a third test returns negative, a person can leave the center, with instructions to quarantine at home for 14 more days.

If someone's initial rapid antibody test returns positive, a PCR test (the most sensitive tests for current viral infection) is required, and if that returns positive, the person is to be transported to a health center and medically isolated.

In theory, the screening and testing protocol could help identify and treat returning Venezuelans who are infected. But the vast majority of tests administered to people arriving in Venezuela are rapid antibody tests, which can show false negatives during the most infectious period of acute Covid-19 infection. This means that individuals in the quarantine centers may be infected and – given the poor conditions in these centers – unknowingly transmit the virus to others, undermining the purpose of quarantine.

As of July 28, only [5 or 6 percent](#) of the 1,511,433 tests conducted in Venezuela were PCR tests, according to the UN Office for the Coordination of Humanitarian Affairs (UNOCHA). As of September 14, [a total of 1,864,663 tests](#) had been conducted. Although the September data does not specify how many were PCR tests, as of September 1, Venezuela had the capacity to carry out between 2,100 and 2,600 PCR tests per day. Due to limited capacity to analyze the tests, there can be long delays in obtaining PCR test results.

Medical personnel told Human Rights Watch that testing timing and methods in PASI centers are not standardized and that conditions in hospitals where those who test positive are taken, known as “sentinel centers,” are dire. Venezuela already had a [humanitarian emergency](#) before the pandemic hit, so in addition to a lack of biosecurity protection mechanisms, isolation areas being at capacity, and an inadequate supply of mechanical and manual ventilators, healthcare workers have to contend with [shortages of water](#), electricity, and basic medicines and supplies.

## Health Threats in Quarantine

Conditions in waiting areas and PASI centers may contribute to the spread of the virus. Because some people may be infected while in quarantine, those held in PASI centers need proper protection from infection, including masks and basic hygiene measures, and to be able to socially distance. Those interviewed shared living space with others, and none had their own rooms. However, aid workers said that some of those held in hotels were able to isolate.

Two people interviewed said that people had to wait hours, sometimes days, to be admitted to a PASI center. A returnee who crossed, by means of a trocha, into Táchira state said that he waited 8 days outdoors, along with at least 200 others, at the border control point in San Antonio del Táchira, without social distancing or masks. They slept on the street and received no food assistance. Some had to fill bottles with rainwater for drinking. Military personnel informed them that people who crossed through trochas were not a priority, the returnee said.

Most of the returnees said they spent more time in PASI centers than the required 14 days, with most spending well over 20 days, the majority of them awaiting test results. Two returnees said they were required to remain for more than 70 days, in separate PASI centers in Apure state. In one of these cases, a family of 2 adults and 2 children arrived at a center and were tested multiple times as a group. Because they did not receive the test results for their 2 children, they were all required to remain in the center for a total of 75 days.

Some returnees said that others in their group tested positive for Covid-19 and were moved to a new area of their PASI center. The authorities did not undertake contact tracing or isolate those with whom the infected returnees may have interacted, the returnees said.

## Conditions in Centers

Venezuela's PASI centers have held [tens of thousands](#) of people. As of September 1, there were 271 centers nationwide, including approximately 140 in border areas, with total capacity of 14,000. Conditions vary greatly, but in many centers, they are dismal.

Centers are improvised, including in schools, hotels, public sports facilities, and bus terminals. Many are overcrowded, ill-equipped, and inappropriate for holding hundreds of people for weeks at a time, returnees and others said. Several reported being held in common rooms with other people. One aid worker said that at one point, about 700 people had been held in a center in Zulia state that had capacity of 200.

In some instances, returnees said, new arrivals were not isolated from people already there, but instead crammed into rooms with earlier arrivals. Many reported sleeping on the floor. One reported sleeping outdoors because there were no rooms left indoors.

Returnees who had been quarantined in a hotel in Caracas said that it kept operating commercially, with no separation between regular guests and supposedly quarantined returnees. Some said they witnessed some regular guests not wearing face masks in common areas, potentially exposing themselves and the returnees to the virus.

Interviewees said that people walked out of at least four centers in Apure, some to buy or ask for food, and returned afterwards, further risking spreading Covid-19.

Returnees said that bathrooms were too few or unusable in some centers. One returnee, held in a center in Apure, said they had to resort to defecating outside.

Limited access to water in the centers aggravates unsanitary conditions, several returnees said. Some said the centers had no running water. They received water from trucks, they said, but the water was not potable, and it was dirty. One returnee said her Táchira center lacked electricity to start a water pump. Returnees in Apure and Táchira said their centers lacked stoves and gas to boil and disinfect water. Lack of water or intermittent water service [cripples](#) Venezuelan homes and hospitals, and that is true for PASI centers as well.

Returnees and an aid worker said that centers did not provide soap, disinfectant, or any other supplies, including sanitary pads, diapers, or toilet paper. Many of these needs are covered by aid groups, although they are far from being completely met.

Meal management was inconsistent, those interviewed said. Low quality of food and lack of formula for infants and adequate food for pregnant women were among the reported problems.

Most of those interviewed said the food provided was insufficient. Portions were too small or lacking in balanced nutrition, or both. A meal might consist of a single arepa, of sardines, small portions of rice and beans, pasta, or a few scoops of shredded chicken. In some cases, returnees reported being served rotten or frozen food. Some said they ate only once a day or that the bad food made them ill. UNOCHA has [identified cases of malnutrition](#) in the centers.

In some centers, medical treatment for people with pre-existing conditions, such as hypertension or diabetes, or for people who are pregnant, is limited or unavailable, several returnees said. This threatens their health and increases the risk of complications for those who get Covid-19.

In some centers in Táchira, Apure, and Bolívar states, housing hundreds of returnees each, only one medical professional was available. A returnee held in a center in San Antonio del Táchira said no medical personnel checked children with fevers or gave them medication. When people requested assistance for a woman with diabetes who was not feeling well, the returnee reported, a government-appointed doctor responded: “When she is dead, come and let me know, and then I’ll go to take a look.”

When people in a center in Bolívar state requested medication for their health conditions, a returnee said, the government-appointed doctor would respond: “If you knew that you were sick, why didn’t you bring your own medicines?”

A pregnant returnee feared for her and other returnees’ health in the centers. “It’s like a jail,” she said. “They are feeding us poorly and they treat us like animals, as though they are punishing us for a crime or something for having left the country.”

### **Threats for Protesting Quarantine Conditions**

Some returnees have experienced harassment and discrimination by military and civilian personnel managing the quarantine centers, those interviewed said. Returnees said they felt they were being punished for having left the country.

In some instances, returnees said, security forces and armed pro-government groups called *colectivos* threatened and harassed returnees in quarantine centers. In one case, hours after a group of returnees organized a protest against conditions at a center in a hotel in Caracas, the capital, a group of armed men with ski masks entered the building, two returnees reported. The armed men warned that protests “would not be tolerated” and that another demonstration would elicit “forceful measures.”

Military personnel and other staff in centers in Apure and Táchira states threatened to bring in “guerrilla” forces if returnees did not do as they were told, returnees said. One described armed men, whom he called “guerrilla” members, breaking up a protest outside a center in Guasualito. The armed men told returnees that if they continued protesting, they would have to “face the consequences.” One armed man threatened to take all the men from the center to a place that “they would enjoy much less,” the returnee said.

One [media report](#) said that after a group of returnees protested conditions inside a center in Apure in late June, members of the Bolivarian National Guard detained a man, apparently without any formal charge or judicial order, and took him to the city of San Cristóbal to be tried in a military court.

Members of the Bolivarian National Guard threatened a group of returnees in a different center in Apure with jail time and loss of their “right[s] as Venezuelans” if they fled the center, a returnee said.

A top government official in Táchira state said people protesting at PASI centers could face jail time, a newspaper reported. The official warned that they “[could go from a social quarantine to a penal one.](#)”

### **Humanitarian Response**

The [2020 humanitarian response plan](#), published by UNOCHA for vulnerable populations in Venezuela, also applies to Venezuelans returning to the country. The plan requires a funding total of \$762.5 million, including \$87.9 million to address the impact

of Covid-19. As of October, [\\$145.6 million](#) had been disbursed to Venezuela, including \$67.6 million in response to the humanitarian response plan appeal. The plan aims to improve PASI centers, including through better housing and electricity, more rigorous provision of protection services for vulnerable populations, and provision of water, sanitation, and hygiene.

Venezuelan authorities' lack of transparency inhibits assessing – and responding to – the needs of returnees. Aid workers' access to PASI centers is largely at the whim of the people operating centers in each state. This severely limits aid groups' ability to provide a comprehensive response.

UN groups, including UNOCHA and UNHCR, as well as nongovernmental groups have provided valuable support to returnees in some PASI centers. They have set up a [temporary shelter](#), provided [medical tents](#) to attend to potential Covid-19 cases in the parking lot of a hospital, supplied protective equipment or [water and sanitation improvements](#) to some PASI centers, conducted training on sexual violence and biosecurity protocols for PASI personnel, and supported host communities through humanitarian assistance and health services.

Several aid workers said that, although they have been able to get increased access to PASI centers as result of the pandemic, existing efforts are not enough to meet the enormous scale of needs due to limited resources and the fact that access is inconsistent. They said they still face other restrictions, including difficulties in getting special permits to move around the country despite quarantine restrictions and priority access to gasoline, and bureaucratic hurdles to obtain permits for all humanitarian staff to operate.