

## To the South of Quarantine

A quarantine is always discriminatory, more difficult for some social groups than others, and impossible for a vast number of carers, whose mission is to make it feasible for the population at large. In this chapter, I analyse other groups for whom quarantine is particularly difficult. These are groups with a special sort of vulnerability in common, that predates the quarantine and worsens as it progresses. They make up a category that I call “the South”. For me, the South does not refer to a geographical space, but rather a political, social and cultural spacetime. It is a metaphor for the unjust human suffering caused by capitalist exploitation and racial and sexual discrimination. I intend to analyse quarantine from the perspective of the men and women who have suffered most from these forms of oppression, and to visualise, again from their perspective, the social changes that will be required once it is over. There are many social groups of this kind; I shall analyse only a few.

*Women.* Quarantine is particularly difficult for women and can, in some cases, be dangerous. Women are understood to be “the world’s carers”, filling most caregiving roles for their families and strangers alike. They dominate professions, like nursing and social care, that are on the frontline of caregiving for the sick and the elderly, both in and out of institutional settings. Quarantine offers no protection to the women working to facilitate quarantine for others. Moreover, women are either mostly or wholly responsible for caring for their families. Given that quarantine leads to more helping hands around the house, we might assume that tasks are more fairly distributed. However, I suspect this is not the case, due to the widespread sexism perhaps exacerbated by crisis and lockdown. Now that children and other family members are at home during the day, stress levels will be higher and will disproportionately affect women. The increased number of divorces in some Chinese cities during quarantine may point to this. Equally, we know that violence against women tends to worsen in times of war and crisis, and indeed is already increasing. A large proportion of this violence is domestic. Confining families to small spaces, with no way out, leads to more instances of violence against women. Citing information from the French Ministry of the Interior, the newspaper *Le Figaro* reported that domestic violence in Paris was up by 36% on the previous week.

*The “self-employed” working in informal and precarious jobs.* After forty years of attacks on workers’ rights driven by neoliberal policies worldwide, this group of workers makes up the largest share of global labour, even if their situation varies considerably from country to country. What will quarantine mean for these workers, who tend to be laid off first in times of economic crisis? The service sector, where they are overrepresented, will be one of the worst affected. On 23 March, India placed 1.3 billion people in a three-week lockdown. Given that 65-70% of the country’s population is employed in the informal economy, 300 million people are estimated to have lost their income. In Latin America, around half of all workers are unofficially employed. Similarly, in countries like Kenya and Mozambique, due to the structural adjustment programmes of the 1980s and 1990s, the majority of workers are informally employed, meaning they depend on a daily wage. Even regular employees enjoy few contractual benefits. Recommendations from the WHO to work from home and self-isolate are impractical, because they force workers to choose between putting food on the table or going hungry at home. These recommendations seem to have been designed with the middle classes in mind, but the middle class only represent a small fraction of the global population. What does quarantine mean for the workers who are living hand to mouth? Will they risk flouting quarantine to feed their families? How will they resolve the conflict between needing to feed their families, and protecting themselves and their loved ones? Die of the virus or die of hunger: those are their options.

*Street vendors.* People who work on thoroughfares are a specific group of precarious workers. For them, “business”, or rather subsistence, depends entirely on the street, on passers-by who may or may not stop to buy something, a choice that always proves

unpredictable for street vendors. They have long been quarantined on the streets, but on streets filled with people. For vendors selling in unofficial markets in large cities, restrictions on work mean that potentially millions of people will lack money to go to hospital if they fall ill, or to buy soap or hand sanitiser. People deprived of food cannot afford the luxury of soap or water, especially at prices driven up by speculation. In other parts of the grey economy, “Uberisation” is seeing more people deliver food and packages to homes. They are ensuring that quarantine can continue for many, but they cannot protect themselves. Their “business” will grow in line with the risks they expose themselves to.

*Homeless people or those that live in the street.* What will quarantine be like for those without a home? For those who spend the nights in underpasses, abandoned train and underground stations, or in rainwater or sewage systems in so many cities across the world. In the United States they are called “tunnel people”. What will quarantine be like in those tunnels? Have these people not spent their whole lives in quarantine? Will they feel freer than those who are now being forced to stay at home? Will they see the quarantine as a form of social justice?

*Residents of the poor outskirts of cities, favelas, informal settlements, slums, reed cities<sup>1</sup>, etc.* According to data from UN Habitat, 1.6 billion people do not have adequate housing and 25% of the global population live in informal settlements. They live without infrastructure or basic sanitation, without access to public services and with shortages of water and electricity. They live in small spaces, in which multiple families are crowded together. In essence, they live in the city without the right to the city, because as residents of de-urbanised areas they lack access to the urban conditions that the right to the city would confer. Since many residents are informal workers, they face quarantine with the same difficulties as mentioned previously. But on top of this, given the living conditions, will they be able to comply with the preventative measures recommended by the WHO? Will they be able to maintain social distancing in reduced living spaces where privacy is nearly impossible? Will they be able to wash their hands regularly when the little water available needs to be saved for drinking and cooking? Will confinement in such a small space not result in other health risks that are as or more serious than those caused by the virus? Many of these neighbourhoods rely on a strong police presence and, at times, are surrounded by military forces under the pretext of fighting crime. Will quarantine not be harder for these populations? What about the young people of the favelas, who the police have always blocked from going to the beach on Sunday so as not to annoy the tourists? Will they not feel that they were already in quarantine? What is the difference between the new quarantine and the original one that has always been their way of life? In Mathare, one of the peripheral low-income neighbourhoods of Nairobi, Kenya, 68,941 people live within one square kilometre. As in many similar contexts around the world, families share one room which is also the kitchen, bedroom and sitting room. How can they be asked to self-isolate? Is self-isolation possible in the context of permanent state-imposed isolation of the Other?

It is worth noting that, for the residents of the poorest suburbs in the world, the current health emergency is combined with many other emergencies. According to reports from members of La Garganta Poderosa, one of the most notable social movements from the poor neighbourhoods of Latin America, residents face various other emergencies in addition to the health emergency caused by the pandemic. This is the case with a health crisis that has arisen from other still unresolved epidemics and lack of medical attention: this year, 1,833 cases of dengue fever have already been recorded in Buenos Aires. 214 cases were in Villa 21 alone, one of the poorest neighbourhoods of Buenos Aires. “Coincidentally” in Villa 21, 70% of the population do not have drinking water. There is also a hunger crisis because of food poverty in the suburbs, and the communal ways of overcoming this (cheap dining halls,

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<sup>1</sup> “Reed cities” are settlements in the suburbs of Mozambique that are unsuitable for the construction of housing. Reed is the material used for the building of the majority of the huts in these slums, and as such they differ from the “cement city”.

outdoor markets) are collapsing under the dramatic increase in demand. If schools close, the school meal that children rely on to survive disappears. And finally, the problem of domestic violence emerges. This is particularly serious in the suburbs, as is the constant police violence and the stigmatisation that this entails.

*Detainees in refugee detention centres, undocumented immigrants and internally displaced persons.* According to UN figures, this group comprises 70 million people. For the most part, these groups live in permanent quarantine and, for them, the new quarantine has little impact on their regime of confinement. But, if the virus spreads among them, the dangers they face will be fatal, and even more serious than those facing the residents of the poor city suburbs. For example, in South Sudan, where more than 1.6 million people are internally displaced, it can take hours, if not days, to get to health centres. Moreover, the leading cause of death tends to be an avoidable one, stemming from malaria and diarrhoea - diseases for which medication already exists. In the case of detention centres at the borders of Europe and the USA, the quarantine necessitated by the virus invokes an ethical and humanitarian duty to open the gates of these camps, insofar as it remains impossible to provide the minimum safe living conditions required during the pandemic.

*The disabled.* They have been the victims of another form of oppression, in addition to capitalism, colonialism and patriarchy: ableism. This is the way that society discriminates against them, in that it does not recognise their special needs, and it fails to facilitate their mobility and to establish conditions that would enable them to benefit from society like any other person. In a way, they feel as though they live in permanent quarantine due to the limitations that society imposes on them. What will their experience of the new quarantine be like, especially when they depend on someone who has to break quarantine to support them? Since they have long been accustomed to living in conditions of certain confinement, will they now feel freer than those who are not disabled, or more equal to them? Will they see the new quarantine as a form of social justice?

*The elderly.* This group, particularly numerous in the Global North, is generally one of the most vulnerable, but this vulnerability is not indiscriminate. In fact, the pandemic requires us to be more precise in regard to the concepts we use. After all, who might we consider elderly? According to La Garganta Poderosa, the difference in life expectancy between two neighbourhoods of Buenos Aires (the poor neighbourhood of Zavaleta and the affluent neighbourhood of Recoleta) is around twenty years. It is not surprising that the leaders of poorer neighbourhoods are considered "middle-aged" within their communities but "young leaders" in wider society.

The predominant living conditions in the Global North have led to a significant proportion of the elderly being deposited (a harsh word, but an accurate one) in retirement homes and care facilities. Depending on their means, or those of their family, this accommodation can range from luxury residences to dumping grounds for human waste. In normal times, the elderly would move into such accommodation because it would guarantee their safety. In theory, the quarantine necessitated by the pandemic should not affect their way of life to a significant extent, given that they are already in permanent quarantine. But what will happen when, due to the spread of the virus, this safe zone turns into a high-risk zone, as we are seeing in Portugal and Spain? Would they be safer if they could return to the houses where they lived their whole lives, in the unlikely event that these places still exist? Will the relatives who, for their own convenience, deposited them in these facilities feel any remorse for exposing their elders to a potentially fatal risk? And as for senior citizens who live in isolation, will they not be at greater risk of dying without anyone realising? If elderly people living in the poorest neighbourhoods in the world die due to the pandemic, at least their deaths will not go unnoticed. It should also be noted that, especially in the Global South, previous epidemics have forced the elderly to extend their working lives. For example, the AIDS epidemic killed and continues to kill young parents, with the responsibility for their households falling to grandparents as a result. If the grandparents die, the children run a very high risk of malnutrition, hunger and eventually, death.

This list of those to the South of quarantine is far from exhaustive. Prisoners and people with mental health problems, such as depression, also come to mind. But the examples selected here demonstrate two things. Contrary to what the media and international organisations say, quarantine does not only highlight injustice, discrimination, social exclusion and the unfair suffering that results, but it also reinforces them. As a result, such inequalities become even more invisible, in the face of the panic that overwhelms those who are unaccustomed to it.

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This translation was made for a workshop taking place on March 16, 2021 at the Institute of Advanced Studies, University College London. You can find more information of the event 'IAS Covid-19 Workshops — Session 2: Pedagogies of the Virus: Inequalities and Intersections' here: <https://www.ucl.ac.uk/institute-of-advanced-studies/events/2021/mar/virtual-ias-covid-19-workshops-session-2-pedagogies-virus-inequalities-and>

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