LETTER TO THE EDITOR

COVID-19 quarantine camps in Nepal – a dire and despondent state

AUTHORS

Sagar Pokhrel¹ Medical Officer

Yub Raj Sedhai² Assistant Professor

Alok Atreya³ MD, Assistant Professor *

CORRESPONDENCE

*A/Prof Alok Atreya alokraj67@hotmail.com

AFFILIATIONS

¹ Balkot Primary Health Care Center, Arghakhanchi, Balkot, Nepal

² Department of Medicine, Virginia Commonwealth University, Richmond, VA, USA

³ Department of Forensic Medicine, Lumbini Medical College Teaching Hospital, Palpa, Nepal

PUBLISHED

29 July 2020 Volume 20 Issue 3

HISTORY

RECEIVED: 26 June 2020

ACCEPTED: 7 July 2020

CITATION


This work is licensed under a Creative Commons Attribution 4.0 International Licence

FULL ARTICLE:

Dear Editor,

Although their meanings are different, the terms quarantine and isolation are used interchangeably. Quarantine is a measure to separate and restrict movement of people who are potentially exposed to an infectious agent to ascertain if they become sick. Isolation is separation of infected people from uninfected ones. The motive behind quarantine and isolation is the same: to limit the spread of a contagious agent¹. The Government of Nepal has made temporary quarantine shelters for people likely to have been exposed to severe acute respiratory syndrome coronavirus (SARS-CoV-2).

The rectangular, landlocked country of Nepal shares it borders with China in the north and India in the east, west and south. Many Nepalese from rural parts of the country work in India as migrant workers. After lockdown was imposed in India and subsequently in Nepal on 24 March 2020 due to coronavirus disease (COVID-19), there was a mass exodus of Nepalese migrant workers from India to Nepal². Considering the surge in India, the Government of...
Nepal adopted quarantine measures in Nepal. The schools, temples and public spaces in the bordering areas were converted into makeshift quarantine camps. Given the lack of planning, logistics and infrastructure, quarantine camps are in a dire and despondent state.

Quarantine camps are overpopulated to an extent that prevents safe distancing. Food, shelter, hygiene and sanitation are in a deplorable state. Trampoline sheets are used as makeshift beds. There are a limited number of latrines, with poor sewage management. This raises the possibility of other vector-borne zoonosis epidemics (such as malaria, dengue and visceral leishmaniasis), especially given the location of the camps in Nepal’s southern belt, which are affected yearly by the monsoon season. Furthermore, there is an utter lack of basic preventive measures such as mosquito nets. Each person is reimbursed a food allowance of 178 Nepalese rupees (US$1.50) per day, which is far below the local market threshold.

Social stigma surrounding COVID-19 is rising rapidly. Residents near the quarantine camps have raised concerns and protested against these establishments. Individuals testing positive in the camp are stigmatized and bullied. Social discrimination and lack of mental health services have increased the incidence of conversion disorder, panic attacks and depression. Stigmatization is not limited to people who are COVID-19 positive – healthcare workers are often assaulted and abused.

Recent news articles have reported suicide of COVID-19 positive patients and an alleged gang rape of a female in a quarantine camp in Nepal. These dark and desperate acts are further examples of the state of physical mental and social wellbeing in Nepal’s quarantine camps amidst a global crisis.

Dr Sagar Pokhrel, Balkot Primary Health Care Center, Arghakhanchi, Balkot, Nepal
Dr Yub Raj Sedhai, Department of Medicine, Virginia Commonwealth University, Richmond, VA, USA
Dr Alok Atreya, Assistant Professor, Department of Forensic Medicine, Lumbini Medical College Teaching Hospital, Palpa, Nepal

REFERENCES: