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WP4 (Taiwan) Civil Society Engagement Report

Focus Group Interview with People Who Underwent Quarantine, December 28, 2024

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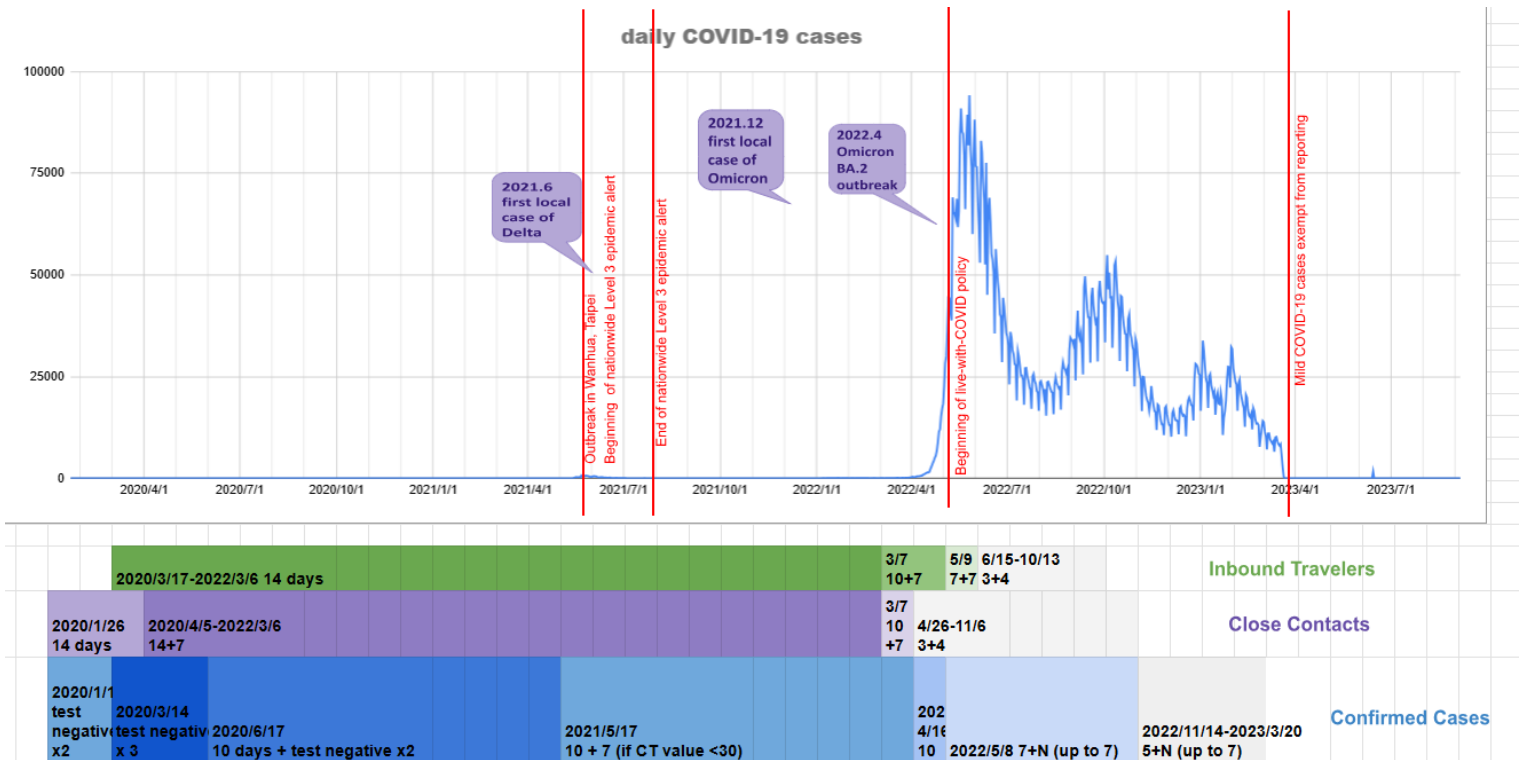
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Civil Society Engagement Report: Focus Group Interview with People Who Underwent Quarantine, December 28, 2024

As part of our Civil Society Engagement, the WP4 Taiwan team conducted three focus groups to understand the experiences of social groups that had been disproportionately affected by the pandemic governance in Taiwan: frontline health professionals, pilots, and people who underwent quarantine during the COVID-19 pandemic. The third focus group took place in Taipei on December 28, 2024, focusing on the experiences of people who had been quarantined.

For context, Taiwan’s COVID-19 pandemic strategies can be divided into two phases: zero-COVID period (January 2020 to April 2022) and live-with-COVID period (May 2022 to April 2023). From the early stage of the pandemic, Taiwan implemented stringent border control and quarantine measures, which lasted for almost three years. Between January 2020 and June 2021, individuals who tested positive had to be isolated in hospital. Their isolation could last for 3-4 weeks or longer as they needed at least two consecutive negative test results to be discharged. All travelers entering Taiwan were subjected to a 14-day quarantine. Domestically, anyone identified as a close contact of confirmed cases had to undergo a 14-day quarantine, even if they were PCR-tested negative. Quarantine violators would face heavy fines ranging from NTD \$200,000 to \$1,000,000 (approximately USD \$6,150 to \$30,700), enforced through “digital fencing”, or a location tracking mechanism based on cell tower data deployed by the Taiwan government during the COVID-19 pandemic.

The 14-day quarantine measure remained in place for two years. It was not until the spring of 2022 that the Central Epidemic Command Center (CECC) begin shortening the quarantine period, first to 10 days, then to 7, and then to 3 days in June 2022, and finally lifted the mandate in March 2023 (for more details, see Graph 1 below).



Graph 1: Timeline of quarantine measures for inbound travelers, close contacts, and confirmed cases¹

During the prolonged zero-COVID period, only a few people experienced quarantine. But as the quarantine mandate persisted into the live-with-COVID period, nearly all people living in Taiwan eventually experienced some form of quarantine during the pandemic. The quarantine experiences during the zero-COVID period tend to be more intense and traumatizing. When recruiting focus

¹Above is a timeline showing how quarantine measures evolved during the COVID-19 pandemic. The green block represents quarantine measures applied to inbound travelers; the purple block is for close contacts of confirmed cases, and the blue block is for people who tested positive for COVID-19. Darker shades indicate more stringent measures, while lighter shades represent more relaxed ones. “+7,” “+4,” and “+N” refer to the number of days for “health self-monitoring,” during which individuals were prohibited from clustering and must wear a face mask when going out. Among these, “+N” refers to up to seven days of self-health monitoring or until a negative rapid test result (if sooner). The graph on the top maps the number of daily COVID-19 cases in Taiwan, with the horizontal axis representing the date and the vertical axis showing the case numbers. Major incidents are marked by a vertical line in red.

group participants, the WP4 Taiwan team made sure people quarantined in both phases were represented. Some of our participants were isolated for an extended period of time in the hospital during the initial zero-COVID period. Some of them tested positive in the live-with-COVID period and only had to isolate at home. Others were quarantined after returning to Taiwan or being identified as close contacts of confirmed cases. The WP4 Taiwan team also took into account the gender balance and age differences among participants. We reached out to recruit those who were in high schools and colleges during the pandemic to see how these institutions implemented pandemic measures. We also took care to identify people quarantined in various locations - hospitals, hotels, government-run facilities, and participants' own homes - as their quarantine experiences could differ.

Government's Inaction in Addressing COVID-19 Stigma

Several participants were studying or working abroad when the pandemic began and returned to Taiwan in spring 2020. Two of them were tested positive and were mandated to be isolated in the hospital. In the early days of the pandemic, to be discharged from the hospital, they needed to have three consecutive negative PCR tests (or CT value >30). Both were isolated in hospitals for more than 30 days. Even after extended isolation, one reported being stigmatized at her university and workplace. She took a year off from school due to the hostility. Although she was offered a job during this gap year, her employer postponed her starting date after learning about her past infection.

Participants found CECC's zero-COVID policy exacerbated social stigma. During the zero-COVID period, the CECC routinely reported confirmed cases in its daily press conference, which was ritually watched by many Taiwanese. As there were few community transmissions due to stringent border control, most of these cases were "imported." Over time, this practice strengthened the association between viral transmission and cross-border movement and fueled widespread blame toward inbound travelers, further escalating into severe discrimination and stigmatization. While stigma against individuals who had been infected and later recovered persisted, the CECC did not clarify their non-infectious status, thereby failing to mitigate public fear and prejudice.

Pandemic Measures Fail to Address Needs of Minors and Parents

One participant was under 18 when she underwent quarantine for being identified as a close contact. This took place at the end of the zero-COVID period, but it was still prohibited to accompany a close contact to receive a PCR test, even in the case of a minor. As a result, she had to take a quarantine taxi to the hospital unaccompanied to receive a PCR test. Moreover, even though her test result was negative, legally, she still had to complete a 7-day quarantine without company. This participant's experience was not unique: many children and youths were tested, quarantined, or isolated without their caregivers by their side, and they were forced to separate from their family members during the quarantine.

Another participant experienced a one-month separation from her newborn. She contracted COVID-19 when she was in the third trimester of pregnancy and was hospitalized, during which she gave birth and was separated from her baby immediately after delivery. Meanwhile, her husband was also infected with COVID-19 and was quarantined in a facility. Giving birth alone and being unable to see her child for an entire month deeply caused distress and negatively affected her reproductive experience.

Both participants' experiences echoed concerns raised in the previous Focus Group with frontline healthcare professionals, that quarantine measures failed to make accommodations for people who had special needs. As the central government favored a consistent approach, hospitals were barred from making special accommodations, even if it was logistically possible. For example, when the case number was low, hospitals might have been able to set up a protocol for quarantined minors to be accompanied by parents, or for doctors to evaluate whether they could operate on a specific quarantined person. However, the central government failed to respond to those needs or the opportunity to delegate decisions to local clinicians and instead tried to control the pandemic with a strict, meticulous, and centralized approach.

Residual Surveillance: The Lingering Shadow of Digital Fencing in Live-With-COVID period

As explored in our first-year literature review, previous workshops and focus groups, the government employed a variety of digital tools to control the pandemic. For this Focus Group, the most relevant digital tool was the cell-tower based "digital fencing" mechanism: using existing cellphone signals to triangulate the owners' locations enabling the authorities to enforce quarantine. A quarantined person was asked to provide their cellphone number (as a proxy of

the person themselves) and quarantine address. An alert would be triggered if the signal was picked up by other cell towers, i.e. suggesting that the person had breached quarantine. To further ensure compliance, an alert was sent to the authorities if the handset was turned off for more than 15 minutes and municipal officials contacted the phone user daily to ensure the person was physically next to the phone and to ask about their health. Several participants recalled that municipal staff called them every morning to check on their health conditions when they were quarantined during the zero-COVID period.

In Spring 2022, after over 70% of the population had received two vaccine doses and vaccination had already mitigated the health risk of COVID-19, the government still imposed heavy fines combined with digital surveillance. Two participants quarantined during the later live-with-COVID period reported that they did not receive regular calls from municipal staff as in the previous period, but believed that their shortened quarantine period was still enforced by “digital fencing.” One participant noted that during her quarantine in September 2022, she and her toddler were confined in their apartment. Even though they lived right next to a park that was often unoccupied, she was unable to take her child to the outdoor playground, which caused a different kind of psychological stress from the quarantine in the zero-COVID period.

It is worth noting that the WP4 found out that, contrary to the understanding of the above two participants, the digital fencing system had been phased out since July 2022. Nevertheless, the government only updated this information in a press release as late as May 2024. It is not clear whether the delayed announcement was a deliberate decision that was intended to apply psychological pressure to people under quarantine and increase the likelihood that people would self-isolate.

Ambiguity About Source of Authority Undermined Access to Legal Remedies

As explored in our previous focus group with frontline health professionals, due to the insufficiency of manpower, both municipal staff and the police were tasked with conducting contact tracing and distributing quarantine notices. In this focus group, one frontline health professional participant further reported that fire department personnel were also assigned to these tasks. While having temporary support from other authorities itself is not necessarily a problem, this practice caused concerns because individuals often had difficulties identifying which

authority had issued the quarantine decision. This ambiguity had a negative impact when they sought legal remedies. Such concerns were reiterated by participants of the focus group for individuals experiencing quarantine. Most reported that after receiving calls for contact tracing and quarantine notices, they were unable to return these calls because they did not know who contacted. One participant was asked to relocate to a centralized facility during home quarantine without a reasonable explanation. Another participant reported that the official declined to inform him of the exact quarantine location and he was taken by a quarantine taxi in the middle of the night to a facility that was more than an hour's drive away. He only found out from his phone's GPS that the temporary quarantine facility was a military camp.

Lack of Adequate Multilingual Information for Foreigners

As the Taiwan International Workers' Association (TIWA) mentioned in our first workshop, migrant workers often lacked epidemic information and resources. The CECC failed to provide sufficient multilingual information, instead shifting responsibility to institutions, employers, and schools to develop their own translated material. However, over-reliance on intermediaries resulted in information gaps between people familiar and unfamiliar with Mandarin. For instance, one participant was a student at a top university. Even though the university is supposed to be a rather resourceful institution, her foreign roommate in the dormitory did not know about the 1922 Hotline, which was frequently advertised by the CECC in the press conference as a 24/7 communication channel, suggesting that neither the CECC nor the university provided such information in multiple languages.

In addition to the lack of multilingual information, the university remained unprepared even in the later stage of the pandemic. In June 2022, the participant's foreign roommate tested positive for COVID-19 in the middle of a night. The university did not have English support for after-hours isolation arrangements. When they finally reached a dormitory service officer, no clear isolation mechanism was in place. The officer initially suggested isolating the roommate in a basement that was unfurnished and without basic facilities. The participant found the arrangement unacceptable and voluntarily vacated the shared dorm to facilitate her roommate's isolation.

No Lockdown, but Prolonged Quarantine Measures

The Taiwanese government constantly claimed that the daily press conference was helpful for public communication and transparent governance. They were also proud of not implementing lockdown during the three-year pandemic.² Nevertheless, from the perspectives of people who underwent quarantine, prolonged and stringent border control and quarantine measures with heavy fines did dramatically impact their right of movement and right to an effective remedy. Some experienced centralized quarantine without due process, and others faced obstacles to seeking legal remedies. Minors and pregnant women were forced to separate from their families during the test-taking and the quarantine. Even worse, the government's emphasis on its success in controlling the pandemic and having "zero cases" in the early stage increased unreasonable public fear of the disease, which reinforced the stigma of people under quarantine and isolation.

²Taiwan's CDC claimed that Taiwan had longest zero domestic cases periods and the shortest duration of the strictest control. See TAIWAN CENTERS FOR DISEASE CONTROL, WHITE PAPER ON TAIWAN'S EPIDEMIC PREVENTION POLICY IN POST-COVID-19 ERA 18 (2024).
<https://www.cdc.gov.tw/File/Get/ISXwVlulbS2CWGj5WDQQNQ>