

MASTER THESIS

Titel der Master Thesis / Title of the Master's Thesis

"The human rights situation of migrants and asylum seekers in the Reception and Identification Centre on Chios and the impact of COVID-19 on it"

verfasst von / submitted by

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angestrebter akademischer Grad / in partial fulfilment of the requirements for the degree of Master of Arts (MA)

Wien, 2021 / Vienna 2021

Studienkennzahl It. Studienblatt / Postgraduate programme code as it appears on

the student record sheet:

Universitätslehrgang It. Studienblatt / Postgraduate programme as it appears on the student record sheet:

Betreut von / Supervisor:

Master of Arts in Human Rights

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ABBREVIA	ATIONS	
A.Ss.I.S.T.	Asylum Seekers Informations Services Team	
AMKA	Social Security Number	
CEAS	Common European Asylum System	
CEDAW	Convention on the Elimination of All Forms of Discrimination against	
	Women	
CFR	Charter of Fundamental Rights of the European Union	
CJEU	Court of Justice of the European Union	
COVID-19	SARS-CoV-2	
CRC	Convention on the Rights of the Child	
EASO	European Asylum Support Office	
ECHR	Convention for the Protection of Human Rights and Fundamental	
	Freedoms	
ECSR	European Committee of Social Rights	
ECtHR	European Court of Human Rights	
EODY	Hellenic National Public Health Organization	
ERBB	Equal Rights Beyond Borders	
ESC	European Social Charter	
EU	European Union	
GAS	Greek Asylum Service	
GRO	General Regulation on the Operation of Reception and Identification	
ICCPR	International Covenant on Civil and Political Rights	
ICECR	International Covenant on Economic, Social, and Cultural Rights	

ICRMW International Convention on the Protection of the Rights of All Migrant

Workers and Members of Their Families

IO International Organization

IPA International Protection Act'

IRC International Rescue Committee

KEELPNO Ministry of Health and the Centre of Disease Control and Prevention

LGBTQI+ Lesbian, Gay, Bisexual, Transgender, Queer community

MPRIC Multi-Purpose Reception and Identification Centres

MSF Médecins Sans Frontières

NGO Non-Governmental Organisation

PAAYPA Temporary Foreigners' Insurance and Health Care Number

PTSD Post-Traumatic Stress Disorder

RDC European Union Reception Conditions Directive' 33/2013

RIC Reception and Identification Centres

RRE Refugee Rights Europe

SGBV Sexual and Gender-Based Violence SMH Salvamiento Marítimo Humanitario

UDHR Universal Declaration of Human Rights

UN United Nations

UNHCR United Nations High Commissioner for Refugees

WHO World Health Organization

CHAPTER 1: INTRODUCTION

1.1. General Description of the Research Context

COVID-19 has had - and is currently having - a massive impact on all aspects of our lives: from the healthcare system to the access to services, to the economy. It has overturned the world as we knew it and vulnerable people¹ have been affected substantially. Studies are currently researching the extent of the impact the pandemic has on them. Within the group of 'vulnerable people' are undocumented migrants and migrants in detention centres², who live in unstable conditions. In particular, newly arrived migrants and asylum seekers in EU Reception and Identification Centres (RICs) are highly vulnerable due to overcrowding and scarce living conditions, and limited access to basic services (proper shelter, food, water).

The RICs on Greek Northern Aegean Islands act as a buffer between the European Union and the migratory flow coming from Turkey and adopt the so-called 'border procedure'³ within the EU-Turkey Statement framework. The EU and Turkey indeed cooperate under the Statement since March 2016, which *inter alia* aims at restricting the migration flow on the highly used migratory route between Turkey and Greece⁴. Migrants who arrive in the Greek islands are held in the RICs, "initially designed as detention centres"⁵, and cannot leave the islands to reach the mainland unless recognized as vulnerable⁶. They stay in overcrowded camps with precarious living conditions and hygiene for the length of their asylum procedure, which, contrary to legislation, can take years adding up the waiting period for being interviewed by the Greek Asylum Service (GAS) or EASO and

¹ M. Douglas *et al.*, 'Mitigating the wider health effects of covid-19 pandemic response', *BMJ*, no. 369, 2020, p. 2, box 2, (accessed 3 February 2021).

² Ibid.

³ C. Ziebritzki and R. Nestler, 'Implementation of the EU-Turkey Statement: EU Hotspots and restriction of asylum seekers' freedom of movement', *EU Migration Law Blog*, 22 June 2018, https://eumigrationlawblog.eu/implementation-of-the-eu-turkey-statement-eu-hotspots-and-restriction-of-asylum-seekers-freedom-of-movement/, (accessed 13 February 2021).

⁴ M. Gkliati, 'The EU-Turkey Deal and the Safe Third Country Concept before the Greek Asylum Appeals Committees', *Movements Journal*, vol. 3, Issue 2, 2017, p. 214, (accessed 3 February 2021); European Parliament, 'Legislative train schedule towards a new policy on migration: EU-Turkey Statement and Action Plan', European Parliament website, 2016, (accessed 1 February 2021).
⁵ C. Ziebritzki and R. Nestler, 2018.

⁶ Oxfam International, 'Vulnerable and abandoned', Oxfam Media Briefing, 9 January 2019, p. 4, (accessed 13 February 2021).

then receiving the decision. Asylum seekers whose applications are considered inadmissible or are rejected are ordered to leave the EU and they are either returned to their home countries or Turkey if assessed as safe.

During the 2020 pandemic, there have been developments in the Greece-Turkey relation that ran counter to their commitments under the EU-Turkey Statement. In February 2020, President Erdogan announced that Turkey could not contain anymore the number of Syrian refugees and declared the border with Greece open⁷, causing an intense flow of migrants and asylum seekers towards Greece, which in turn responded violently to the pressure⁸. After opening the borders on 28 February, Turkey entered a national lockdown on March 18 when the first COVID-19 cases were detected, and trapping, in this way, migrants at the Greek border, who faced violence from the border guards of both countries⁹.

Greece, on its part, suspended the registration of asylum applications for a month and engaged in returning migrants who entered 'fortress Europe' illegally¹⁰ with the EU. Indeed, Frontex launched a two-month border intervention¹¹ in March 2020¹² that was extended until the beginning of July and urged to intensify repatriation which had slowed down due to the pandemic¹³. However, since Turkey imposed a national lockdown, it is impossible for Greece to return irregular migrants whose claim is declared inadmissible,

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⁷ M. Stevis-Gridneff and C. Gall, 'Erdogan Says, 'We Opened the Doors,' and Clashes Erupt as Migrants Head for Europe', The New York Times, 29 February 2020, https://www.nytimes.com/2020/02/29/world/europe/turkey-migrants-eu.html, (accessed 2 February 2021). ⁸ DW editorial staff, 'Greece-Turkey border crisis: Tear gas fired on both sides', DW, 4 March 2020, https://www.dw.com/en/greece-turkey-border-crisis-tear-gas-fired-on-both-sides/a-52632461, (accessed 2 February 2021).

⁹ S. A. Erturk, 'The effects of COVID-19 on Syrian refugees in Turkey', Southern Responses to Displacement, 24 April 2020, https://southernresponses.org/2020/04/24/the-effects-of-covid-19-on-syrian-refugees-in-turkey/, (accessed 2 February 2021).

¹⁰ M. Stevis-Gridneff and C. Gall, 2020.

¹¹ Frontex, '2020 in brief', *Frontex Publications*, 2 February 2021, pp. 18-19; S. Adar et al., 'The Refugee Drama in Syria, Turkey, and Greece: Why a Comprehensive Approach Is Needed', *SWP Comment* – German Institute for International and Security Affairs, 16 April 2020, p. 3.

¹² Frontex, 'Frontex launches rapid border intervention on Greek land border', Frontex News Release, 13 March 2020, https://frontex.europa.eu/media-centre/news/news-release/frontex-launches-rapid-border-intervention-on-greek-land-border-J7k21h, (accessed 3 March 2021);.

¹³ Council of the European Union, 'Justice and Home Affairs Council', *Meetings*, 13 March 2020, https://www.consilium.europa.eu/en/meetings/jha/2020/03/13/, (accessed 3 March 2021).

even though Frontex was mandated to intensify repatriations¹⁴ to decrease the overcrowding in the reception facilities.

To decongest the Reception and Identification Centres, Greece organized transfers of vulnerable asylum seekers to the mainland¹⁵ and offered migrants on Greek islands 2'000 euros to voluntarily return to their home countries¹⁶. Thus, the residents of the RICs of the Northern Aegean Islands have been greatly affected by the Greek national anti-COVID-19 measures.

1.2. Research Question

➤ What is the impact of Greek national COVID-19 measures on the human rights of migrants and asylum seekers in the Reception and Identification Centre in Chios?

In response to the COVID-19 pandemic, countries have adopted numerous restrictions, including the closure of borders to protect national health. Member States of the EU restricted free movement within the Union and from outside, and this resulted in the drastic decrease of immigration of 85% between March and April 2020¹⁷. The Eastern Mediterranean Route, which interests irregular arrivals to Greece, Bulgaria, and Cyprus¹⁸ mostly from Turkey decreased by 99% in the same timeframe¹⁹.

To prevent an outbreak of COVID-19 in the Reception and Identification Centres of the islands, the Greek government announced restrictive measures on 17 March 2020²⁰ valid for 14 days for all RICs, Accommodation Facilities, and the Asylum Service. The

¹⁵ E. Wallis, 'Greece transfers more migrants from islands to mainland', InfoMigrants, 10 July 2020, https://www.infomigrants.net/en/post/25952/greece-transfers-more-migrants-from-islands-to-mainland, (accessed 3 March 2021).

¹⁴ Council of the European Union, 13 March 2020.

¹⁶ E. Peltier, 'E.U. to Offer 2,000 Euros to Migrants in Greece to Go Home', The New York Times, 13 March 2020, https://www.nytimes.com/2020/03/13/world/europe/greece-voluntary-return.html, (accessed 2 February 2021).

¹⁷ A. Doliwa-Klepacka and M. Zdanowicz, 'The European Union Current Asylum Policy: Selected Problems in the Shadow of COVID-19', *International Journal for the Semiotics of Law - Revue internationale de Sémiotique juridique*, 2 July 2020, p. 11.

¹⁸ The European Council, 'Eastern Mediterranean route', last reviewed 6 January 2021, https://www.consilium.europa.eu/en/policies/migratory-pressures/eastern-mediterranean-route, (accessed 29 March 2021).

¹⁹ A. Doliwa-Klepacka and M. Zdanowicz, 2020, p. 11.

²⁰ Ministry of Immigration & Asylum, 'Protection measures against coronavirus in the Reception and Identification Centres, the accommodation facilities and the Asylum Service', Ministry of Immigration & Asylum Press Release, 17 March 2020, https://www.mitarakis.gr/gov/migration/1956, (accessed 19 April 2021).

measures included the suspension of visits in the camps by persons and organisations, the minimization of the residents' movement outside the reception facilities, the operation of social isolation structures in the facilities, and the suspension of certain activities, including informal education structures²¹.

On 22 March 2020, the Greek Prime Minister Kyriakos Mitsotakis announced the national lockdown, which restricted the movement of citizens beyond essential activities, and obliged them to communicate the reason for their movement²². The lockdown was gradually alleviated since 4 May in view of its lift by Summer 2020, while the restrictive measures were prolonged in the RICs until 10 May²³.

As previously stated, the Greek government suspended the registration of asylum claims for one month²⁴, even though the arrivals at the Greek islands drastically decreased between March and April 2020, and that the European Commission had affirmed that the temporary restriction on non-essential travel to the EU did not apply to "persons in need of international protection or for other humanitarian reasons"²⁵.

Thousands of residents of the RICs, who already lived in squalid conditions, overcrowding, and lacking access to healthcare, adequate shelter, water, and hygiene products, became more vulnerable due to the impossibility to comply with the COVID-19 friendly prevention measures in practice²⁶. As MSF confirmed in a press release of

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²¹ Ibid.; HRW, 'Greece: Island Camps Not Prepared for Covid-19', HRW News, 22 April 2020, https://www.hrw.org/news/2020/04/22/greece-island-camps-not-prepared-covid-19, (accessed 29 March 2021).

²² Ekhathimerini staff, 'Full lockdown in effect from Monday to curb coronavirus', Ekhathamerini, 22 March 2020, https://www.ekathimerini.com/news/250917/full-lockdown-in-effect-from-monday-to-curb-coronavirus/, (accessed 19 April 2021).

²³ Ministry of Immigration & Asylum, 'Extension until 10 May 2020, of the measures against the emergence and spread of COVID-19 outbreaks in Reception and Identification Centres throughout the Territory', ²³ Ministry of Immigration & Asylum Press release, 20 April 2020, https://www.mitarakis.gr/gov/migration/2006, (accessed 19 April 2021).

²⁴ J. Rankin, 'Greece warned by EU it must uphold the right to asylum', The Guardian, 12 March 2020, https://www.theguardian.com/world/2020/mar/12/greece-warned-by-eu-it-must-uphold-the-right-to-asylum, (accessed 12 March 2021).

asylum, (accessed 12 March 2021).

²⁵ European Commission, 'COVID-19: Temporary Restriction on Non-Essential Travel to the EU', COM(2020) 115 final, 16 March 2020, p. 2., (accessed 12 March 2021).

²⁶ HRW, 22 April 2020; D. Cone, "Is This Really Europe?" Asylum Seekers Living in Dismal Conditions in Greece', Refugees International, 15 May 2020, https://www.refugeesinternational.org/reports/2020/5/15/is-this-really-europe-asylum-seekers-living-in-dismal-conditions-in-greece, (accessed 12 March 2021).

March 2020²⁷, the impracticality to maintain social distancing left migrants and asylum seekers exposed to almost certainly contracting the virus if it circulates in the facility. Under such circumstance, the absence of an epidemic response plan "that includes measures for infection prevention and control, health promotion, rapid identification of cases, isolation and management of mild cases, as well as the treatment of severe and critical cases"²⁸, made the organisation urge for the evacuation of the RICs. Transfers of vulnerable people to the mainland are systematically performed since 2020²⁹ although they appeared to be irreconcilable with the Greek containment policy³⁰ of migrants and asylum seekers on the Northern Aegean Islands. However, the living conditions in RICs remain cramped throughout the emergency, hence it is fundamental to analyse how the human rights of their residents were affected by the Greek COVID-19 responsive measures by comparing the pre-pandemic human rights situation and the results of the quantitative analysis of the current human rights conditions in the RIC of Chios.

1.3. Terminology

For the sake of clarity, it is useful to define the term 'impact' as used in the Research Question. The research will analyse the human rights conditions of migrants and asylum seekers who lived in the RIC of Chios, Vial, straddling the pre-pandemic situation and the breakout of COVID-19. By analysing in detail the two different scenarios and the human rights conditions in the RIC of Chios, the 'impact' will be defined as the difference that stands between them, in terms of enjoyment, fulfilment, and restriction of the human rights of the residents of the Reception and Identification Centre.

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²⁷ MSF staff, 'Evacuation of squalid Greek camps more urgent than ever over COVID-19 fears', MSF News, 12 March 2020, https://www.msf.org/urgent-evacuation-squalid-camps-greece-needed-over-covid-19-fears, (accessed 12 March 2021).

²⁸ Ibid.

²⁹ ANA-MPA staff, 'IOM: Over 2,000 vulnerable asylum applicants will be transferred off hotspots preventatively', ANA-MPA News, 13 April 2020, https://www.amna.gr/en/article/449515/IOM-Over-2-000-vulnerable-asylum-applicants-will-be-transferred-off-hotspots-preventatively, (accessed 15 March 2021).

³⁰ M. Tazzioli, 'Confine to Protect: Greek Hotspots and the Hygienic-Sanitary Borders of Covid-19', Oxford Law, 9 September 2020, https://www.law.ox.ac.uk/research-subject-groups/centre-criminology/centre-border-criminologies/blog/2020/09/confine-protect, (accessed 10 March 2021).

It is necessary, moreover, to specify the composition of the RIC in Chios, and differentiate between migrants, asylum seekers, and refugees, terms which are inaccurately used as synonyms in the abiding debate about migration.

The term 'migrant' is not defined under international law, and as a common agreement on its meaning does not exist, it is used unevenly by various stakeholders³¹. The term is increasingly used as an umbrella term to include the individuals who leave the country of origin or place of usual residence, both voluntarily and unwillingly. To avoid using the term too widely, and therefore making the mistake of considering it a synonym for 'asylum seekers' and 'refugees', in the framework of the Master's Thesis, 'migrants' will indicate all those individuals who find themselves in another country and have not yet applied officially for asylum. It indicates, therefore, those individuals who have arrived in the RIC in Chios but have not been registered. The *limbo* before the official registration at the Reception and Identification Service is meant to last a few days³², however, significant shortcomings happen, and the process can take up to one month. In March 2020, the Greek Emergency Legislative Order suspended the registration process along with the asylum application process³³ and provided that migrants (without registration) were returned to their country of origin or of transit.

According to UNHCR, "an asylum seeker is someone whose request for sanctuary has yet to be processed"³⁴. After the registration process, migrants are proposed to apply for international protection, which in the EU can take the form of the refugee status and the subsidiary protection status. As defined in the Geneva Convention Relating to the Status of Refugees of 1951³⁵ and in the European Union Qualification Directive of 2011, a refugee is:

"[...]a third-country national who, owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, political opinion or

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³¹ UNHCR, 'Migrant Definition', *Emergency Handbook*, version 2.3, p. 1.

³² Greek Council for Refugees (c), 'Reception and Identification Procedure', 30 November 2020, https://asylumineurope.org/reports/country/greece/asylum-procedure/access-procedure-and-registration/reception-and-identification-procedure/, (accessed 12 March 2021).

³³ Council of Europe, 'Opinion on the Greek Act of legislative content from 2 March 2020 on the suspension of the submission of asylum applications', SRSG Mig/Ref(2020) 1, 17 March 2020, p. 2.

³⁴ UNHCR, 'Asylum-Seekers', https://www.unhcr.org/asylum-seekers.html, (accessed 15 March 2021).

³⁵ Geneva Convention Relating to the Status of Refugees (adopted 27 July 1951, entered into force 22 April 1954), 189 UNTS 137, Article 1.

membership of a particular social group, is outside the country of nationality and is unable or, owing to such fear, is unwilling to avail himself or herself of the protection of that country, or a stateless person, who, being outside of the country of former habitual residence for the same reasons as mentioned above, is unable or, owing to such fear, unwilling to return to it [...]"³⁶.

The European Union provides for a second kind of international protection for asylum seekers who are not eligible for the refugee status,

'[...]but in respect of whom substantial grounds have been shown for believing that the person concerned, if returned to his or her country of origin, or in the case of a stateless person, to his or her country of former habitual residence, would face a real risk of suffering serious harm as defined in Article 15, and to whom Article 17(1) and (2) does not apply, and is unable, or, owing to such risk, unwilling to avail himself or herself of the protection of that country."³⁷

1.4. Delimitations

The breakout of the pandemic in 2020 and the measures imposed by the Greek government affected indiscriminately the whole Greek population and all migrants and asylum seekers living both in and outside of the RICs in the mainland and on the Northern Aegean Islands. The geographical focus of the study will be the Greek island of Chios for two reasons.

Firstly, the island, together with Lesvos, Samos, Leros, and Kos, is a good example of the 'fast-track border procedure' that was introduced into Greek Law in 2016³⁸ as exceptional and temporary, and that lasted until its amendment at the end of 2019. The fast-track border procedure created a dichotomy of the asylum procedure in Greece and was

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³⁶ Directive 2011/95/EU of the European Parliament and of the Council of 13 December 2011 on standards for the qualification of third-country nationals or stateless persons as beneficiaries of international protection, for a uniform status for refugees or for persons eligible for subsidiary protection, and for the content of the protection granted (recast), 20 December 2011, OJ L 337/9, art. 1(d).

³⁷ Ibid., art. 1(f).

³⁸ Greek Law No. 4375 of 2016 on the organization and operation of the Asylum Service, the Appeals Authority, the Reception and Identification Service, the establishment of the General Secretariat for Reception, the transposition into Greek legislation of the provisions of Directive 2013/32/EC [Greece], 3 April 2016, Art. 60(4).

considered worrisome by the UN Special Rapporteur on the human rights of migrants as it raised "serious concerns over due process guarantees"³⁹.

Since 1 January 2020, the new Greek law on asylum (Greece's International Protection Act – IPA) has been in force. Under its article 90(3), which mirrors Article 60(4) of Law No. 4375/2016, the fast-track border procedure is not defined as an exceptional measure, but as a procedure that "can be applied for as long as third country nationals who have applied for international protection at the border or at airport/port transit zones or while remaining in Reception and Identification Centres, are regularly accommodated in a spot close to the borders or transit zones" The application of the fast-track border procedure was foreseen until December 2020 by a Joint Ministerial Decision of December 2019⁴¹, however, it is currently carried out as Turkey was confirmed as a safe country for asylum seekers arriving from Somalia, Pakistan, Afghanistan, and Bangladesh, along with Syria in June 2021⁴².

Secondly, the RIC of Chios was chosen as the geographical subject of the study since thanks to an internship with an NGO which offers legal aid to asylum seekers on the island, I was able to acquire practical knowledge about the human rights conditions of migrants and asylum seekers who reside in the RIC during the COVID-19 pandemic. From October 2020 and January 2021, I was able to make trustworthy connections with legal and humanitarian actors, as well as asylum seekers, whom I contacted to help me during the study. The island of Chios and its RIC, therefore, was more accessible for the purpose of the research than the other Northern Aegean Islands, where similar human rights concerns take place.

1.5. Methodology

To carry out the research, a quantitative research was performed consisting of administering online surveys to the population of the RIC on Chios, and comparing the

³⁹ UN Human Rights Council, 'Report of the Special Rapporteur on the human rights of migrants on his mission to Greece', 24 April 2017, A/HRC/35/25/Add.2, para 78.

⁴⁰ Greek Council for Refugees, 'Country Report: Greece – 2019 Update', ECRE Country Reports, p. 92.

⁴¹ Joint Ministerial Decision for the application of the provisions of par. 3 and 5 of article 90 of IPA, No 1333/30.12.2019, Gov. Gazette 4892/B/31.12.2019.

⁴² M. MacGregor, 'Greece: More asylum seekers could be sent back to Turkey under government plan', InfoMigrants, 8 June 2021, https://www.infomigrants.net/en/post/32805/greece-more-asylum-seekers-could-be-sent-back-to-turkey-under-government-plan, (accessed 15 March 2021).

results with reports on the topic, as well as with qualitative in-depth interviews with actors in the island.

After contacting four asylum seekers and refugees who live in the RIC and getting their consent to collaborate to the research upon compensation, I was helped to translate the English and French surveys previously drafted, in Arabic, Farsi, and Somali. Having performed as translators, they became 'initiators' by conducting the study in the RIC and administering the online surveys. The chosen research design was an exponential and non-discriminative snowball sampling for the online surveys, with each respondent providing multiple referrals and each new referral doing the same. The results of the survey were analysed and compared with the human rights reports produced by International Organizations (IOs), Non-Governmental Organizations (NGOs), Official Country Visits carried out by appointed Human Rights experts⁴³, as well as relevant academic papers.

An in-depth qualitative interview with legal actors on Chios was conducted and enriched the research with practical and up-to-date knowledge of the human rights condition of migrants and asylum seekers who currently live in the RIC. In addition, a preparatory interview with an informant living in the RIC was useful to shape the online survey and preserve the personal perspective of migrants and asylum seekers on the impact that COVID-19 measures had on their lives.

The results of the research were compared with the existing literature on the pre-pandemic and the ongoing situation, to validate them and to explore whether they expanded the existing information on this dynamic topic.

1.5.1. Literature Review

1.5.1.1. The Human Rights situation in Greek RICs pre-pandemic

To effectively introduce the human rights condition experienced by migrants and asylum seekers in the Reception and Identification Centre in Chios, it is propaedeutic to have a deeper understanding of the existent academic discussion about Greece's ability to deal with irregular migration flows prior and consequent to the EU-Turkey Statement.

⁴³ Commissioner for Human Rights of the Council of Europe, UN Special Rapporteur on the human rights of migrants.

Moreover, the academic debate concerning the significance of the RICs in the European Agenda on Migration 2015-2020 framework and their functioning illustrates the Greek paradox considering the human rights situation in the RICs.

As explained by A. Triandafyllidou, countries in Southern Europe have been attracting irregular migration for years due to their geographic position at the external borders of the EU and the absence of adequate policies to respond to the migration flows, which were in turn absorbed by the informal labour market⁴⁴. Greece, as many studies confirm, was considered as unable to deal with migration-related affairs long before the migration crisis of 2015, and was viewed as a country at the geographical, social, and political borders of the EU⁴⁵. Therefore, the academic discussion concerning Greece's ability to manage the arrivals agrees on an outline of the country as a victim of years of austerity policies and consequent structural inability to face the external pressure of irregular migration⁴⁶. The Greek government was further justified on the lack of border control and registration of migrants who managed to leave the country and enter other preferred destinations on the basis of the asymmetrical burden of the Common European Asylum System (CEAS)⁴⁷ on the country. However, the article proposes an alternative and innovative analysis of Greece's policies during the migration crisis and considers them as a "well calculated strategy with a twofold aim" the restoration of sovereignty on migration and asylum management, and the Europeanisation of the inequity of the Dublin Regulation obligations. To demonstrate the thesis, the author took into consideration the MSS v Belgium and Greece judgement where the European Court of Human Rights (ECtHR) decided the suspension of transfers of asylum seekers (which lasted until 15th March 2017⁴⁹) to EU Member States where they would face serious breach of fundamental rights. Moreover, Greece's operations to restrict irregular migration

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⁴⁴ A. Triandafyllidou, 'Beyond Irregular Migration Governance: Zooming in on Migrants' Agency', *European Journal of Migration and Law*, vol. 19, issue 1, 2017, p. 5.

⁴⁵ Y. Christodoulou, E. Papada, A. Papoutsi and A. Vradis, 'Crisis or Zemblanity? Viewing the 'Migration Crisis' through a Greek Lens, *Mediterranean Politics*, vol. 21, no. 2, 2016, pp. 322-323.

⁴⁶ D. Skleparis, 'A Europe without Walls, without Fences, without Borders': A Desecuritisation of Migration Doomed to Fail', *Political Studies*, vol. 66, no. 4, 2018, p. 986.
⁴⁷ Ibid., 2018, p. 985.

⁴⁸ Ibid. p. 986.

⁴⁹ Council of Europe, 'Report of the Commissioner For Human Rights of the Council Of Europe Dunja Mijatović Following Her Visit To Greece From 25 To 29 June 2018', CommDH(2018)24, 6 November 2018, para. 9.

throughout 2012 were included to demonstrate that repressive policies against migration were enacted even before the 'migration crisis' of 2015. The policies foresaw the criminalization of irregular migrants and their deportation (Operations Aspida and Xenios Zeus), the extension of their detention as a deterrent measure, and the construction of the 12 km long fence in Evros region, at the Greek-Turkish land border, which was further tripled in October 2020⁵⁰.

The 2016 EU-Turkey Statement aimed *inter alia* at undermining smuggling and reducing irregular migration to Greece and the EU. The statement was simultaneously welcomed by policy makers and highly criticised by parts of academia. The former considered it an effective deterrent policy in the sense that it would diminish deaths by decreasing irregular entries by smuggling⁵¹. The latter recognised it as further worsening the conditions of irregular travels and therefore causing more casualties⁵². The existing literature has focused extensively on governance actors as states, civil society, and transnational actors in the study of irregular migration while disregarding the agency of migrants themselves⁵³, whose motivations boost the travel. To do so, A. Triandafyllidou proposes to reconsider the difference among legal and irregular movements, which are considered indistinctly "means to an end"⁵⁴ to migrants who flee their countries of origin out of necessity and through the most affordable channels. By performing an agency-sensitive⁵⁵ research and including the economic and political factors migrants consider while choosing the migration route to the EU, more effective policies to diminish irregular migration could be established.

The Reception and Identification Centres which are active on the Greek islands of Chios, Kos, Lesvos, Samos, and Leros are part of the 'hotspot approach' proposed by the

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⁵⁰ Greek City Times staff, 'Construction of Evros border fence begins', Greek City Times, 16 October 2020, https://greekcitytimes.com/2020/10/16/construction-of-evros-border-fence-begins/, (accessed 16 March 2021).

⁵¹ O. Ulusoy, M. Baldwin-Edwards, and T. Last, 'Border policies and migrant deaths at the Turkish-Greek border New Perspectives on Turkey', *New Perspectives on Turkey*, no. 60, 2019, p. 5.

⁵² Ibid., p. 5.

⁵³A. Triandafyllidou, 2017, p. 3.

⁵⁴ Ibid., p. 4.

⁵⁵ L. Basch, N. Glick Schiller and C. Szanton Blanc, *Nations Unbound. Transnational Projects, Postcolonial Predicaments and Deterritorialised Nation States*, London, Routledge, 1994; N. Papastergiadis, *The Turbulence of Migration. Globalization, Deterritorialization and Hybridity*, Cambridge, Polity Press, 2000.

⁵⁶ European Commission, 'A European Agenda on Migration', COM(2015) 240 final, 13 May 2015.

European Commission in 2015, which included similar centres in Italy. The hotspots are considered by academics as possible territorial incubators⁵⁷ to keep refugees at the limits of the European Union, as places of actual detention⁵⁸, and as sites to multiply the migratory movement⁵⁹ after distinguishing between vulnerable people, legal and irregular migrants, people who could be entitled to international protection or eligible for family reunification within the Union. The term 'hotspot' did not appear for the first time with the European Agenda on Migration of 2015 but had been used to designate different critical border sites in need of military and humanitarian interventions before its adoption in the field of migration⁶⁰. A clear definition of the term was not provided over time and the European Commission described the 'hotspot approach' as an effective method for the "enhancement of the capacity of member states to deal with crises resulting from pressures at the Union's external borders"61. Four European agencies, namely EASO, Frontex, Europol and Eurojust were deployed in Greece to support the 'approach' by registering and fingerprinting migrants who arrived at the hotspots. Since the EU Turkey Statement, the sites became the main mechanisms of enforcement of the agreement through the fast-track border procedure. The hotspots operation was criticised by UN bodies, civil society, and scholars due to the confusing division of responsibilities between EU agencies and the hosting Member State, as well as the miserable living conditions migrants and asylum seekers experience⁶².

According to M. Tazzioli and G. Garelli, the 'hotspot approach' is the result of frictions between Greece and Italy and the European Union which date back to 2013 and 2014, when the countries did not fingerprint all incoming migrants⁶³. They describe the hotspots as a "frontline archipelago" with the logistic objective to contain migration, where the

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⁵⁷ A. Papoutsi, et al., 'The EC hotspot approach in Greece: creating liminal EU territory', *Journal of Ethnic and Migration Studies*, vol. 45, no. 12, 2019, pp. 2207.

⁵⁸ I. Majcher, 'The EU Hotspot Approach: Blurred Lines between Restriction on and Deprivation of Liberty – Part III', Oxford Law, 2018, https://www.law.ox.ac.uk/research-subject-groups/centre-criminology/centre-border-criminologies/blog/2018/04/eu-hotspot-1, (accessed 15 March 2021).

⁵⁹ M. Tazzioli, and G. Garelli, 'Containment beyond detention: The hotspot system and disrupted migration movements across Europe', *Environment and Planning D: Society and Space*, vol. 38, no. 6, 2020, p. 13. ⁶⁰ M. Tazzioli, and G. Garelli, 2020, p. 7.

⁶¹ A. Papoutsi, et al. 2019, p. 2200.

⁶² I. Majcher, 'The EU Hotspot Approach: Blurred Lines between Restriction on and Deprivation of Liberty – Part I', Oxford Law, 2018, https://www.law.ox.ac.uk/research-subject-groups/centre-criminologies/blog/2018/04/eu-hotspot, (accessed 15 March 2021).

⁶³ M. Tazzioli, and G. Garelli, 2020, p. 9

term 'containment' is interpreted not just as a synonym of geographical 'confinement' of migrants away from the mainland, but as management and channelling of such mobility⁶⁴. The article provides Lesvos as an example of the consolidation of the island as a border containment site, intended as a space to stop migrants to arrive at the mainland, and multiplying such migration flow through the identification of different juridical profiles of migrants, therefore channelling their mobility⁶⁵. Chios island and the RIC of Vial can be similarly defined according to this theoretical framework.

Opposed to the understanding of hotspots as channelling mobility, A. Papoutsi et al. consider them as "territorial incubators for liminal EU territory" whose purpose is to filter the migrating population by identifying people who are eligible for international protection and family reunification and those who are "undeserving" and go through removal upon detention⁶⁶. According to the authors, the unclear administration and shared responsibility make the hotspots fluid and chaotic institutions, whose result is undermining any long-term attachment and longing to any right to permanent residence to residents of the RIC.

P. Pallister-Wilkins agrees that within the theory of humanitarianism hotspots "keep strangers distant while in close proximity" through geographical containment and economic and political distance⁶⁷. Indeed, hotspots function by the dual logic of care and control and deny subjecthood to the recipients, who are compelled to rely on humanitarian help to fulfil basic needs and have assistance throughout the asylum request process⁶⁸. As reported, the European Commission's Fact Sheet on the 'hotspot approach to managing exceptional migration flows' requires the EU Member States to "identify, register and fingerprint incoming migrants" (namely the 'control' logic) and to identify "people in clear need of international protection" and proceed with their relocation within the Union (representing the 'care' logic). Therefore, it validates the theory of

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⁶⁴ Ibid.

⁶⁵ Ibid

⁶⁶ A. Papoutsi, et al., 2019, p. 2201.

⁶⁷ P. Pallister-Wilkins, 'Hotspots and the geographies of humanitarianism', *Society and Space*. Vol. 38, issue 6, 2020, p. 998.

⁶⁸ Ibid.

⁶⁹ Ibid., p. 1000.

⁷⁰ Ibid.

humanitarianism as a mechanism to guard the security of the EU, while keeping migrants and asylum seekers distant, supposedly cared for, and undeniably unequal⁷¹.

The Reception and Identification Centres have been extensively described and criticised since their creation in human rights reports produced by IOs, NGOs⁷², Official Country Visits carried out by appointed Human Rights experts⁷³, and academics⁷⁴. All the hotspots suffer from overcrowding and while their total capacity is 6458 people⁷⁵, by the end of February 2020 there were 42'000 migrants and asylum seekers on the islands⁷⁶. Residents experience scarce living conditions in inadequate shelters, without access to quality food, proper WASH (water, sanitation, and hygiene) facilities, nor healthcare. Vulnerable people are often disregarded, tensions among residents are frequent and information and interpretation lacks⁷⁷ on the functioning of the facilities as well as the asylum process. Ill-treatment and excessive use of force by law enforcement officials have been reported throughout the years⁷⁸. The general living condition in Greek hotspots is determined by insecurity and the inadequate protection of migrants and asylum seekers⁷⁹, which worsens their physical and psychological well-being.

1.5.1.2. The impact of Greek COVID-19 responsive measure on the human rights situation of migrants and asylum seekers in Reception and Identification Centres.

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⁷¹ Ibid. p. 1005.

⁷² HRW, 'Greece: Move Asylum Seekers to Safety Before Winter Hits', HRW News, 1 December 2017, https://www.hrw.org/news/2017/12/01/greece-move-asylum-seekers-safety-winter-hits, (accessed 17 March 2021).

⁷³ Commissioner for Human Rights of the Council of Europe, UN Special Rapporteur on the human rights of migrants.

⁷⁴ M. M. Mentzelopoulou and K. Luyten, 'Hotspots at EU external borders - State of play', *European Parliamentary Research Service*, June 2018, pp. 1-7.

⁷⁵ European Commission, 'Hotspots State of Play', December 2017, hotspots en.pdf, (accessed 17 March 2021).

⁷⁶ UNHCR, 'Greece Factsheet February 2020', February 2020, p. 1, https://data2.unhcr.org/en/documents/details/74972, (accessed 17 March 2021).

⁷⁷ UNHCR, 'Inter-Agency Participatory Assessment Report', UNHCR Country reports, 2018, p. 5.

⁷⁸ Amnesty International, 'Greece', in 'Amnesty International Report 2017/18 - The State of the World's Human Rights', 2018, p. 179.

⁷⁹ United States Department of State, 'US Greece 2019 Human Rights Report', Country Reports on Human Rights Practices for 2019, p. 13.

The first COVID-19 case diagnosed in Greece was on 26 February 2020 and marked the beginning of the implementation of national preventive measures since March. As the World Health Organisation stated, asylum seekers, refugees, and migrants are more exposed to contracting diseases including COVID-19, due to their cramped living conditions in overcrowded reception facilities such as the RICs in the Greek islands, and the barriers they face to access healthcare services⁸⁰. As proposed by J. S. Jauhiainen, the pandemic was used by Greece as a tool to forward its biogeopolitics, to foster its geopolitical objectives by managing vulnerable populations⁸¹. The author demonstrates the hypothesis by drawing attention to the fact that migrants and asylum seekers, who are usually disregarded when countries face crises, were recognized as vulnerable during the COVID-19 pandemic, but their vulnerability was used to further restrict their rights⁸². Indeed, for the reception facilities, the Greek government imposed alternatively sanitary preventive blockades⁸³ and real lockdowns to control the detected cases. Additionally, a national lockdown was imposed on 23 March and was lifted for the national population on 4 May⁸⁴, while it continued for the residents of the RICs through multiple extensions, although no new cases were detected in the facilities until mid-August⁸⁵. The arbitrary restriction of movement for residents of the RICs was criticised by multiple sources, since the absence of public health evidence to prolong it made it discriminatory⁸⁶. The Greek Ministry of Migration and Asylum further introduced in April 2020 the "Agnodiki

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⁸⁰ T. Fouskas, 'Migrants, asylum seekers and refugees in Greece in the midst of the COVID-19 pandemic', *Comparative Cultural Studies: European and Latin American Perspectives*, No. 10, 2020, p. 42.

⁸¹ J. S. Jauhiainen, 'Biogeopolitics Of Covid-19: Asylum-Related Migrants at The European Union Borderlands', *Tijdschrift voor Economische en Sociale Geografie*, 2020, Vol. 111, No. 3, p. 260. ⁸² Ibid., p. 261.

⁸³ Temporary restriction of third-country nationals in the RICs from 21^{st} March to 21^{st} April - Joint Ministerial Decision No $\Delta 1\alpha/\Gamma\Pi$.οικ. 20030 (Gov. Gaz. 985 B/20.3.2020).

⁸⁴ G. Albertari, L. Brinkmann, J. Kessler et al., 'Neglected and Abandoned' The failure to prepare for COVID-19 outbreak in the Vial refugee camp', ERBB Reports, May 2020, p. 10.

⁸⁵ E. Carruthers, et al, 'Situational Brief: Asylum Seekers And Refugees in Greece During COVID-19', Update 2, *Lancet Migration*, 22 September 2020, p. 6.

⁸⁶İbid.; E. Cossé, 'Greece Again Extends Covid-19 Lockdown at Refugee Camps', Human Rights Watch, 12 June 2020, https://www.hrw.org/news/2020/06/12/greece-again-extends-covid-19-lockdown-refugee-camps, (accessed 17 March 2021).; MSF staff, 'Greece / COVID-19: Extending the restriction on the movement of asylum seekers until June 21 is unjustified', MSF News, 12 June 2020, https://www.msf.gr/magazine/elladacovid-19-adikaiologiti-i-paratasi-periorismoy-kykloforias-ton-aitoynton-asylo-mehri">https://www.msf.gr/magazine/elladacovid-19-adikaiologiti-i-paratasi-periorismoy-kykloforias-ton-aitoynton-asylo-mehri, (accessed 17 March 2021).

plan"87, a management plan activated by Ministerial Decrees in cases of outbreaks in the RICs. Between August and early October 2020, before the imposition of the second national lockdown on 7 November, there had been outbreaks in all RICs, therefore demonstrating that the call for the evacuation of the most vulnerable⁸⁸ from the facilities to reduce overcrowding, as well as the previous sanitary blockades and temporary lockdowns did not effectively protect the migrant population from COVID-19.

The existing literature agrees with the argument that COVID-19 has influenced vulnerable people and, more specifically migrants and asylum seekers. Being the pandemic a relatively new phenomenon, however, research on the way COVID-19 impacted their situation is currently carried out to explore its short-term effects. As the ECRE Country Report on Greece⁸⁹ and the Refugee Trauma Initiative reported⁹⁰, COVID-19 measures affected asylum seekers from the following perspectives: accommodation, access to food and water, education, access to health for conditions nonrelated to COVID-19 and COVID-19 treatment, access to information on the pandemic, access and information on hygiene preventive measures, and information on ministerial decisions. Additionally, the measures increased the vulnerability of migrants in their asylum application process through the removal of legal safeguards and the higher rate of asylum rejections⁹¹.

The human rights conditions of migrants and asylum seekers living in the RIC of Chios will be further explored and analysed through this research, and successively compared to newly published reports. However, the general situation of the reception facilities on the Greek islands was similar, as depicted below.

Throughout 2020, residents of the RICs continued to live in overcrowded and cramped conditions, with access to poor quality food, limited drinking water, and bad sanitary

⁸⁷ E. Kondilis et al., 'The Impact of the COVID-19 Pandemic on Migrants, Refugees and Asylum Seekers in Greece: A Retrospective Analysis of National Surveillance Data (Feb-Nov 2020)', Preprint with The Lancet, 18 Feb 2021, p.4.

⁸⁸ A. Constantine, 'More than 2,000 asylum applicants will be moved from Greek islands due to pandemic fears', Greek City Times, 14 April 2020, https://greekcitytimes.com/2020/04/14/more-than-2000-asylumapplicants-will-be-moved-from-greek-islands-due-to-pandemic-fears/, (accessed 17 February 2021).

⁸⁹ Greek Council for Refugees, 2020, pp. 16, 52, 156-176.

⁹⁰ Refugee Trauma Initiative, 'The Impact of COVID-19 on Refugees in Greece', RTI Reports, June 2020, pp. 1-22.
⁹¹ Ibid., p. 16.

facilities⁹². Access to healthcare became more difficult, due to the limited medical staff in the RICs, and the administrative barriers migrants and asylum seekers face to be admitted in the infrastructures of the islands. Furthermore, such health facilities lack enough hospital and intensive care beds (six on Lesvos, three on Chios, two on Samos, and none on Leros and Kos⁹³), and could not cope with major outbreaks. The freedom of movement was restricted during the curfew between 7 pm and 7 am and a limitation on the number of migrants and asylum seekers who could exit the hotspots for certified reasons upon permission by the Reception and Identification Service were imposed on the RICs. Information concerning the virus and the preventive measures to adopt were spread among the residents through leaflets⁹⁴ and loudspeakers in 10 languages, including Arabic, Farsi, and Urdu⁹⁵. However, residents could not implement the basic safety measures due to the constant overcrowding in the accommodation facilities, the necessity to queue for hours to access services in the hotspots, the insufficient sanitation (WASH) facilities, and the lack of personal protective equipment such as masks and hand sanitizers. The living conditions in the RICs are unsafe as there are frequent outbursts of violence, including gender-based violence, and fires, like on 9 September in the RIC of Moria on Lesvos, which left about 13'000 residents with no accommodation⁹⁶, and on the 5 of April in the RIC of Vial on Chios, which destroyed 15 tents⁹⁷. In the RICs, residents are deprived of the most basic rights to the extent that deaths are frequent and overlooked within the system. In May 2021, two residents from Vial died in the camp, and one of them was devoured by mice⁹⁸.

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⁹² G. Albertari, L. Brinkmann, J. Kessler et al., May 2020, p. 2.

US Embassy in Athens, 'Country Reports on Human Rights Practices 2020: Greece', 31 March 2021, https://gr.usembassy.gov/country-reports-on-human-rights-practices-2020-greece/, (accessed 17 March 2021).

⁹³ HRW staff, 'Greece: Island Camps Not Prepared for Covid-19', HRW News, 22 April 2020, https://www.hrw.org/news/2020/04/22/greece-island-camps-not-prepared-covid-19, (accessed 29 March 2021).

⁹⁴ EASO, 'COVID-19 emergency measures in asylum and reception systems', 2 June 2020, p. 14.

⁹⁵ T. Fouskas, 2020, p. 49.

⁹⁶ BBC staff, 'Moria migrants: Fire destroys Greek camp leaving 13,000 without shelter', BBC News, 9 September 2020, https://www.bbc.com/news/world-europe-54082201, (accessed 30 March 2021).

⁹⁷ EuroMed staff, 'Migrants and Refugees in Greece', https://euromedrights.org/migrants-and-refugees-in-greece/, (accessed 30 March 2021).

Alithia staff, 'No tolerance for inhuman misery', Alithia, 14 May 2021, https://www.alithia.gr/politiki/kamia-anohi-stin-apanthropi-athliotita, (accessed 30 June 2021).

Organized transfers were effectuated in late 2020, and throughout 2021, and the total number of residents on the Northern Aegean Islands dropped below 10'000 in April, as announced by the Ministry of Migration and Asylum⁹⁹. The process of decongestion is ongoing to shut the RICs and build closed, controlled, and isolated structures¹⁰⁰ that materialise the segregation of migrants and asylum seekers.

CHAPTER 2: HUMAN RIGHTS FRAMEWORK RELEVANT TO MIGRANTS AND ASYLUM SEEKERS IN RECEPTION AND IDENTIFICATION CENTRES

The economic and social rights of migrants and asylum seekers who live in the Reception and Identification Centres in Greece are protected to different extents under international and regional human rights law, as well as in the Greek legal framework. The following sub-chapters will provide an overview of such legal instruments by analysing how the human rights exclusively of migrants and asylum seekers are protected by each. Firstly, the UN framework will be analysed, then the second paragraph will discuss the Council of Europe instruments: the 'Convention for the Protection of Human Rights and Fundamental Freedoms' (ECHR) and 'European Social Charter' (ESC), and then the 'Charter of Fundamental Rights of the European Union' (CFR) and the 'European Union Reception Conditions Directive' 33/2013 (RCD) laying down standards for the reception of applicants for international protection will be covered.

The third paragraph will provide an overview of those articles of the Greek 'International Protection Act' (IPA – Law 4636/2019) that deal with the economic and social rights of residents of the RIC of Vial, as well are the 'General Regulation on the Operation of Reception and Identification Centres' 23/13532 of 2020, and the national Ministerial Decisions that regulated the preventive measures for COVID-19 in the RICs from April to October 2020.

⁹⁹ Alithia staff, 'For the first time since 2015, less than 10,000 asylum seekers in the islands', Alithia, 14 April 2021, https://www.alithia.gr/politiki/gia-proti-fora-apo-2015-kato-apo-toys-10000-oi-aitoyntes-asylo-sta-nisia, (accessed 30 June 2021).

¹⁰⁰ K. Fallon, 'EU announces funding for five new refugee camps on Greek islands', The Guardian, 29 March 2021, https://www.theguardian.com/global-development/2021/mar/29/eu-announces-funding-for-five-new-refugee-camps-on-greek-islands, (accessed 30 June 2021).

Lastly, the specific rights of concern for migrants and asylum seekers living in the Reception Centres will be detailed, to offer a more comprehensive understanding of the extent of their protection under international, regional human rights law, and Greek national law and Ministerial Decisions.

2.1. International Law

Human rights are "inalienable entitlements of all people, at all times, and in all places – people of every colour, from every race and ethnic group; whether or not they are citizens or migrants; no matter their sex, their class, their caste, their creed, their age or sexual orientation"¹⁰¹. The principle of non-discrimination is indeed at the basis of all UN Conventions and Covenants, and although a separate framework protects refugees and migrants, they are entitled to the same universal human rights and fundamental freedoms¹⁰² being "born free and equal in dignity and rights"¹⁰³. Although non-binding, the 'Universal Declaration of Human Rights' (UDHR) affirms the principle of non-discrimination in article 2, then enshrined in the 'International Covenant on Civil and Political Rights' (ICCPR)¹⁰⁴, the 'International Covenant on Economic, Social, and Cultural Rights' (ICESCR)¹⁰⁵, and the 'International Convention on the Elimination of all Forms of Racial Discrimination'¹⁰⁶. Moreover, the ICCPR stipulates that States must protect the human rights of all individuals under their territorial jurisdiction, including migrants¹⁰⁷.

The UDHR, being an instrument of soft law is not binding, but recognizes that "everyone has the right to a standard of living adequate for the health and well-being of himself and

¹⁰¹ Z. R. Al Hussein, Introduction of the Universal Declaration of Human Rights, 2015, p. vii.

¹⁰² Committee on Economic, Social and Cultural Rights, 'Duties of States towards refugees and migrants under the International Covenant on Economic, Social and Cultural Rights', E/C.12/2017/1, 13 March 2017, para. 1.

¹⁰³ Universal Declaration of Human Rights (adopted 10 December 1948) 217 A (III), Article 1.

¹⁰⁴ International Covenant on Civil and Political Rights (adopted 16 December 1966, entered into force 23 March 1976) 999 UNTS 171, Article 26.

¹⁰⁵ International Covenant on Economic, Social and Cultural Rights (adopted 16 December 1966, entered into force 3 January 1976) 993 UNTS 3, Article 2.2.

¹⁰⁶ International Convention on the Elimination of All Forms of Racial Discrimination (adopted 21 December 1965, entered into force 4 January 1969) 660 UNTS 195, Article 2.

¹⁰⁷ International Covenant on Civil and Political Rights (adopted 16 December 1966, entered into force 23 March 1976) 999 UNTS 171, Article 2.1.

of his family, including food, clothing, housing and medical care"¹⁰⁸. An additional soft law document that specifically deals with the human rights of non-nationals is the 'Declaration on the Human Rights of Individuals Who are not Nationals of the Country in Which They Live'¹⁰⁹, which recognizes that aliens have certain civil and political rights in a foreign country but does not specify any of the economic and social rights in the scope of this research for irregular migrants.

The 1951 'Convention Relating to the Status of Refugees' and its 1967 Protocol offer the definition of refugees and the rights that derive from the lawful presence in the territory. Article 31 of the Convention is the only clause that refers to the refugees unlawfully present in the country of refuge, who should not be penalised "on account of their illegal entry or presence [...] provided they present themselves without delay to the authorities and show good cause for their illegal entry or presence" and whose movement should not be restricted other than for necessity and only until their status is regularised 111.

The 'International Convention on the Elimination of all Forms of Racial Discrimination' prohibits racial discrimination in the enjoyment of a non-exclusive list of economic, social, and cultural rights stipulated in article 5, which includes the rights to housing, public health, and medical care¹¹². As the Committee on the Elimination of Racial Discrimination clarified in General Recommendation XX, said article does not create human rights obligations *per se* but obliges State Parties to eliminate racial discrimination in their enjoyment¹¹³. Indeed, although the Convention allows differentiating between citizens and non-nationals¹¹⁴, it prohibits any discrimination on the basis of nationality¹¹⁵. Consequently, the Committee urged the State Parties to "ensure that legislative guarantees

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¹⁰⁸ Universal Declaration of Human Rights (adopted 10 December 1948) 217 A (III), Article 25.1.

¹⁰⁹ Declaration on the Human Rights of Individuals Who are not Nationals of the Country in Which They Live (adopted 13 December 1985), A/RES/40/144.

¹¹⁰ Convention Relating to the Status of Refugees (adopted 28 July 1951, entered into force 22 April 1954) 189 UNTS 137, Article 31.1.

¹¹¹ Ibid., art. 31.2.

International Convention on the Elimination of All Forms of Racial Discrimination (adopted 21 December 1965, entered into force 4 January 1969) 660 UNTS 195, Articles 5(e)(iii) and 5(e)(iv).

¹¹³ Committee on the Elimination of Racial Discrimination, General recommendation XX on Article 5 of the Convention, 48th session, 26 February-15 March 1996, para. 1.

International Convention on the Elimination of All Forms of Racial Discrimination (adopted 21 December 1965, entered into force 4 January 1969) 660 UNTS 195, Article 1.2.
 Ibid., Article 3.

against racial discrimination apply to non-citizens regardless of their immigration status"¹¹⁶.

As previously stated, the ICESCR prohibits discrimination under all circumstances ¹¹⁷ and obliges State Parties to progressively realize all the rights enshrined by the instrument to the maximum of their available resources ¹¹⁸. The lack of resources, however, does not justify indefinite inaction or postponement of necessary measures. Indeed, immediate obligations that parties are bound to realize exist: "to secure freedom from hunger, to guarantee access to water to satisfy basic needs, access to essential drugs" ¹¹⁹, and more generally "eliminate discrimination, take steps to realize economic, social and cultural rights, meet minimum core obligations, and avoid adopting retrogressive measures" ¹²⁰. It is significant to underline that although article 2.3 of the Covenant allows developing countries to determine the extent of the guarantee of the economic rights in accordance with their economy, the 'Limburg Principles on the Implementation of the International Covenant on Economic, Social and Cultural Rights' affirmed the clause should be interpreted narrowly¹²¹. In particular, the Principles define 'developing countries' as previously colonized states that acquired independence and Article 2.3 as specifically protecting residents having the nationality of the former colonial power ¹²².

Article 11 and 12 of the Covenant establish the right to everyone to an adequate standard of living, food, housing¹²³, and the highest attainable standards of physical and mental

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¹¹⁶ Committee on the Elimination of Racial Discrimination, General recommendation XXX on Discrimination Against Non-Citizens, 65th session, 2005, para. 7.

OHCHR, 'The Economic, Social and Cultural Rights of Migrants in an Irregular Situation', UN Publications, HR/PUB/14/1, New York and Geneva, 2014, p. 23.

¹¹⁸ International Covenant on Economic, Social and Cultural Rights (adopted 16 December 1966, entered into force 3 January 1976) 993 UNTS 3, Article 2.1.

¹¹⁹ Committee on Economic, Social and Cultural Rights, 'Duties of States towards refugees and migrants under the International Covenant on Economic, Social and Cultural Rights', Statement at the General Assembly, E/C.12/2017/1, 13 March 2017, para. 9.

¹²⁰ OHCHR, 'The Economic, Social and Cultural Rights of Migrants in an Irregular Situation', UN Publications, HR/PUB/14/1, New York and Geneva, 2014, p. 34.

OHCHR, 'The Economic, Social and Cultural Rights of Migrants in an Irregular Situation', UN Publications, HR/PUB/14/1, New York and Geneva, 2014, p. 32.
 Ibid.

¹²³ International Covenant on Economic, Social and Cultural Rights (adopted 16 December 1966, entered into force 3 January 1976) 993 UNTS 3, Article 11.

health¹²⁴ which are subject to the theory of progressive realization and non-discrimination and will be analysed in detail in the last paragraph of the chapter.

The 'International Covenant on Civil and Political Rights' provides for the equal and non-discriminating treatment¹²⁵ of all individuals in the territory of State Parties, irrespective of nationality or statelessness¹²⁶. It respects migrants and refugees' rights to life¹²⁷, and protects them from refoulement and torture or to cruel, inhuman or degrading treatment or punishment¹²⁸. However, the economic, social, and cultural rights of migrants and asylum seekers do not fall within the scope of the instrument. Therefore, the Covenant will have a supporting role to the ICESCR throughout the legal analysis.

Lastly, it is important to specify that economic, social, and cultural rights of specific groups are equally protected under other UN Conventions, like the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the Convention on the Rights of the Child (CRC), International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families (ICRMW), but will either be briefly mentioned within the paragraphs of the relevant human rights or not discussed being outside the scope of the research (e.g. ICRMW).

2.2. Regional instruments: Council of Europe and European Union

The Council of Europe and the European Union have legal instruments that indiscriminately protect the human rights of individuals under the territorial jurisdiction of Member States and recognise certain economic, social, and cultural rights of migrants¹²⁹ whose threshold shall not be breached in accordance with the prohibition of torture, inhuman and degrading treatment and punishment¹³⁰. Indeed, as confirmed by the

¹²⁴ Ibid., Article 12.

¹²⁵ International Covenant on Civil and Political Rights (adopted 16 December 1966, entered into force 23 March 1976) 999 UNTS 171, Article 2.1.

¹²⁶ Human Rights Committee, General Comment No. 15 on The Position of Aliens Under the Covenant, 27th session, 11 April 1986, para. 1.1.

¹²⁷ International Covenant on Civil and Political Rights (adopted 16 December 1966, entered into force 23 March 1976) 999 UNTS 171, Article 6.

¹²⁸ Ibid., art. 7.

¹²⁹ Y. Ktistakis, *Protecting migrants under the European Convention on Human Rights and the European Social Charter*, Council of Europe Publications, 2013, p. 47.

¹³⁰ N. Markard, R. Nestler, V. Vogt, et al., 'No State of Exception at the EU External Borders, The Greens/EFA group in the European Parliament, 30 March 2020, p. 24.

jurisprudence of the European Court of Human Rights (ECtHR) and the Court of Justice of the European Union (CJEU), extremely deprived living conditions of migrants that do not allow for the satisfaction of basic needs combined with the inaction of the Member State could amount to the breach of articles 3 ECHR and 4 CFR¹³¹.

The ECHR provides for other articles that have been invoked before the Court multiple times and that have contributed to creating a broad case law on migration: article 5 (right to liberty and security), article 8 (right to respect for private and family life) and article 13 of the ECHR (right to an effective remedy). However, the Convention does not create specific standards of living like the European Social Charter (revised in 1996) does.

The ESC (Revised) allows Member States to select specific provisions instead of ratifying the instrument in its entirety. Its applicability in the research is, however, not undermined as Greece is bound by almost all its rights¹³². The Charter does not provide for a Court, but instead for the European Committee of Social Rights (ECSR), which adopts conclusions concerning national developments¹³³. Article 1 to 17 and 20 to 31 of the Charter, as specified in the Appendix, cover all nationals of Parties who live or work regularly in the Member States, but not non-nationals¹³⁴, however, the Committee specified that such limited scope should not undermine the rights of disadvantaged groups. Indeed, the Committee affirmed that since the Member States have ratified other international instruments which grant the same protections to non-nationals, they should extend the rights enshrined in the Charter to non-nationals without distinction¹³⁵.

The rights of ESC (Revised) relevant for migrants and asylum seekers in the RICs in Greece are article 11 (right to protection of health), article 13 (right to social and medical

¹³¹ European Court of Human Rights, *M.S.S. v. Belgium and Greece*, no.30696/09, 21 January 2011, para. 263; Court of Justice of the European Union, C-540/17, *Bundesrepublik Deutschland v. Adel Hamed*, and C-541/17, *Hamed Omar*, ECLI:EU:C:2019:964, 13 November 2019, para. 39.

¹³² With the exception of articles 3.4. and 19.12. – Council of Europe, 'Greece and the European Social Charter – Table of Accepted Provisions', CoE Portal, https://www.coe.int/en/web/european-social-charter

¹³³ FRA, ECtHR, and CoE, *Handbook on European law relating to asylum, borders and immigration*, Luxembourg, Publications Office of the European Union, July 2020, p. 20.

¹³⁴ European Social Charter (Revised) (adopted 3 May 1996, entered into force 1 July 1999) ETS 163, Appendix, Article 1.

¹³⁵ Ktistakis, p. 55.

assistance), article 16 (right of the family to social, legal, and economic protection), and article 31 (right to housing), which will be analysed in the last paragraph of the chapter.

While the ECHR and ESC create an obligation for Greece to respect and protect the rights included in the instruments at all times, the CFR of the European Union addresses "the institutions, bodies, offices and agencies of the Union with due regard for the principle of subsidiarity and to the Member States only when they are implementing EU law"¹³⁶. Therefore, the CFR can be applied when the European Union institutions and the Member States wrongly implement EU legislation and undermine human rights enshrined in the Charter. If the human rights violation is committed outside the scope of the EU, then the ECHR and the European Social Charter are the documents to refer to.

The Charter of Fundamental Rights is founded on human dignity, which should be respected and protected¹³⁷ and derives from

"the constitutional traditions and international obligations common to the Member States, the Treaty on European Union, the Community Treaties, the European Convention for the Protection of Human Rights and Fundamental Freedoms, the Social Charters adopted by the Community and by the Council of Europe and the case-law of the Court of Justice of the European Communities and of the European Court of Human Rights" 138.

The interrelation of the provisions included in the CFR and the regional human rights instruments of the Council of Europe is clear. However, the CFR ensures that the EU Member States protect and fulfil the rights that the ECHR guards at least to the same extent, allowing the Member States to set higher protection than the Convention¹³⁹.

The Charter prohibits torture and inhuman or degrading treatment or punishment (article 4), discrimination (article 21), and ensures the right to asylum (article 18),

¹³⁶ Charter of Fundamental Rights of the European Union, (adopted 7 December 2000, legally binding 1 December 2009) C 326/391, Article 51.

¹³⁷ Ibid., Article 1.

¹³⁸ Ibid., preamble.

¹³⁹ Ibid., Article 52.3.

protection in the event of removal, expulsion or extradition (article 19), and the right to healthcare (article 35), as it will be further discussed below.

The EU 'Asylum Procedures Directive' and the 'Reception Conditions Directive' respectively deal with the standards for recognition of refugee or subsidiary protection status, and the minimum reception standards for migrants in European Union to ensure a 'dignified standard of living' and 'comparable living conditions in all Member States' 143. The 'Reception Conditions Directive (Recast)' (2013/33/EU) has the objective to harmonize the minimum reception standards within the EU to avoid secondary movement in the Union 144 and allows the Member States to establish more favourable provisions for applicants and close relatives present in the territory 145. The Directive, therefore, is the document of reference for the analysis of the human rights condition of migrants and asylum seekers living in the RIC in Chios.

The following paragraph will provide a comparison between the reception standards laid down in RDC (2013/33/EU) and the latest Greek Asylum Law, the International Protection Act (Law 4636/2019) which entered into force in early 2020 and was amended in May 2020 (Law 4686/2020).

2.3. Domestic Law in Greece

2.3.1 Greek Law

The International Protection Act (IPA – Law 4636/2019) is the fifth Greek asylum law since the entry into force of the EU-Turkey Statement of 2016 and repealed articles 33-66 of Law 4375/2016 on the transposition of the EU Asylum Procedures Directive into

¹⁴⁰ Directive 2013/32/EU of the European Parliament and of the Council of 26 June 2013 on common procedures for granting and withdrawing international protection, OJ L 180, 29.6.2013.

Directive 2013/33/EU of the European Parliament and of the Council of 26 June 2013 laying down standards for the reception of applicants for international protection (recast), OJ L 180, 29.6.2013.

¹⁴² Ibid., recital 11(a).

¹⁴³ Ibid., recital 11(b).

¹⁴⁴ EASO, 'Judicial analysis Reception of applicants for international protection (Reception Conditions Directive 2013/33/EU)', EASO Professional Development Series for members of courts and tribunals, 2020, p. 15.

¹⁴⁵ Directive 2013/33/EU of the European Parliament and of the Council of 26 June 2013 laying down standards for the reception of applicants for international protection (recast), OJ L 180, 29.6.2013, Article 4.

Greek legislation and its amendments (articles 1-24) under Law 4540/2018 on the transposition of the EU Reception Conditions Directive¹⁴⁶.

The IPA introduced concerning measures diminishing the procedural guarantees asylum seekers are entitled to especially in the RICs on the Northern Aegean Islands, which result in the dismissal of asylum procedures¹⁴⁷. The Law established that vulnerable people would be subjected to the geographical restriction resulting from the EU-Turkey Statement and Law 4686/2020 provided that their asylum application would be no longer prioritised¹⁴⁸. Both provisions are, indeed, mainly directed to implement returns¹⁴⁹ to Turkey, although during the COVID-19 emergency no returns could be performed due to the closure of borders.

While the articles of reference of the EU Reception Conditions Directive (Recast) 2013 and the Greek IPA 2019 for the human rights conditions of migrants and asylum seekers in the RIC of Chios are analysed in the last paragraph of the Chapter, some comparisons between the provisions are treated below.

Article 2 RCD (recast) defines 'material reception conditions' as 'the reception conditions that include housing, food and clothing provided in kind, or as financial allowances or in vouchers, or a combination of the three, and a daily expenses allowance' and is transposed unvaried in article 41 IPA. Similarly, article 3 RCD (recast) on the scope of application of the Directive was unchanged in the transposition into article 42 IPA.

Article 18 RCD (recast) focuses on adequate shelter and the modalities for material reception conditions and is transposed in article 56 IPA. They both provide that the shelter, whether in accommodation centres or private residences should assure an adequate standard of living, and that can be exceptionally changed for the least time if the accommodation capacity is exhausted, or the individual needs require so. Both documents

¹⁴⁶ Consultancy with Greek lawyer, 25 June 2021.

¹⁴⁷ N. Kafkoutsou, S. Oikonomou, 'Diminished, Derogated, Denied: How the right to asylum in Greece is undermined by the lack of EU responsibility sharing', Greek Council for Refugees and Oxfam, 2 July 2020, p. 4.

¹⁴⁸ Ibid., p. 6.

¹⁴⁹ Ibid.

¹⁵⁰ Directive 2013/33/EU of the European Parliament and of the Council of 26 June 2013 laying down standards for the reception of applicants for international protection (recast), OJ L 180, 29.6.2013, Article 2(g).

specify that any change in the material reception conditions should not be seen as a justification of the removal of guarantees to basic living conditions¹⁵¹.

The Greek government, aside from transposing the EU Directive, passed a Joint Ministerial Decision on the General Regulation on the Operation (GRO) of RICs in 2020¹⁵² which granted more superficial economic and social rights of residents of the RICs than the previous GRO of 2019¹⁵³. Already in the first article there is a substantial difference in the purpose of the Ministerial Decisions. Indeed, while GRO 2019 focused on both the rights and the obligations of third-country nationals and stateless persons living in the RICs, GRO 2020 deals with the duties and obligations of the staff and the residents 'to ensure minimum standards both for the overall operation of the Facilities and for the quality of the services provided'¹⁵⁴.

Articles 3 GRO 2019 and 5 GRO 2020 list the same competencies and services the Units¹⁵⁵ offer in the Reception Centres. The Administrative Support Unit is responsible for adequately feeding residents; housing appropriately minors, unaccompanied minors, and single women; repairing, maintaining, and improving the infrastructure of the RIC; distributing personal hygiene items¹⁵⁶. The Medical Screening and Psychosocial Support Unit is responsible for medical screenings and psychological support, vulnerability assessment, provision of primary healthcare, and dealing with emergencies¹⁵⁷. Lastly, the Information Unit is in charge of giving information, including on health issues, to the residents at the beginning and during their stay¹⁵⁸.

Part B of both the Ministerial Decisions is devolved to the functioning of the RIC, and its explanation to new arrivals, as well as the rights residents have. The latter, however, is

¹⁵¹ Ibid., Article 18.9; Law 4636/2019 (A169 Government Gazette, 01.11.2019) on International Protection and other provisions, Article 56.5.

¹⁵² Ministerial Decision No 23/13532 (5272/B Government Gazette, 30.11.2020), General Regulation on the Operation of Temporary Reception Facilities and Temporary Accommodation Facilities for third country nationals or stateless persons, operating under the responsibility of the Reception and Identification Service.

¹⁵³ Joint Ministerial Decision No 1/7433 (2219/B Government Gazette, 10.06.2019) General Regulation on the Operation of Reception and Identification Centres and Mobile Reception and Identification Units.

¹⁵⁴ Ministerial Decision No 23/13532, Article 1.

¹⁵⁵Administrative Support Unit, Identification and Nationality Verification Unit, Medical Screening and Psychosocial Support Unit, Information Unit, External Security and Safety Unit, Asylum Unit

¹⁵⁶ Joint Ministerial Decision No 1/7433, Article 3.1(c); Ministerial Decision No 23/13532, Article 5.1.

¹⁵⁷ Joint Ministerial Decision No 1/7433, Article 3.3., Ministerial Decision No 23/13532, Article 5.2.

¹⁵⁸ Joint Ministerial Decision No 1/7433, Article 3.4.; Ministerial Decision No 23/13532, Article 5.3.

treated superficially in GRO 2020¹⁵⁹ with respect to the in-depth correspondent articles of GRO 2019¹⁶⁰. Some provisions appear incomplete in the latest GRO, for instance concerning how food should be prepared and distributed¹⁶¹, what kind of facilities should be available in the infrastructures¹⁶², and a specific provision concerning the access to water¹⁶³, which is mentioned only once in GRO 2020 and solely concerning drinking water.

2.3.2 Greek COVID-19 responsive measures

On 22 March 2020, the Greek Prime Minister announced the national lockdown, which restricted the movement of citizens beyond essential activities, and obliged them to communicate the reason for their movement via SMS or by filling in the Extraordinary Movement Permit. At the same time, the ministers of Citizen Protection, Health, and Immigration and Asylum emanated the Joint Ministerial Decision 20030 'Measures against the emergence and spread of outbreaks of coronavirus COVID-19 in Reception and Identification Centres throughout the territory for the period from 21.03.2020 to 21.04.2020'. The document imposed a curfew from 7 pm to 7 am and allowed maximum 100 applicants to leave the RICs in groups of less than 10 people to go to the closest urban centre for necessary needs¹⁶⁴. The Reception and Identification Service of each centre was obliged to inform the residents in a language they understood about the movement restriction, why they were imposed, and the necessity to comply with them¹⁶⁵. Moreover,

¹⁵⁹ Ministerial Decision No 23/13532, Articles 15 and 16.

¹⁶⁰ Joint Ministerial Decision No 1/7433, Articles 25 and 26.

¹⁶¹ Joint Ministerial Decision No 1/7433, Article 25.3: "Feeding, and in particular nutritious food, is provided to meet their nutritional needs in accordance with all the market and food safety provisions of national and Community legislation, in particular the Food and Beverage Code (FBC) and EC 852/04 and EC 853/04".

¹⁶² Joint Ministerial Decision No 1/7433, Article 26.1(d): "Installations for water supply, sewerage, electricity supply, fire-fighting, telecommunications and internet, as well as facilities for the installation of air conditioning"

¹⁶³ Joint Ministerial Decision No 1/7433, Article 26.2(c): "All necessary specifications for the supply of drinking water, the prevention of flooding and stagnant water, the management of wastewater, etc. are ensured in accordance with the applicable legislation. The water supply system ensures the supply of hot and cold water in accordance with the legislation in force. All necessary measures are taken to manage waste."

¹⁶⁴ Joint Ministerial Decision No. 20030, (B985 Government Gazette, 22.03.2020) Measures against the emergence and spread of outbreaks of COVID-19 in Reception and Identification Centres throughout the territory for the period from 21.03.2020 to 21.04.2020, Article 2. ¹⁶⁵ Ibid., Article 3.

the Decision abolished any activity in the RICs "not related to the accommodation, feeding and medical care of the beneficiaries" and subordinated the access of residents to legal services to previous approval by the authorities 167. Besides, the Decision provided for the deployment of health units in the hotspots "to deal with possible outbreaks of COVID-19 and to carry out health checks on RIC workers" 168.

The national lockdown was alleviated since 4 May 2020 and then lifted during Summer while the restriction of movement to the residents of the RICs, initially foreseen until 21 April, and the consequent reduction of access to services in the closest urban centre was extended multiple times until November 2020, when the second national lockdown was imposed¹⁶⁹, and then until the end of May 2021¹⁷⁰. The extension of the Joint Ministerial Decree on 3 July 2020 amended certain provisions: the curfew was re-established from 9 pm to 7 am and maximum 150 people per hour could leave the RICs in groups of less than 10 persons¹⁷¹.

On 22 April 2020, a Joint Ministerial Decision extending the measures against the spread of COVID-19 in RICs established a protocol to deal with outbreaks in the reception facilities throughout the country: the so-called 'Agnodiki Plan'¹⁷². The Decision described the procedure to adopt at the Galaxy Hotel in Kranidi, Southern Peloponnese, used as accommodation for asylum seekers and where 148 positive cases were detected on 21 April, although a positive staff member was the reason the accommodation was quarantined since 16 April¹⁷³. The protocol foresaw the quarantine of the accommodation,

¹⁶⁶ Ibid.

¹⁶⁷ Ibid., Article 4.

¹⁶⁸ Ibid., Article 5.

¹⁶⁹ Joint Ministerial Decision No. 71342 (Government Gazette B'/ 4899/6.11.2020) Emergency measures for the protection of public health against the risk of further spread of the coronavirus COVID-19 in the whole of the Territory for the period from Saturday 7 November 2020 to Monday 30 November 2020.

¹⁷⁰ Joint Ministerial Decision No. 31950 (Government Gazette B/2141/22.05.2021) Emergency measures to protect public health against the risk of further spread of coronavirus COVID-19 throughout the territory from Monday, 24 May 2021 at 6:00 a.m. until Monday, 31 May 2021 at 6:00 a.m.

¹⁷¹ Joint Ministerial Decision No. 42069 (Government Gazette B/985/03.07.2020), Amendment and extension of force no. $\Delta 1\alpha$ / Γ.Π.οικ.20030 / 21.3.2020 "Measures against the emergence and spread of outbreaks of COVID-19 in Reception and Identification Centres throughout the territory for the period from 21.03.2020 to 21.04.2020", Article 1.

¹⁷² E. Carruthers, A. Veizis, E. Kondilis et al., 'Situational Brief: Asylum Seekers, Refugees & Migrants in Greece during COVID-19', Lancet Migration Global Statement, 27 May 2020, p. 4.

¹⁷³ J. Kakissis, 'In Greece, 148 Asylum Seekers Test Positive For COVID-19 At Shelter', NPR, 21 April 2020, https://www.npr.org/sections/coronavirus-live-updates/2020/04/21/840015325/in-greece-148-asylum-seekers-test-positive-for-covid-19-at-shelter, (accessed 13 April 2021).

the isolation of confirmed and suspected cases and their treatment in $situ^{174}$, and was implemented in later outbreaks across the reception facilities in the country, as well taken as an exemplary protocol in other enclosed facilities (e.g. care homes).

As previously stated, during the lockdown Greek citizens were obliged to report to the authorities the reason for their movement via SMS or by filling the Extraordinary Movement Permit. Movement was permitted only to satisfy the following necessary needs: going and coming back from work, access to healthcare (e.g. medical visits, pharmacy), buying essential goods at supermarkets, going to the bank, helping people in need (e.g. escorting minors, elder people), going to ceremonies (e.g. funerals) under the conditions provided by law, exercising outdoors or walking a pet 175.

Residents in the RICs, however, had a different type of certificate to request to leave the camp and fulfil essential needs in the closest town. The document was difficult to obtain for the sake of the research, however two informants living in the RIC of Chios, Vial, confirmed that the main reasons to leave the camp were to fulfil essential needs such as accessing healthcare (upon referral from the medical staff in the facility), legal services, and get basic goods.

2.4. Specific rights of relevance for migrants and asylum seekers and their restriction under Greek COVID-19 responsive measures

In the following sub-chapter, the rights of relevance presented above will be analysed under the international and regional human rights framework, and Greek domestic law.

2.4.1 Adequate shelter

The Economic, Social and Cultural Rights Committee passed General Comment No. 4 on article 11.1 of the Covenant: the right to an adequate standard, from which the right to adequate housing derives ¹⁷⁶. The Committee specified that the right applies to everyone indiscriminately, and that is "integrally linked to other human rights and to the

¹⁷⁴ E. Carruthers, A. Veizis, E. Kondilis et al., p. 4.

¹⁷⁵ General Secretariat for Civil Protection, 'Lockdown Movement Permit during Covid-19 measures', Varnavas, https://www.varnavas.gr/en/newsroom/lockdown-movement-permit/, (accessed 13 April 2021). ¹⁷⁶ Economic, Social and Cultural Rights Committee, General Comment No. 4 on The Right to Adequate Housing, 6th session, 1991, para. 1.

fundamental principles upon which the Covenant is premised"¹⁷⁷, including the inherent dignity of the human person. The Committee interpreted the concept of adequacy with respect to the right, which spans from the 'legal security of tenure' ("legal protection against forced eviction, harassment and other threats"¹⁷⁸), 'availability of services, materials, facilities, and infrastructure', and 'habitability'. The latter two are particularly relevant for the human rights situation of migrants and asylum seekers in the RIC in Chios. Indeed, the Committee sustained that:

"An adequate house must contain certain facilities essential for health, security, comfort and nutrition. All beneficiaries of the right to adequate housing should have sustainable access to natural and common resources, safe drinking water, energy for cooking, heating and lighting, sanitation and washing facilities, means of food storage, refuse disposal, site drainage and emergency services" 179.

Furthermore, adequate housing for the Committee should protect residents from the weather as well as threats to health and diseases¹⁸⁰. Within the UN framework, both the Special Rapporteurs on the right to adequate housing and on the human rights of migrants affirmed that a minimum level of housing should be ensured to irregular migrants in the respect of their dignity¹⁸¹.

The Council of Europe protects the right to respect one's home under article 8 ECHR, which does not, however, guarantee material adequate living conditions like articles 16 and 31 ESC (Revised)¹⁸². Under article 16 of the Charter, States must promote and protect family life by providing *inter alia* adequate housing including essential services (heating, electricity)¹⁸³. Similarly, article 31 obliges States to "promote access to housing of an adequate standard"¹⁸⁴. Although explained in the relevant paragraph above that the ESC scope does not cover third-country nationals, the Committee ruled that no one can be

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¹⁷⁷ Ibid., para. 7.

¹⁷⁸ Ibid., para. 8(a).

¹⁷⁹ Ibid., para. 8(b).

¹⁸⁰ Ibid., para. 8(c).

¹⁸¹ OHCHR, HR/PUB/14/1, 2014, p. 72.

¹⁸² Y. Ktistakis, p. 53.

¹⁸³ Ibid., p. 48.

¹⁸⁴ European Social Charter (Revised) (adopted 3 May 1996, entered into force 1 July 1999) ETS 163, Article 31.1.

deprived of those rights linked to life and human dignity¹⁸⁵, so migrants should be at least provided with a shelter with basic amenities (e.g. clean water, heating, electricity)¹⁸⁶. The European Union RCD (recast) creates a positive obligation for Member States to "ensure that material reception conditions are available to applicants"¹⁸⁷ and amount to "an adequate standard of living [...] which guarantees their subsistence and protects their physical and mental health"¹⁸⁸ under article 17. Similarly, article 55 IPA provides that the competent receiving authorities should ensure an adequate standard of living for applicants through national and EU resources, having special care of vulnerable people¹⁸⁹. The European Asylum Support Office (EASO) published in 2016 a guidance on reception conditions, which includes indicators to evaluate how the right to housing is effectively fulfilled in reception facilities, including RICs in Greece. Such right should "ensure effective geographic access to relevant services, such as public services, school, health care, social and legal assistance, a shop for daily needs, laundry and leisure activities" ¹⁹⁰,

2.4.2 Food

temperature regulation depending on the season¹⁹³.

Within the UN framework, the right to food is protected under the ICESCR and granted indiscriminately to every person¹⁹⁴. It is intertwined with other economic and social rights

sufficient living space living in the accommodation (at least 4 m² per applicant)¹⁹¹ and

the separation of bedrooms for unrelated residents of the opposite sex¹⁹². Finally,

adequate housing should be built according to national standards and should offer

¹⁸⁵ Y. Ktistakis, p. 48.

¹⁸⁶ Ibid., p. 51.

¹⁸⁷ Directive 2013/33/EU of the European Parliament and of the Council of 26 June 2013 laying down standards for the reception of applicants for international protection (recast), OJ L 180, 29.6.2013, Article 17.1.

¹⁸⁸ Ibid., art. 17.2

¹⁸⁹ Law 4636/2019 (A169 Government Gazette, 01.11.2019) on International Protection and other provisions, Article 55.1.

¹⁹⁰ EASO, 'EASO guidance on reception conditions: operational standards and indicators', September 2016, p. 14.

¹⁹¹ Ibid., p. 16.

¹⁹² Ibid., p. 17.

¹⁹³ Ibid., p. 18.

¹⁹⁴ International Covenant on Economic, Social and Cultural Rights (adopted 16 December 1966, entered into force 3 January 1976) 993 UNTS 3, Article 11.

(to adequate housing¹⁹⁵, to water¹⁹⁶, to health) and therefore protected from several sides. The Economic, Social and Cultural Rights Committee published General Comment No. 12 on The Right to Adequate Food in 1999 and claimed its centrality to the realization of other rights¹⁹⁷. The Committee explained that the right implies the availability of food "in a quantity and quality sufficient to satisfy the dietary needs of individuals"¹⁹⁸ and its accessibility "in ways that are sustainable and that do not interfere with the enjoyment of other human rights"¹⁹⁹. Important for the living conditions of the residents of the RIC in Chios is the understanding of accessibility as both economic and physical²⁰⁰, the latter being undermined by the overcrowding in the reception facilities. The Special Rapporteur on the right to food further explained that irregular migrants and detainees are included in the group of vulnerable people that States must care for²⁰¹.

Under the European Social Charter of the Council of Europe, the right to food is not explicitly mentioned. However, the interpretation of 'the right to protection of health' (article 11) considers food safety to be ensured to prevent food-borne diseases²⁰². Additionally, 'the right to protection against poverty and social exclusion' (article 30) promotes the "effective access of persons who live or risk living in a situation of social exclusion or poverty, as well as their families, to, in particular, employment, housing, training, education, culture and social and medical assistance" ²⁰³.

The EU RCD (recast) includes the right to food in the definition of 'material reception conditions' 204, and obliges the EU Member States to ensure it to applicants of

¹⁹⁵ Economic, Social and Cultural Rights Committee, General Comment No. 4 on The Right to Adequate Housing', 6th session, 1991, paras. 1 and 8(b).

¹⁹⁶ Economic, Social and Cultural Rights Committee, General Comment No. 15 on The Right to Water, 29th session, 2003.

¹⁹⁷ Economic, Social and Cultural Rights Committee, General Comment No. 12 on The Right to Adequate Food, 20th session, 1999, para. 4.

¹⁹⁸ Ibid., para. 8.

¹⁹⁹ Ibid.

²⁰⁰ Ibid., para. 13.

²⁰¹ OHCHR, HR/PUB/14/1, 2014, p. 76.

²⁰² Secretariat of the ESC, 'Information Document - The Right to Health and the European Social Charter', March 2009, p. 3.

²⁰³ European Social Charter (Revised) (adopted 3 May 1996, entered into force 1 July 1999) ETS 163, Article 30.

²⁰⁴ Directive 2013/33/EU of the European Parliament and of the Council of 26 June 2013 laying down standards for the reception of applicants for international protection (recast), OJ L 180, 29.6.2013, Article 2(g).

international protection as previously described²⁰⁵. Moreover, the EASO guidelines provide operational standards to evaluate the provision of food to residents of reception facilities. Food safety standards and the distribution of meals multiple times per day (at least three for adults and five for minors) are the main indicators of access to adequate food²⁰⁶.

Under Greek national law, the right to food is protected by IPA 2019 and its amendments as it transposes EU RCD (recast) into domestic law, and by GRO 2020, which provides that nutritious "food shall be distributed in a manner that ensures hygiene standards"²⁰⁷ at least three times a day. Moreover, it adds that "special provision shall be made for the feeding of infants and young children, [...] and persons with special dietary needs due to health reasons"²⁰⁸.

2.4.3 Water

The right to water is deeply connected with the right to life, human dignity²⁰⁹, adequate housing and food, and the highest attainable standard of health²¹⁰. Indeed, the Economic, Social and Cultural Rights Committee affirmed that under the ICESCR States have core obligations that include providing access to safe and potable water²¹¹. Access to drinking water should not be discriminatory, and States should "give special attention to those individuals and groups who have traditionally faced difficulties in exercising this right"²¹², including refugees, asylum seekers, and migrant workers, and groups who have

²⁰⁵ Ibid., art. 17.

²⁰⁶ EASO, 'EASO guidance on reception conditions: operational standards and indicators', September 2016, p. 25.

²⁰⁷ Ministerial Decision 23/13532 (5272/B Government Gazette, 30.11.2020), General Regulation on the Operation of Temporary Reception Facilities and Temporary Accommodation Facilities for third country nationals or stateless persons, operating under the responsibility of the Reception and Identification Service, Article 15.

²⁰⁸ Ibid.

²⁰⁹ OHCHR, HR/PUB/14/1, 2014, p. 63.

²¹⁰ Economic, Social and Cultural Rights Committee, General Comment No. 15 on The right to water, 29th session, 2003, para. 3.

²¹¹ Economic, Social and Cultural Rights Committee, Duties of States towards refugees and migrants under the International Covenant on Economic, Social and Cultural Rights, E/C.12/2017/1, 13 March 2017, para. 9; Economic, Social and Cultural Rights Committee, General Comment No. 14 on The right to the highest attainable standard of health, 22nd session, 2000, paras. 12, 36, 40, 43(c); OHCHR, HR/PUB/14/1, 2014, p. 74.

²¹² Economic, Social and Cultural Rights Committee, General Comment No. 15 on The right to water, 29th session, 2003, para. 16; OHCHR, HR/PUB/14/1, 2014, p. 55; Committee on the Elimination of

physical difficulties to access water (e.g. small islands). General Comment No. 15 of the Committee on the right to water affirmed that everyone is entitled to 'sufficient, safe, acceptable, physically accessible and affordable water for personal and domestic uses' but priority in its allocation should be also given to the prevention of starvation and disease²¹⁴. According to the Committee, the relevant instructions to consider on the adequate quantity of water that should be available for each person are the World Health Organization (WHO) guidelines²¹⁵.

The Council of Europe and the ECtHR recognise that the right to water is fundamental to the realisation of all human rights and that its deprivation can amount to a breach of article 3 ECHR (prohibition of torture)²¹⁶. Although the ECHR does not explicitly protect the right to water, article 8 has contributed to creating a right to clean water and sanitation under the Convention²¹⁷. Moreover, article 2 (right to life) can be appealed in cases of water pollution²¹⁸. The ESC (revised), on the other hand, protects the right to clean water under article 31 on right to housing of an adequate standard²¹⁹.

The European Union is currently discussing the human right to water and sanitation as it is not protected in the CFR²²⁰ and the European Commission recognized the essentiality of said right for its interconnection with the fulfilment of all rights and its importance as a public good²²¹. The Commission was further urged to propose legislation formulating the right to water and sanitation in the Union²²².

Discrimination against Women, General Recommendation No. 26 on women migrant workers, 2008, paras. 17-18.

²¹³ Economic, Social and Cultural Rights Committee, General Comment No. 15 on The Right to Water, 29th session, 2003, para. 1.

²¹⁴ Ibid., para. 6.

²¹⁵ G. Howard, J. Bartram, 'Domestic Water Quantity, Service Level and Health', WHO/SDE/WSH, 3 February 2003, p. 5.

²¹⁶ K. F. Braig, 'The European Court of Human Rights and the right to clean water and sanitation', *Official Journal of the World Water Council*, Vol. 20, Issue 2, April 2018, abstract. ²¹⁷ Ibid., p. 299.

²¹⁸ European Court of Human Right, 'Guide on Article 8 of the European Convention on Human Rights - Right to respect for private and family life, home and correspondence', Last update 31 December 2020, p. 91.

²¹⁹ Y. Ktistakis, p. 51.

²²⁰ K. F. Braig, abstract.

²²¹ European Economic and Social Committee, Communication from the Commission on the European Citizens' Initiative Water and sanitation are a human right! Water is a public good, not a commodity! COM/2014/0177 final, Brussels, 15 October 2014.

²²² Ibid., p. 3.

The EASO guidelines on reception conditions for migrants and asylum seekers deal with the right to water from a dual perspective. According to EASO, the applicants should have access to drinking water amounting to 2.5 litres minimum²²³, and to hot and cold water in sanitary facilities at any time of the day²²⁴.

Within the Greek domestic legal framework, the right to water is ensured to migrants and asylum seekers in reception facilities under article 15 GRO 2020, which, however, only refers to drinkable water and does not provide for a minimum amount per person per day.

2.4.4 Hygienic facilities

Under International Human Rights Law, the right to sanitation is not explicit, however, it is intertwined with the guarantees of article 11 ICESCR on the right to adequate housing, and article 12 ICESCR on the highest attainable standard of health. The Committee indeed explains in General Comment No. 4 that the right to adequate housing includes sanitation and washing facilities as well as "refuse disposal, site drainage and emergency services"²²⁵. Similarly, in General Comment No. 15, the Committee confirmed that availability of water for personal and domestic uses includes its access for personal sanitation, washing clothes and personal and household hygiene²²⁶. Access to adequate sanitary facilities is recognized as necessary to achieve the highest attainable standard of health in General Comment No. 14²²⁷, which includes it in the core obligations State must realise²²⁸ notwithstanding the doctrine of progressive realization stipulated in the Covenant.

Within the human rights framework of the Council of Europe, access to sanitary facilities is implied in article 31.2 ESC (revised) on the right to housing which grants shelter to all people in light of human dignity. Indeed, the ECSR confirmed that shelter should be

²²³ EASO, 'EASO guidance on reception conditions: operational standards and indicators', September 2016, p. 26.

²²⁴ Ibid., p. 18.

²²⁵ Economic, Social and Cultural Rights Committee, General Comment No. 12 on The Right to Adequate Food, 20th session, 1999, para. 8(b).

²²⁶ Economic, Social and Cultural Rights Committee, General Comment No. 15 on The Right to Water, 29th session, 2003, para. 12(a).

²²⁷ Economic, Social and Cultural Rights Committee, General Comment No. 14 on The right to the highest attainable standard of health, 22nd session, 2000, paras. 11, 12(a). ²²⁸ Ibid., para. 43(c).

guaranteed to all migrants independently from their status, and should ensure safety, health, and hygiene²²⁹.

Although EU RCD (recast) does not mention access to hygienic facilities under the definition of 'material reception conditions' 230, the EASO guidelines provide standards to evaluate the 'sufficient, adequate, and functioning sanitary infrastructures' in reception centres. Such indicators include lockable and functional toilets and showers separated according to sex, provided of water²³¹. Moreover, the guidelines require that applicants for international protections receive personal hygiene products regularly either through distribution or allowances, especially in the prevention of infectious diseases²³².

The Greek IPA transposing the EU RCD (recast), equally lacks explicit reference to access to sanitary facilities for residents of reception centres. However, GRO 2020 mandates the Administrative Support Unit of the distribution of personal hygiene items²³³. In addition, the document provides a list of services performed by the operative Units of the reception centres, which should provide regularly personal hygiene products and clothing and ensure "conditions of hygiene and cleanliness"²³⁴.

2.4.5 Freedom of movement

The 1951 Refugee Convention protects the freedom of movement of refugees unlawfully in the country of refuge²³⁵ and provides that any restriction should be limited in time and only valid until the status of the individuals is defined²³⁶. Although the ICCPR protects the freedom of movement and choice of residents only of persons lawfully present in the

²²⁹ Y. Ktistakis, p. 51.

²³⁰ Directive 2013/33/EU of the European Parliament and of the Council of 26 June 2013 laying down standards for the reception of applicants for international protection (recast), OJ L 180, 29.6.2013, Article 2(g).

²³¹ EASO, 'EASO guidance on reception conditions: operational standards and indicators', September 2016, p. 18.

²³² Ibid., pp. 27-28.

²³³ Ministerial Decision 23/13532 (5272/B Government Gazette, 30.11.2020), General Regulation on the Operation of Temporary Reception Facilities and Temporary Accommodation Facilities for third country nationals or stateless persons, operating under the responsibility of the Reception and Identification Service, Article 5.1.

²³⁴ Ibid., art. 15(d).

²³⁵ Convention Relating to the Status of Refugees (adopted 28 July 1951, entered into force 22 April 1954) 189 UNTS 137, Article 31.

²³⁶ Ibid., art. 31.2.

territory of a State²³⁷, the Human Rights Committee General Comment No. 15 affirmed that aliens are equally entitled to the liberty of movement as "there shall be no discrimination between aliens and citizens in the application of these rights"²³⁸.

Within the human rights framework of the Council of Europe, the ECHR²³⁹ and ESC (Revised)²⁴⁰ protect freedom of movement. However, neither guarantees aliens "the right [...] to enter and remain on the territory of a member state"²⁴¹.

Article 45 EU CFR protects the freedom of movement of citizens across the Member States and to third-country nationals legally residing in the EU²⁴². Article 7 RCD (recast) transposed into article 45 IPA deals with the freedom of movement of applicants in the Member State or the area assigned to the individual "for reasons of public interest, public order or, when necessary, for the swift processing and effective monitoring of his or her application for international protection"²⁴³. Both the articles affirm that such restriction of movement should not undermine the private life of the applicant and should allow for the enjoyment of the human rights established. In addition, article 45.3 IPA foresees applicants "shall be furnished material reception conditions, provided that they reside within the geographical area indicated by the restriction decision"²⁴⁴.

Furthermore, article 9 GRO 2020 confirms that reception centres must ensure the basic human rights of residents, including freedom of movement²⁴⁵. As previously explained, migrants who arrive at the Northern Aegean Islands where RICs are located, are

²³⁷ International Covenant on Civil and Political Rights (adopted 16 December 1966, entered into force 23 March 1976) 999 UNTS 171, Article 12.

²³⁸ Human Rights Committee, General Comment No. 15 on The Position of Aliens Under the Covenant, 27th session, 11 April 1986, para. 7.

²³⁹ Protocol No. 4 to the Convention for the Protection of Human Rights and Fundamental Freedoms, securing certain rights and freedoms other than those already included in the Convention and in the first Protocol thereto, 16 September 1963, ETS 46, Article2.

²⁴⁰ European Social Charter (Revised) (adopted 3 May 1996, entered into force 1 July 1999) ETS 163, Article 18.4.

²⁴¹ Y. Ktistakis, p. 17.

²⁴² Charter of Fundamental Rights of the European Union, (adopted 7 December 2000, legally binding 1 December 2009) C 326/391, Article 45.2.

²⁴³ Ibid., art. 7.b

²⁴⁴ Law 4636/2019 (A169 Government Gazette, 01.11.2019) on International Protection and other

provisions, Article 45. ²⁴⁵ Ministerial Decision 23/13532 (5272/B Government Gazette, 30.11.2020), General Regulation on the Operation of Temporary Reception Facilities and Temporary Accommodation Facilities for third country nationals or stateless persons, operating under the responsibility of the Reception and Identification Service, Article 9.

automatically subjected to the fast-track border procedure aiming at determining their status quickly and sending to Turkey those applicants who are not eligible for any type of international protection in the EU. The latest decision on the geographical limitation was issued by the Minister of Citizen Protection in December 2019²⁴⁶ and has been challenged by the Greek Council for Refugees, although its examination is currently pending²⁴⁷.

During the COVID-19 emergency, the RICs were quarantined for longer than the rest of the population²⁴⁸ through the continuous extension of the Joint Ministerial Decision No. 20030 from April to November, while the national lockdown was lifted during Summer 2020. Similarly, after the second national lockdown, restrictive measures, which continued to focus on movement restraint of the residents of the RICs, were eased later than for Greek nationals²⁴⁹.

2.4.6 Healthcare

Under International Human Rights Law the right to health is enshrined in a multitude of Conventions²⁵⁰, *inter alia* the International Convention on the Elimination of All Forms of Racial Discrimination²⁵¹ and the ICESCR, which will be examined below. The Committee on the Elimination of Racial Discrimination interpreted the right to health of non-nationals as a positive and negative obligation for States, who should respect "the right of non-citizens to an adequate standard of physical and mental health by, inter alia, refraining from denying or limiting their access to preventive, curative and palliative health services"²⁵². Likewise, article 12 ICESCR entitles every person under the territorial

 $^{^{246}}$ Ministerial Decision 1140/2019 (4736/B Government Gazette 20.12.2019) on Restriction of the movement of applicants for international protection

²⁴⁷ Greek Council for Refugees, 'Freedom of Movement', ECRE, last updated 10 June 2021, https://asylumineurope.org/reports/country/greece/reception-conditions/access-and-forms-reception-conditions/freedom-movement/# ftn15, (accessed 13 June 2021).

²⁴⁸ Médecins Sans Frontières, 'Greek government must end lockdown for locked up people on Greek islands', MSF, 16 July 2020, https://www.msf.org/covid-19-excuse-keep-people-greek-islands-locked, (accessed 18 June 2021).

²⁴⁹ ANSA, July 2020.

²⁵⁰ Convention on the Elimination of All Forms of Discrimination Against Women (adopted 18 December 1979, entered into force 3 September 1981),1249 UNTS 13, Articles 11.1(f) and 12; Convention on the Rights of the Child (adopted 20 November 1989, entered into force 2 September 1990), 1577 UNTS 3, Article 24.

²⁵¹ International Convention on the Elimination of All Forms of Racial Discrimination (adopted 21 December 1965, entered into force 4 January 1969) 660 UNTS 195, Article 5(e)(iv).

²⁵² Committee on the Elimination of Racial Discrimination, General recommendation XXX on Discrimination Against Non-Citizens, 65th session, 2005, para. 36.

jurisdiction of a state to the highest attainable standard of physical and mental health and provides the steps States must take towards its realisation²⁵³.

The right is connected to adequate housing, food, water, and access to sanitary facilities. Indeed, the General Comment on the right to adequate housing considers health facilities essential to its realisation²⁵⁴. Similarly, General Comment No. 14 on the right to the highest attainable standard of health²⁵⁵ interprets it as encompassing the determinants of health: "access to safe and potable water and adequate sanitation, an adequate supply of safe food, nutrition and housing, healthy occupational and environmental conditions, and access to health-related education and information"²⁵⁶. Among the core obligations identified by the Committee are the non-discriminatory access to healthcare facilities and drugs, their equitable distribution for vulnerable and marginalized groups²⁵⁷, and the obligation of States to take measures to control endemic diseases and provide immunization to the population²⁵⁸. Indeed, the UN Human Rights Treaty Bodies released in March 2020 an extraordinary statement urging to protect the right to health of everyone, including refugees, asylum seekers, and migrants²⁵⁹.

The right to health is protected within the Council of Europe by the ECHR²⁶⁰, and the jurisprudence of the ECtHR established that endangering the life of a person by denying access to healthcare could amount to a violation of article 2 (right to life)²⁶¹. The ESC (Revised) ensures the right to health under articles 11 (right to protection of health) and 13 (right to social and medical assistance), with the former obliging States to prevent possible epidemics. Although the scope of the Charter does not cover non-nationals, the

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²⁵³ International Covenant on Economic, Social and Cultural Rights (adopted 16 December 1966, entered into force 3 January 1976) 993 UNTS 3, Article 12.

²⁵⁴ Economic, Social and Cultural Rights Committee, General Comment No. 4 on The Right to Adequate Housing, 6th session, 1991, para. 8(b).

²⁵⁵ Economic, Social and Cultural Rights Committee, General Comment No. 14 on The right to the highest attainable standard of health, 22nd session, 2000.

²⁵⁶ Ibid., para 11.

²⁵⁷ Ibid., paras. 43(a)(e).

²⁵⁸ Ibid., paras. 44(b)(c)

²⁵⁹ OHCHR, 'UN Human Rights Treaty Bodies Call for Human Rights Approach in Fighting COVID-19', OHCHR Press Release, 24 March 2020.

²⁶⁰ European Convention for the Protection of Human Rights and Fundamental Freedoms, as amended by Protocols Nos. 11 and 14 (adopted 4 November 1950, entered into force 3 September 1953) ETS 5, Articles 2-3

²⁶¹ C. Escoffier, P. Tainturier, A. Halasa et al., 'Economic and Social Rights of Migrants and Refugees in the Euro-Med Region', Euro-Mediterranean Human Rights Network report, December 2008, p. 56.

ECSR affirmed that disadvantaged groups should enjoy all the rights enshrined in the document²⁶² and recommended the provision of medical assistance to persons in irregular situations based on human dignity²⁶³.

Within the EU framework, the right to health is protected in article 35 CFR and RCD (recast) specifically for asylum seekers, which urges States to provide adequate living conditions that protect the physical and psychological health of applicants (article 17.2 RDC). Moreover, article 19 RCD (recast) obliges States to ensure necessary medical care to residents of reception centres, with particular attention to vulnerable applicants²⁶⁴, providing "at least, emergency care and essential treatment of illnesses and of serious mental disorders"²⁶⁵. Furthermore, the right to healthcare for asylum seekers in reception centres cannot be reduced or withdrawn under any circumstances²⁶⁶.

Under Greek domestic law, article 55 IPA transposes both articles 17 and 19 RCD (recast), however subordinating the access to healthcare to the issuance of the Temporary Foreigners' Insurance and Health Care Number (PAAYPA)²⁶⁷. The PAAYPA should be supplied to asylum seekers at the same time as the identification numbers of the asylum application²⁶⁸ but was issued slowly since its activation in April 2020²⁶⁹.

Finally, the GRO 2020 mandates Health Units to guarantee primary healthcare to residents, including medical screenings, psychological support, the individuation of vulnerabilities, medical follow-ups, emergency care, and distribution of health-related

²⁶² Y. Ktistakis, p. 55.

²⁶³ C. Escoffier, P. Tainturier, A. Halasa et al., p. 29.

Directive 2013/33/EU of the European Parliament and of the Council of 26 June 2013 laying down standards for the reception of applicants for international protection (recast), OJ L 180, 29.6.2013, Article 19.1.

²⁶⁵ Ibid., Article 19.2.; EASO, 'EASO guidance on reception conditions: operational standards and indicators', September 2016, p. 33.

²⁶⁶ Directive 2013/33/EU of the European Parliament and of the Council of 26 June 2013 laying down standards for the reception of applicants for international protection (recast), OJ L 180, 29.6.2013, Article 20(5); EASO, 'Judicial analysis Reception of applicants for international protection (Reception Conditions Directive 2013/33/EU)', EASO Professional Development Series for members of courts and tribunals, 2020, p. 74.

²⁶⁷ Replacing the previous Social Security Number (AMKA) of Law 4368/2016.

²⁶⁸ Law 4636/2019 (A169 Government Gazette, 01.11.2019) on International Protection and other provisions, Article 55.2.

²⁶⁹ Joint Ministerial Decision 717/2020 (199/B Government Gazette 31.01.2020) on Arrangements for ensuring the access of applicants for international protection to health services, healthcare, social security and the labour market.

information²⁷⁰. The Regulation explicitly entitles third-country national in reception centres the access to healthcare in article 16(c).

CHAPTER 3: THE HUMAN RIGHTS SITUATION FOR MIGRANTS AND ASYLUM SEEKERS IN THE RIC IN CHIOS BEFORE THE OUTBREAK OF THE PANDEMIC

3.1. Research on the Pre-pandemic human rights situation in Greek RICs

The five Reception and Identification Centres on the Northern Aegean islands were planned to have a total capacity of 7'450 places, although by the end of 2019 it was shortened to 6'178. Since their creation, the facilities became excessively overcrowded and reached a population of 38'423 migrants and asylum-seekers in December 2019²⁷¹. Under the EU-Turkey Statement, the Greek government imposed a geographical restriction to all arrivals to the islands and adopted the fast-track border procedure to determine their asylum request rapidly and distinguish between persons in need of international protection, and persons who could be sent back to Turkey as agreed in March 2016 or repatriated if the countries of origin were assessed as safe. Nevertheless, while the fast-track border procedure was supposed to last two weeks approximately²⁷², a very restricted time frame that results in misjudgements during the assessment of the asylum requests, bureaucratic delays extended the permanence of stay of asylum-seekers in the RICs to months and even years²⁷³. The little capacity of the islands and the prolonged procedures caused major overcrowding in the RICs, which burdened the islands

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²⁷⁰ Ministerial Decision 23/13532 (5272/B Government Gazette, 30.11.2020), General Regulation on the Operation of Temporary Reception Facilities and Temporary Accommodation Facilities for third country nationals or stateless persons, operating under the responsibility of the Reception and Identification Service, Articles 5.2 and 5.3.

²⁷¹ Ministry of Citizen Protection National coordination of border control, immigration and asylum, 'Picture of the situation in the Eastern Aegean islands of the 31/12/2019', 2 January 2020, https://bit.ly/2vWqvAr. Ypourgeío Prostasías tou Políti Ethnikós syntonismós tou elénchou ton synóron, tis metanástefsis kai tou asýlou, 'Apotýposi tis ethnikís eikónas katástasis gia to prosfygikó/metanasteftikó zítima tin 31/12/2019', 2 January 2020, available at https://bit.ly/2vWqvAr, (accessed 15 April 2021).

Greek Law No. 4375 of 2016 on the organization and operation of the Asylum Service, the Appeals Authority, the Reception and Identification Service, the establishment of the General Secretariat for Reception, the transposition into Greek legislation of the provisions of Directive 2013/32/EC [Greece], 3 April 2016, art. 60 (4)(c).

²⁷³ Centre for Migration Law of Radboud University Nijmegen, 'Games of Responsibility - The Main Challenges that Asylum Seekers Face in Greece', May 2019, p. 5.

excessively, causing resentment from the local population. Periodical transfers of migrants and asylum seekers from the islands to the facilities of the mainland were implemented (by the end of 2018 18'000 residents were transferred²⁷⁴), the RICs remained overcrowded, and people continued to live in unsanitary and cramped conditions.

As the UN Special Rapporteur on the human rights of migrants reported in 2017 the responsibilities among the actors operating in the camps were not properly defined, and therefore produced confusion among migrants and asylum-seekers²⁷⁵. The numerous organisational issues and the lack of an emergency plan for the camps were important concerns of the Rapporteur, who recommended to

"ensure proper coordination and rationalization of all activities by all actors, thus avoiding loss of control and overwhelming confusion, and to ensure non-discrimination among nationalities, which is needed to build trust by promoting equality and fairness in accessing services" 276.

The living conditions were similar across the five RICs on the islands, as will be further explained below. Migrants and asylum seekers were accommodated in overcrowded facilities, where they could not find places in the secure shelters (UNHCR containers and tents) and had to either find alternative refuge or sleep outside. Vulnerable people were not always recognized as such and therefore were not transferred to the mainland as foreseen by the law. Many unaccompanied children continued to be accommodated either in the RICs with unrelated adults instead of in protected areas²⁷⁷. Women and children were subject to physical and psychological violence and harassment, with single women being particularly vulnerable to Sexual and Gender-Based Violence (SGBV)²⁷⁸.

In all the RICs the poor sanitary conditions posed a threat to the health of residents, who faced many obstacles in the attempt to access medical care in the camps or at the closest hospitals. The toilets and showers installed in the RICs lacked enough electricity and

²⁷⁴ HRW, 'Greece – Events of 2018 – Part of the EU Chapter', HRW Essays, 2018, https://www.hrw.org/world-report/2019/country-chapters/greece, (accessed 15 April 2021).

²⁷⁵ UN General Assembly, 'UN Report of the Special Rapporteur on the human rights of migrants on his mission to Greece', A/HRC/35/25/Add.2, 24 April 2017, para. 67. ²⁷⁶ Ibid.

²⁷⁷ HRW, HRW Essays, 2018.

²⁷⁸ UNHCR, 'Inter-Agency Participatory Assessment Report', UNHCR Country reports, 2018, p. 8.

running water to serve all the residents, and their maintenance was not constant, with the result that migrants and asylum seekers either organized and cleaned them as they could or preferred to defecate outside. The sanitary condition of the RICs was, indeed, degraded; the garbage accumulated²⁷⁹ among the shelters was not removed and created an unhealthy living environment that attracted animals and favoured the spread of diseases.

The medical teams deployed in the camps were insufficient considering the overcrowding and its high demand to access healthcare. Due to the stressful working conditions, the medical positions were not appealing vacancies and remained unfilled for months, creating a great number of backlog cases that burdened the following staff. Migrants and asylum-seekers had limited access to information and were not aware neither of how the process of registration and the asylum procedure worked nor what rights they were entitled to. They could theoretically access food and drinkable water as they were distributed in the camps, however, they had to queue for hours to do so, and the quality was so poor that some had food poisoning more than once.

Although the human rights concerns were similar among all RICs in the Northern Aegean Islands, each hotspot had its peculiarities. Since the research is focused on the living conditions of migrants and asylum seekers in the RIC on Chios, Vial, the following paragraphs will delineate its specificities.

3.2. Specific rights of relevance for migrants and asylum seekers in the RIC of Chios and their fulfilment according to the human rights' legal framework

In June 2016, 49 residents of the RIC of Chios, Vial, lodged an application to the European Court of Human Rights (ECtHR) claiming that multiple rights were breached as they were maintained in a condition of extreme distress on the island²⁸⁰. Thanks to the support of the Euromed Rights, a network representing 65 human rights organisations

²⁷⁹ R. Carlier, 'In the 'jungle' of Samos, a life of boredom and despair amid the garbage 1/4', InfoMigrants, 25 December 2019, https://www.infomigrants.net/en/post/21662/in-the-jungle-of-samos-a-life-of-boredom-and-despair-amid-the-garbage-1-4, (accessed 15 March 2021).

²⁸⁰ European Court of Human Rights, *Kaak and Others v. Greece*, no. 34215/16, 3 November 2019, paras. 12-23.

that promotes human rights and democracy in the Mediterranean region, the applicants documented the deprived situation in the facility, detailing its dangers including the overcrowded shelters at the mercy of the weather and wild animals, the restricted access to medical care, and the overlook of vulnerabilities of children, pregnant women, and unaccompanied minors²⁸¹. Furthermore, they complained about the administrative arbitrariness that induced stress towards the possible return to Turkey²⁸² and the future in general. While the ECtHR recognized the problems of access to medical care, poor quality food and water, and the restricted access to legal assistance and information regarding the asylum procedure, and the rights of asylum seekers, it minimized the human rights violations and associated them to the great pressure migration posed on Greece and the logistical difficulties the country had to face²⁸³.

In its report from 2017, Refugee Rights Europe (RRE), an NGO defending the human rights of refugees and displaced people in Europe, interviewed 300 individuals from the two camps of Chios: Souda, a makeshift settlement in the fortress of Chios Town that was closed by the end of October 2017²⁸⁴, and Vial, the official RIC on the island. The results of the report stressed the precarious living conditions of migrants and asylum seekers in both settlements and witnessed various human rights violations towards migrants, women, children, and the most vulnerable. A constant feeling of hopelessness was a common thread among the residents and drove them to self-harming behaviours. Out of the 39% of interviewees who confirmed to be witnesses of death since the arrival in Chios, 87% cited suicide as its cause²⁸⁵. Residents reported being victims of violence from other residents of the camps (36.7%), in the forms of verbal (77.1%) and physical abuse (68.8%)²⁸⁶. In particular, 73.3% of minor interviewees said they 'never feel safe' or 'don't

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²⁸¹ EuroMed staff, 'According To The European Court Of Human Rights, All Is Well In The Greek Hotspots', EuroMed Rights, 7 November 2019, https://euromedrights.org/publication/according-to-the-european-court-of-human-rights-all-is-well-in-the-greek-hotspots/, (accessed 17 March 2021). https://euromedrights.org/publication/according-to-the-european-court-of-human-rights-all-is-well-in-the-greek-hotspots/, (accessed 17 March 2021).

²⁸³ European Court of Human Rights, *Kaak and Others v. Greece*, no. 34215/16, 3 November 2019, paras. 63-64

²⁸⁴ Observatory of the Refugee and Migration Crisis in the Aegean staff, 'Souda Camp in Chios closed today: A video and some words for goodbye by 'The Hero Center Chios', Observatory of the Refugee and Migration Crisis in the Aegean, 21 October 2017, https://refugeeobservatory.aegean.gr/en/souda-camp-chios-closed-today-video-and-some-words-goodbye-hero-center-chios, (accessed 23 March 2021).

²⁸⁵ Refugee Rights Europe, 'An island at breaking point - filling information gaps relating to refugees and displaced people in Chios, Greece', Refugee Rights Europe Reports, 2017, p. 12. ²⁸⁶ Ibid., p. 14.

feel very safe' in Chios²⁸⁷; some were indeed harassed and slapped by fellow asylum seekers if they misbehaved²⁸⁸. Similarly, 83% of women confirmed they did not feel safe in the camps, and almost 43% experienced violence by other residents²⁸⁹.

Residents reported to be victims of police brutality²⁹⁰ (24%) in the form of verbal abuse (78.9%), physical violence (73.2%), and tear gas exposure (4.2%), and from the citizens of the island, who attacked them in parks, the port area, and the camps²⁹¹. Some residents reported they were arbitrarily arrested and beaten, while others admitted they would not leave the facilities fearing the police would immediately apprehend them²⁹².

Migrants and asylum seekers reported they had no access to information regarding their rights and opportunities (85%) and European immigration rules and asylum law (78%)²⁹³, therefore, they were unaware of the progress of their asylum procedure and their future. Whenever they asked local authorities for information they were instructed to wait indefinitely, and Syrian asylum seekers were not provided with an explanation when they requested clarification on the rejection received²⁹⁴. The frustration in such uncertain conditions made residents desperate, to the point that they developed suicidal thoughts while waiting hopelessly for a change.

The following paragraphs will extensively describe the specific rights of relevance to the migrants and asylum seekers in the RIC of Chios between 2016 and February 2020 which will subsequently be compared with the human rights condition after the breakout of COVID-19.

3.2.1 Adequate shelter

As the Commissioner for Human Rights of the Council of Europe reported in 2018 after a Country Visit to Greece²⁹⁵, the RICs were constantly overcrowded and migrants and

²⁸⁷ Ibid., p. 29.

²⁸⁸ Ibid.

²⁸⁹ Ibid., p. 11.

²⁹⁰ Ibid., p. 17.

²⁹¹ BBC staff, 'Migrant crisis: Chios island camp in Greece attacked', BBC News, 18 November 2016, https://www.bbc.com/news/world-europe-38025109, (accessed 20 March 2021).

²⁹² Refugee Rights Europe, 2017, p. 18.

²⁹³ Ibid., p. 35.

²⁹⁴ Ibid.

²⁹⁵ Council of Europe, 'Report of the Commissioner For Human Rights of the Council Of Europe Dunja Mijatović Following Her Visit To Greece From 25 To 29 June 2018', CommDH(2018)24, 6 November 2018, para. 16.

asylum seekers accommodated in two types of official shelters, namely containers and large UNHCR tents which hosted up to 125 people. Most containers had heating and/or air conditioning and were the safest accommodations available, however, they did not shield from the temperatures that the weather reached during the seasons²⁹⁶. Containers were shared among families and individuals who had little personal space (3-4 people usually shared between $4-8m^2$) and no privacy, as for all accommodations in the RICs²⁹⁷. UNHCR tents were frequently overcrowded, obliging migrants and asylum seekers to find a different refuge²⁹⁸: either buying tents if they had the means or receiving them from some NGOs, when available. Furthermore, residents of the RICs also built makeshift shelters unsafe and extremely susceptible to the weather²⁹⁹.

Multiple times, the insecurity of the shelters was the cause of incidents. Human Rights Watch reported that in January 2016 three men died in the RIC of Lesvos from poisoning caused by the makeshift heating devices they used to warm their tents. At the end of the same year, the explosion of a gas stove in a container killed a Kurdish woman and her grandchild who were sleeping in a tent close by³⁰⁰. Due to overcrowding, new arrivals could not find accommodation in the RIC, and they frequently slept on the beach or in the streets³⁰¹. Since Souda camp was located near the drainage pipe of Chios Town, it attracted rats and insects that worsened the unhygienic conditions in which migrants and asylum seekers lived, and Refugee Rights Europe reported that some residents attempted to create elevated sleeping places for their children to defend them from attacks of mice³⁰².

3.2.2 Food and Water

Food was distributed three times per day in RIC of Vial and migrants and asylum seekers had to queue for hours to obtain it. While its frequent distribution appeared sufficient to ensure access to food, its quality was very poor, and residents reported it being often

²⁹⁶ E. Cunniffe, S. Pope, A. Potamianou et al., 'The Lived Reality of Deterrence Measures Inhumane Camps at Europe's External Border', ERBB Reports, December 2019, p. 34.

²⁹⁷ Ibid.

²⁹⁸ Ibid.

²⁹⁹ Council of Europe, November 2018, para. 16.

³⁰⁰ HRW, 1 December 2017.

³⁰¹ Refugee Rights Europe, 2017, p. 21.

³⁰² Ibid.

spoiled and inedible; many suffered from food poisoning more than once before giving up eating it³⁰³, and some other respondents noticed that there were maggots in the food³⁰⁴. As stated previously, in *Kaak and Others v. Greece* the European Court of Human Rights acknowledged *inter alia* the unsuitability of food and water in the RIC of Chios, however, it traced it back to the organisational difficulties to implement an efficient response to the incoming migration in Greece. Although the applicants claimed that the living conditions in the camps of Vial and Souda amounted to inhuman and degrading treatment in violation of article 3 of the European Convention of Human Rights (ECHR), the Court ruled in 2019 that it was not the case for either³⁰⁵. In the view of the Court, the authorities reasonably respected their obligations to care and protect the most vulnerable³⁰⁶ in the camp of Vial, and the description of the general living situation in the camp of Souda lacked to stress its implications for each claimant³⁰⁷, therefore not giving the Court the possibility to evaluate if the threshold of the alleged breach of article 3 ECHR was achieved.

Migrants and asylum seekers who decided to queue for food in the hotspots had to line for hours to obtain food and bottles of water. During that time, the risk of violence and sexual abuse was high, to the extent that some residents stopped queuing being afraid their children would be assaulted³⁰⁸. Consequently, residents could not access food and became oftentimes malnourished. Vulnerable people like pregnant women, the elderly, and the ill were even more disadvantaged in the access to the service for entire days³⁰⁹. The island of Chios lacks potable water, therefore residents of the RIC of Vial queued also to get bottles of water. The amount distributed was often used by migrants and

³⁰³ Refugee Rights Europe, 2017, p. 22.

³⁰⁴ M. James, 'Care and cruelty in Chios: the 'refugee crisis' and the limits of Europe', *Ethnic and Racial Studies*, vol. 42, no. 14, 2019, p. 18, (accessed 3 May 2021).

³⁰⁵ European Court of Human Rights, *Kaak and Others v. Greece*, no. 34215/16, 3 November 2019, paras. 74 and 81.

³⁰⁶ Ibid., para. 73.

³⁰⁷ Ibid., paras. 79 and 80.

³⁰⁸ United States Department of State, 'US Greece 2019 Human Rights Report', Country Reports on Human Rights Practices for 2019', 2020, p. 14.

³⁰⁹ Refugee Rights Europe, 2017, p. 29.

asylum seekers to cook and wash since the access to toilets and showers was extremely limited due to long lines, and running water was used up in the first hours of the day³¹⁰.

3.2.3 Hygienic facilities

Greek RICs had insufficient sanitation facilities for the residents, who must line for hours to have access to toilets and showers. These facilities were moreover poorly maintained, cleaned only once a month, and subject to sewage problems which caused overflows in the surrounding areas³¹¹. The condition had been recognized as critical, and a 100'000 euros fine was imposed on the Ministry of Migration Policy in 2018, due to its inefficiency to better the sanitation and sewage facilities in the RICs of Chios and Lesvos³¹².

The number of sanitary facilities was limited in all RICs, and often toilets were mixed, making women and minors particularly vulnerable and exposed to violence and SGBV³¹³ in the uncontrolled area. Vulnerable residents were afraid of going to the toilets at night³¹⁴, and some women reported they wore diapers to avoid leaving the tent and risking being assaulted³¹⁵. By the end of 2018, it was reported that the RIC of Vial only had 53 toilets and 36 showers working for a population exceeding 3'000³¹⁶. Such facilities were sometimes cleaned once a month, and some migrants and asylum seekers reported that they had to do it themselves to overcome the unhygienic conditions³¹⁷.

The state of sanitary facilities depended on the living area in the RIC. Some areas lacked working toilets and showers, and residents decided either to use those of other blocks or to excrete outside. The toilets had poor lightning, sometimes none, due to the strict control on electricity, and had scarce running water, which was used up in the first hours of the day, leaving many migrants and asylum seekers unable to wash themselves for days³¹⁸.

³¹⁰ Knowledge acquired when working in the field with ERBB; Online interview with a legal NGO in Chios, Lecce, 27 April 2021.

³¹¹ E. Cunniffe, S. Pope, A. Potamianou et al., 2019, p. 38.

³¹² Council of Europe, November 2018, para. 16.

³¹³ UNHCR, 2018, p. 8.

³¹⁴ Council of Europe, November 2018, para. 16.

United States Department of State, 2020, p. 13.

³¹⁶ E. Cunniffe, S. Pope, A. Potamianou et al., 2019, p. 38; UNHCR, 'Greece Factsheet', December 2018, p. 2 on the contrary affirms that the RIC in Chios hosted 1,014 people in November and December 2018. ³¹⁷ Ibid.

³¹⁸ Ibid.

This worsened the unsanitary situation of the hotspots and increased (and provoked³¹⁹) the spread of medical illnesses³²⁰ related to poor hygiene, which could not be treated effectively as patients lived in the same unhealthy circumstances.

3.2.4 Freedom of movement

Residents of the RICs on the Greek islands were subject to the EU-Turkey statement and the fast-track border procedure, which implied their geographical restriction on the islands. The movement constraint is imposed on the islands by the Police and the Asylum Service (replaced by the Ministry of Migration Policy in May 2019)³²¹. The former issues firstly a 'Deportation decision based on the readmission procedure' indiscriminately for each new arrival on the islands, and then a 'postponement of deportation', which requires the asylum seekers to reside in the RICs until the asylum application is concluded³²². The Asylum Service imposed the geographical restriction in June 2017, and restored it in 2018, three days after it was annulled by the Council of State³²³. The authority to issue the geographical restriction was transferred to the Ministry of Migration Policy in 2019, and while the Greek Council for Refugees filed a new application for its annulment, the hearing was postponed numerous times³²⁴.

The RICs, while not being official sites of detention were in practice open-air prisons migrants and asylum seekers were bound to. The RIC of Vial was indeed described as a jail multiple times by its residents, including those who had experienced it³²⁵. The geographical restriction was only lifted for residents assessed as vulnerable, who could be transferred to the mainland, applicants that could benefit from the Dublin Regulation family provisions, and those who were granted international protection³²⁶. However, while the processing of the asylum request within the fast-track border procedure was supposed to end in a maximum of two weeks³²⁷, the Commissioner for Human Rights of

³¹⁹ Council of Europe, November 2018, para. 42.

³²⁰ Ibid

³²¹ Greek Council for Refugees (a), 30 November 2020.

³²² Ibid.

³²³ Ibid.

³²⁴ Ibid.

³²⁵ M. James, 2019, p. 18.

³²⁶ Greek Council for Refugees (a), 30 November 2020.

³²⁷ Greek Law No. 4375 of 13 April 2016, Article 60(4)(c).

the Council of Europe reported in 2017 that substantial delays caused the prolonged permanence of stay of migrants and asylum seekers on the island. In some cases, the Commissioner confirmed, residents had to wait up to 8 months³²⁸ for a vulnerability assessment interview. In the meanwhile, migrants and asylum seekers were not protected and had to live in the cramped and scarce conditions of the RIC. Furthermore, in 2019, the Greek Council for Refugees noted that in Samos and Chios the Head of the RIC arbitrarily disapproved vulnerability assessments conducted by the Hellenic National Public Health Organization (EODY), although outside its mandate³²⁹.

Although the 49 applicants of Kaak and Others v. Greece denounced the violation of multiple human rights in the RIC of Chios, the European Court of Human Rights assessed that since migrants and asylum seekers lived in a semi-open structure that allowed movement during the day, they could avoid the degrading living conditions of Vial by simply distancing themselves from it during the day³³⁰.

3.2.5 Healthcare

The Greek public healthcare sector has been the subject of austerity measures over years³³¹ and unable to meet the high demand of migrants and asylum seekers with physical and psychological conditions in need of medical assistance. Access to healthcare before the outbreak of the pandemic was, indeed, restricted physically and administratively. In 2017, the responsibility to provide migrants and asylum seekers with healthcare was transferred from NGOs to the Ministry of Health and the Centre of Disease Control and Prevention (KEELPNO), then reorganised and renamed as the Hellenic National Public Health Organization (EODY) in 2019. Nevertheless, the overcrowding of the camps diminished the efficacy of the few medical staff deployed in the hotspots,

³²⁸ Council of Europe, November 2018, para. 46.

Refugees Greek Council for (b), 'Identification'. November 2020, https://asylumineurope.org/reports/country/greece/asylum-procedure/guarantees-vulnerablegroups/identification/, (accessed 13 June 2021).

330 European Court of Human Rights, *Kaak and Others v. Greece*, no. 34215/16, 3 November 2019, para.

³³¹EuroMed staff, 2019.

while the difficulty to receive Social Security Numbers (AMKA) further diminished the possibility to be admitted in hospitals³³² upon referrals.

Refugee Rights Europe disclosed in its report of 2017 that 71.3% of interviewees had experienced health problems since arriving in Saouda and Vial camps in Chios³³³ (more than 94% of them being women) and that less than 30% managed to access medical care. Furthermore, only half the interviewed children who developed health problems in the RIC of Chios were medically cared for³³⁴. Many respondents indicated the unhealthy living conditions in the camps as the reason behind the health problems, physical and psychological (31%)³³⁵. As confirmed by ERBB, an association between the degrading living conditions in RICs and the uncertainty regarding the asylum application and the degeneration of psychological health of migrants and asylum seekers existed³³⁶. Mental health issues implied that a significant number of migrants and asylum seekers resorted to substance abuse and self-harming behaviours³³⁷. A respondent to the research conducted by Refugee Rights Europe witnessed a resident setting himself on fire and confessed being afraid of doing the same. Indeed, the harsh living situation experienced by migrants and asylum seekers in the RICs caused physical illness and psychological disorders like depression, anxiety, post-traumatic stress disorder (PTSD), and self-harm, with suicide attempts increasing over time³³⁸.

Refugees and asylum seekers complained that medical help is sometimes denied and always delayed. Even when they managed to access it, they reported that the visits were rushed, and the health issues were treated superficially. Residents confirmed that the treatments only dealt with the symptoms rather than healing the condition. This negligence resulted in the worsening of health issues that could have been prevented and

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³³² G. Moutafis, 'Joint report of 25 organizations for cases of violation of asylum seekers' rights', Solidarity Now, 3 August 2017, https://www.solidaritynow.org/en/joint-report-25-organizations-cases-violation-asylum-seekers-rights/, (accessed 10 June 2021).

³³³ Refugee Rights Europe, 2017, p. 23.

³³⁴ Ibid., p. 29.

³³⁵ Ibid., p. 24.

³³⁶ E. Cunniffe, S. Pope, A. Potamianou et al., 2019, p. 39.

³³⁷ Refugee Rights Europe, 2017, p. 23.

³³⁸ Council of Europe, November 2018, para. 43.

resolved easily. Indeed, a Syrian man who had torn his ligament and was given painkillers as treatment, in the long run, became unable to walk³³⁹.

The medical staff working in the RICs dealt with a great amount of pressure being in shortage for the population of the hotspots. Their work was further complicated by the poor communication with the patients due to the scarcity of interpreters³⁴⁰. The stressful and demanding working conditions acted as a deterrent for medical staff to work on the islands³⁴¹. In 2018, the medical staff in the RIC of Chios went on strike to protest the working conditions and multiple times vacancies had not been filled for months³⁴². Indeed, when the contracts of the psychological team ended in April 2019, the vacancies were filled only in September, and the great amount of accumulated work further reduced the access of the residents to medical examination³⁴³.

While in June 2018 the Commissioner for Human Rights of the Council of Europe reported that there were 5 doctors and 41 healthcare professionals in the RIC of Chios, the Greek Council for Refugees noted that between August 2018 and April 2019 no doctors operated in the hotspot³⁴⁴. The vulnerability assessment was performed only by two nurses and was therefore extremely slow, and not all new arrivals were assessed psychologically unless upon referral or through their explicit request³⁴⁵.

By the end of September 2019, Equal Rights Beyond Borders noted that only two permanent doctors³⁴⁶ aided in the camp. One of them worked for the Centre of Disease Control and Prevention (KEELPNO) and was only responsible for the medical screenings that residents go through at the beginning of their asylum procedure³⁴⁷. The other one was a doctor of the Hellenic Army available at the camp for 2-3 hours every weekday and responsible for emergency cases and follow-up of patients with chronic illnesses.

Medical NGOs which acted on the islands attempted to meet part of the high demand for help by the residents of the hotspots, however, their efforts could not resolve the shortage

³³⁹ Refugee Rights Europe, 2017, p. 25.

³⁴⁰ Council of Europe, November 2018, para. 42.

³⁴¹ E. Cunniffe, S. Pope, A. Potamianou et al., 2019, p. 40.

³⁴² Ibid

³⁴³ Greek Council for Refugees (b), 30 November 2020.

³⁴⁴ Ibid.

³⁴⁵ Ibid

³⁴⁶E. Cunniffe, S. Pope, A. Potamianou et al., 2019, p. 40.

³⁴⁷ Ibid.

of medical staff in the RICs. In 2019, MSF, SMH, and the International Rescue Committee were active in the RIC providing healthcare to its residents³⁴⁸. However, the demand has always remained higher than what the teams could contribute.

Prior to the breakout of the pandemic, asylum seekers could access the hospital on the island either through referral by the doctor working for KEELPNO (then EODY), or directly by using their Social Security Number, the issuance of which had however been arbitrarily denied by the authorities³⁴⁹ since 2017. In addition, migrants and asylum seekers affirmed that they faced racial discrimination when attempting to access the local hospital. As a matter of fact, in 2018 the facility requested each person who 'looked like a refugee' (for example with darker skin tone) to queue in a separate line from Greek citizens³⁵⁰.

CHAPTER 4: PARTICIPATORY ASSESSMENT ON THE IMPACT OF COVID-19 PREVENTION MEASURES

4.1. Research Approach and Objective

This chapter will delineate the methodology adopted to research the "impact of Greek national COVID-19 measures on the human rights of migrants and asylum seekers in the Reception and Identification Centre in Chios". In order to analyse the current human rights situation of the residents of Vial, I decided to pursue an individual-centred quantitative research with migrants and asylum seekers and carry out qualitative in-depth interviews with actors on the island. The mixed methods research would have been appropriate to analyse comprehensively the current human rights condition in the RIC and how it was impacted since February 2020, from the points of view of those directly affected, and the organisations working in the field. Unfortunately, it was only possible to interview one NGO on the island, therefore the qualitative research could not amount to a complementary study. Consequently, it had to be discarded throughout the research. Administering online surveys to the population in the camp allowed nonetheless to preserve the personal perspectives of migrants and asylum seekers on the effects of

³⁴⁸ Ibid.

³⁴⁹Council of Europe, November 2018, para. 40; G. Moutafis, 2017.

³⁵⁰ E. Cunniffe, S. Pope, A. Potamianou et al., 2019, p. 41.

COVID-19 responsive measures in the reception facilities, and the access to services. The in-depth interview conducted was subsequently useful to offer an immediate comparison to the results of the quantitative research.

The study describes not only the current living conditions in the RIC of Chios but also evidence how they changed since February 2020, when the first COVID-19 case was detected in Greece. However, because Greece applied restrictions to all RICs and individualized preventive quarantines for the camps, the outcome of the research can describe in detail the situation in Chios but cannot be generalized to all reception facilities on the Greek islands.

The qualitative interview gives the possibility to detect how the human rights situation in the camp of Vial has changed throughout 2020 and 2021 and therefore offers a more detailed description of the different stages of the implementation of the COVID-19 restrictions. Furthermore, it gives the perspectives of NGOs acting locally and how their work was affected by the restrictions, as well as their informed knowledge on how the COVID-19 preventive measures were implemented specifically for migrants and asylum seekers.

The results of the research are short-term and mid-term. Firstly, the quantitative analysis measures the impact of the Greek national responses to COVID-19 on refugees who have been living in the RIC on Chios from February 2020 to May 2021, by producing primary data on how its effects are experienced by migrants and asylum seekers themselves. Secondly, it compares the current situation with the pre-pandemic one, where although no restrictive COVID-19-related measures were implemented, the living conditions in the camp were cramped and sufferable. Consequently, a further mid-term impact is the social implication of the study raising awareness on the precarious situation asylum seekers in Greek hotspots experience that has further worsened since February 2020.

4.2. Sampling and collection method for the quantitative online survey

Migrants and asylum seekers are part of hard-to-survey populations³⁵¹ due to their vulnerability and the difficulty to reach, sample, and persuade them to take part in the research³⁵². To overcome these problems and base the research on the personal perspectives of the residents of the RIC of Chios, the literature suggested using the snowballing technique, which creates a "chain-referral"³⁵³ starting with a sample of 'seed individuals', that in the present research are called 'administrators'.

The snowball technique is a type of non-probability sampling, which entails a greater sampling error than probability sampling techniques and cannot be representative of the population³⁵⁴ studied since the participants had a higher chance to be picked to take part in the research than other individuals in the population. However, the snowball sampling offers great advantages with hard-to-survey populations since it allows to reach a greater number of participants that would otherwise be reluctant to engage thanks to the role the administrators play in creating instantly a trustworthy image of the researcher with the respondents. Moreover, the sampling technique does not require a precise list of the individuals who are part of the population, and only requires few contacts, the administrators, to be initiated³⁵⁵.

Such advantages solved important problems that I would have faced if probability sampling were chosen in the study. Due to the frequent transfers to the mainland of asylum seekers in the hotspot of Chios, the population has decreased constantly since the beginning of the research and a probability sample would have to be adjusted upon each variation in the number of residents. Furthermore, having the administrators in the camp

³⁵¹ R. B. Khoury, 'Hard-to-Survey Populations and Respondent-Driven Sampling: Expanding the Political Science Toolbox', Perspectives on Politics, Volume 18, Issue 2, Cambridge University Press, June 2020, p. 509.

R. Tourangeau, 'Defining Hard-to-Survey Populations', in R. Tourangeau, B. Edwards, T. P. Johnson, K. M. Wolter, N. Bates (eds.), *Hard-to-Survey Populations*, Cambridge, Cambridge University Press, 2014, p. 3.

³⁵³ C. Beauchemin, A. González-Ferrer, 'Sampling international migrants with origin-based snowballing method: New evidence on biases and limitations', in *Demographic Research*, Vol. 25, Art. 3, pp. 103-134, 8 July 2011, p. 105.

A. Bryman, Social Research Methods, Oxford University Press, 2016, 5th ed., p. 188.
 Ibid.

act on my behalf to explain the research, recruit the participants, and share the links to the online survey significantly simplified the data-collection process.

To carry out the quantitative research, five online surveys on Google Modules were created in the most spoken languages in Vial: Arabic, English, Farsi, French, and Somali. Having designed the English and French versions personally, I recruited three contacts on the island to first translate the remaining surveys, and then act as administrators of the research, upon payment. In some cases, the translators referred me to other residents of the camp to act as administrators, since they did not have access to the facility. Therefore, the payments were calculated on the basis of the job performed. The surveys were administered for a period of a month and a half (April-May 2021) and the total responses received were 113, which in relation to the decreasing population of the Vial (871 residents in 15 May 2021 for a capacity of 1014³⁵⁶) due to transfers to the mainland in view of the closure of the RIC, ensure a wide enough sample of the population, notwithstanding its non-representativity.

4.3. Sampling and collection method for the qualitative interview

Since the qualitative interview is complementary to the quantitative online survey, the sampling of participants was a convenient sampling. Indeed, I contacted by email various international organisations and NGOs active locally in Chios, who could be interested in taking part in the research. Unfortunately, only two NGOs were available to do so, therefore the sampling is not representative of all the local actors. Moreover, it was only possible to interview one legal NGO, and although it offered important perspectives on the impact of the COVID-19 responsive measures in the RIC of Chios, it could not be considered a complementary qualitative research.

The interviewee was requested to agree with the terms of the 'Declaration of Consent for making Interviews' and specify whether they wanted to be anonymised or pseudonymised before signing it. The interview lasted one hour and a half and was recorded upon

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³⁵⁶ General Secretariat for Information and Communication, 'Capturing the national picture of the refugee/immigration issue on 5/15/2021', 17 May 2021, https://infocrisis.gov.gr/13263/apotyposi-tis-ethnikis-eikonas-katastasis-gia-to-prosfygiko-metanasteftiko-zitima-tin-15-5-2021/, (accessed 30 May 2021).

permission. The questions posed investigated the exact same human rights issues as in the online surveys, however delving into the expertise area of the NGO, and asking about future prospects after the closure of the RIC in Chios. The legal NGO requested its anonymization.

Another in-depth interview was conducted on 14 March 2021 with Ghafoor, an informant living in the RIC, who described thoroughly the living conditions in the camp at that time and how they were impacted by the COVID-19 responsive measures enacted by the Greek government. His witness was very useful to design the online survey and choose the responses for each question correctly.

4.4. Ethical considerations

A. Bryman dedicates an entire chapter in 'Social Research Methods' to the ethics in social research and identified four ethical principles to take into consideration when designing a study.

The researchers should minimize the harm, whether physical or psychological, to participants during the study and in relationship with their environment³⁵⁷ by maintaining their confidentiality and anonymity (or pseudonymity) throughout the research. The 'do no harm' principle is valid also for the researcher, who could be affected by behaviours or characteristics of the respondents, especially during qualitative research. As further explained below, the questions posed in the online survey did not tackle personal information that would allow the identification of migrants and asylum seekers, nor the reasons why they left their country of origin or the status of their asylum application. The respondents' identities were not disclosed during the survey to safeguard their anonymity in the data-collecting and processing stages. Unfortunately, while all the possible assurances to not harm the participants were put in place, it is unreasonable to completely affirm that they were not harmed in any way while undertaking the study, and the fact that re-traumatization should not have happened thanks to the design of the research, does not exclude its possibility.

Concerning the interviewer status during the research, I did not have any personal connection with the respondents of the survey, but only a working relationship with the

³⁵⁷ A. Bryman, *Social Research Methods*, Oxford University Press, 2016, 5th ed., p. 127.

administrators, therefore I can confidently say that the quantitative research was exempted from any personal involvement by both parties. The in-depth qualitative interviews with the informant in Vial camp and the legal NGO were kept professional and recorded upon consent to alleviate the connections I had with the interviewees.

The second ethical principle to be respected in social research is the informed consent of each respondent, who should know the entitlement to refuse to take part in the research, the implications of participating, as well as the objectives and processes of the research³⁵⁸. While, in reality, fully informed consent is unlikely, when the interviewees sign the consent form, they can ask the researcher clarifications and have the possibility to withdraw their consent at any point during the research. To respect the free and informed consent of the participants in the study, an abbreviated version of the 'Declaration of Consent for making Interviews' document drafted by the University of Vienna was inserted at the beginning of the survey and included my personal email address to request the consent withdrawal.

Transgression of privacy in the name of research is regarded as unacceptable³⁵⁹, therefore the online survey assured complete anonymity to the participants by not asking personal questions apart from gender, the country of origin, and the age interval. The in-depth qualitative interviews assured complete confidentiality in the form of anonymity or pseudonymity to all respondents, according to the choice preferred in the informed consent form signed.

The issue of deception is particularly crucial in those social researchers like the Milgram experiment³⁶⁰ where the participants were led to believe they were administering real electric shocks to test their behaviour. Although it was in the interest of the research that the participants were not completely informed about the objective of the study, deception is denounced in social research as it infringes human values and sensibilities³⁶¹. Thanks to the help of the administrators, I was able to explain exactly the objectives of the study

³⁵⁸ Ibid., p. 130.

³⁵⁹ Ibid. p. 131.

³⁶⁰ Ibid., p. 133.

³⁶¹ Ibid.

to the participants and answered any questions about possible implications for them, clarifying this way the doubts they had.

4.5. Shortcomings and Challenges

While the foreseen plan was to initiate an exponential and non-discriminative snowball sampling for each online survey, with each respondent providing multiple referrals and each new referral doing the same, analysing the vulnerable population of migrants and asylum seekers of the RIC of Chios proved to be a difficult task. Indeed, the administrators of the online survey were able to identify a good number of participants for the study, but the latter did not share the questionnaire with fellow acquaintances in the camp, therefore nullifying the nature of the snowball technique. The 113 responses, in fact, were the acquaintances of the administrators themselves, and not of the respondents. Consequently, the snowball sampling became *de facto* a convenience sampling.

Google Modules offers the option to make respondents sign in to their Google account to complete the survey, this way ensuring that each individual takes the questionnaire only once. However, I could not benefit from this option as I had to take into consideration that residents of the RIC in Chios might not have an account to sign in. Although I cleared with the administrators that each respondent had to undertake the survey only once, I could not practically avoid the problem, therefore, a possibility that it happened stands.

A shortcoming in the design of the online survey affected the responses of 41 participants and made them skip the following four sections: Water, Hygienic Facilities, Food, and Movement. I take responsibility for the technical mistake that has happened without my intention, and even though I had checked multiple times that the surveys worked with no errors. Luckily, the flaw in the design only happened for a span of the administration of questionnaires, and therefore 72 complete responses offer a good sub-group that can be analysed separately for the four sections above.

The main challenge encountered while performing the foreseen qualitative research was that although many actors on the island were contacted, only two were available to be interviewed on the impact that the COVID-19 preventive measures had on migrants and asylum seekers living in Vial. Only a legal NGO that preferred to remain anonymous and the Spanish medical NGO Salvamiento Marítimo Humanitario gave their availability for the in-depth qualitative interviews. However, the interview with SMH was at first delayed and then cancelled due to time constraints. These shortcomings together caused the complementary qualitative research to be downgraded as 'additional interview' with a legal actor on the island.

4.6. Description of the online survey

As Bryman explains in 'Social Research Methods', online surveys are a type of self-administered questionnaire or self-completion questionnaire³⁶² taken by the respondents through the Internet, and in the present research designed with Google Modules.

The fact that self-administered questionnaires are completed by the respondents on their own, offers positive and negative implications. On the one hand, the participants can go at their own pace and are freer to respond authentically because they are not affected by the presence of the interviewer (the 'interviewer effect') while answering³⁶³. On the other hand, the absence of the interviewer requests a straightforward phrasing of the questions and a clear design of the survey so that it is easy to follow³⁶⁴. Therefore, the online survey administered for this study was formed only of close-ended questions including the Likert Scale format, with one section at a time appearing on the screen of the respondents, not to visually overburden them. Another downside of the self-administration of questionnaires and online surveys is the possibility that respondents abandon them midway because the questions are not engaging enough³⁶⁵, or due to their length. To limit this issue, only 30 questions were posed in the online survey administered in the RIC of Chios, including the introductory ones on personal information.

To get the consent of the participants to the study, the initial section of the survey presented a simplified version of the 'Declaration of Consent for making Interviews'

³⁶² Bryman, p. 221.

³⁶³ Ibid., p. 222.

³⁶⁴ Ibid., p. 222.

³⁶⁵ Ibid., p. 224.

document drafted by the University of Vienna. The document was shortened, the wording was made more accessible, and the consent was delivered by answering 'Yes' to the question 'Do you agree with the terms in the image above?' and continuing with the following section. In case of a negative response, the survey ended by showing a final message inviting all respondents to share the link of the survey with other acquaintances in the camp of Vial, as well as writing to my email address, in case they wanted to withdraw their consent to participate in the study.

The objective of the survey was to collect perspectives and information on the human rights condition that migrants and asylum seekers lived in Vial camp and how it was impacted by the Greek COVID-19 national responsive measures. The close-ended questions were created, indeed, after thorough research on the pre-pandemic and current situation in the camp, and after conducting an in-depth interview with Ghafoor, an informant living in the RIC on 14 March 2021.

Any personal questions asked in Section 2 of the survey only served to analyse the results of the research according to the country of origin, age interval, and gender, and the anonymity assured in the consent form at the beginning of the survey was respected throughout the study. Furthermore, no re-traumatization could happen by taking the survey because the questions asked only dealt with the description of the living conditions in the camp. Indeed, neither past experiences, the status of the asylum request, the reasons for leaving the country of origin, nor any cases of police violence and arbitrary detention were investigated.

From Section 3 to Section 8, questions were posed on Adequate Accommodation, Water, Hygienic Facilities, Food, Movement, and Healthcare. Respondents described the living conditions in Vial camp during the pandemic and how the COVID-19 restrictions affect them. Additionally, they replied to comparative questions concerning the difference between the current and the pre-pandemic situation. The Likert Scale was used in multiple questions, to acquire deeper knowledge on a topic by using a recurrent format with which the respondents could familiarize themselves. Section 9 proposed COVID-19-related questions that investigate the access to tests, information on the virus, and the behaviour to adopt to prevent its spread in the RIC, as well as the access to health products like

masks, and hand sanitizer gel. The survey finally concluded with a cumulative question to establish the level of difficulty to access services during the pandemic, and with the message mentioned above, encouraging the respondents to share the link of the questionnaire to other acquaintances in the RIC.

4.7. Data Analysis Method

After the data-collecting, quantitative research requires the coding process where the researcher appoints certain values to each response of the questionnaire, to conduct easily that statistical analysis. As A. Bryman explained in 'Social Research Methods', online surveys are automatically coded by the platform used, hence the results of the survey created on Google Modules could be directly downloaded and put into a database to be analysed³⁶⁶.

The database chosen was Excel for its intuitiveness and the possibility to visually analyse and compare responses by creating graphs. While other databases are usually suggested to perform quantitative analysis, the research was mainly investigative, therefore it was not necessary to learn programming languages to efficiently analyse the data. One of the biggest advantages that Excel has brought was the possibility to visually compare the data by applying more than one filter to the graphs created and uncover correlations between different questions, as well as trends.

4.8. Illustration of the results from the Quantitative Research

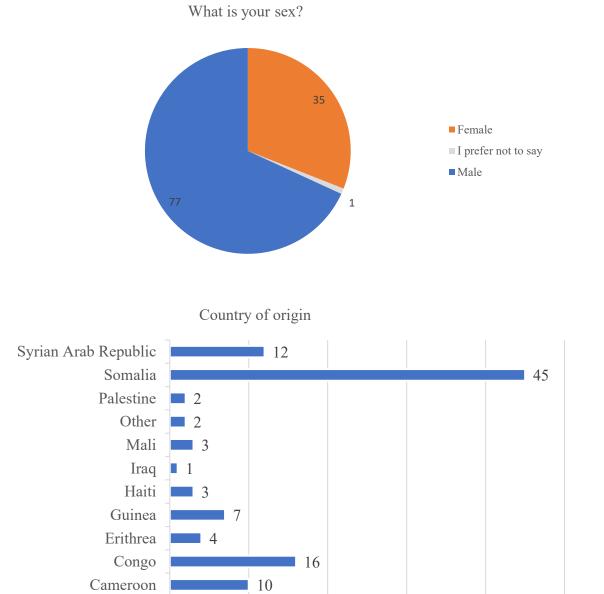
The online survey was taken by 113 respondents, of which 68% men, 31% women, and 1% preferred not to say. The age interval more represented in the online survey is of adults between 19 and 30 years old for both men and women and since only one person was a minor, 'minority age' was not an important variable to analyse in the research.

The respondents came from 13 countries of origin (Afghanistan, Algeria, Cameroon, Congo, Eritrea, Haiti, Iraq, Mali, Palestine, Somalia, and others), with most respondents, both men and women, coming from Somalia. The country was followed for number of respondents by the Democratic Republic of Congo, the Syrian Arab Republic, and Cameroon.

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³⁶⁶ Ibid., p. 225.

Almost all respondents (99%) already lived in the camp in February 2020. This, therefore, added value to the comparative responses between the current and the pre-pandemic human rights situation in the RIC of Vial.



Unfortunately, 36.3% of total respondents skipped four sections of the survey due to a technical mistake in the survey design. Therefore, the remaining 63.7% of complete

Algeria

Afghanistan

responses will form a sub-population (100%) to be analysed in the following sections: water, hygienic facilities, food, and movement.

The respondents affirmed that they received 1 or 2 bottles of drinking water equally (44.4% and 54% respectively), but notwithstanding how many bottles they received per day all respondents affirmed that the amount of water received was not enough.

The majority of the sub-population (75%) said that the number of toilets was not enough for all asylum seekers and migrants in the camp, and while half of them said the hygienic facilities were cleaned every week since the breakout of the pandemic, 29,2% reported it happened every month. The data shows that toilets in the RIC are separated for women and men and have showers, but lack hot water (90.3%), electricity (85.7%), and clean water all day (72.2%).

The majority of the sub-population affirmed that it is possible to get food in Vial every day but also claimed it is not enough. Moreover, the 79.1% confirmed that in order to access food and water in Vial the lines last many hours. Alternatively, 68% of the sub-population answered that they can cook their food in the camp or buy it in Chios Town (65.2%).

The data collected in the section of movement confirm that it is more difficult to exit Vial camp due to the implementation of COVID-19 restrictive measures. Indeed, most respondents affirmed it is difficult to get the authorization to go to Chios Town (58.3%) and that the reasons in the certification to exit Vial are not considered equally valid in the issuance of such authorizations (56.9%). Moreover, more than half the sub-population (55.5%) claimed they have to wait at least 3 hours to request the document.

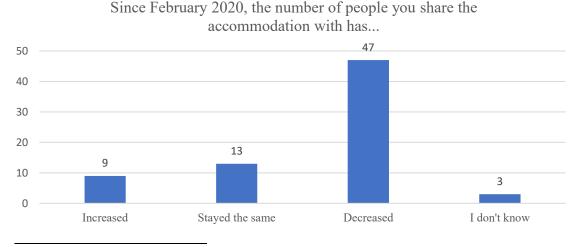
Only 32.7% of the total population affirmed they have the AMKA number, and 54.7% of respondents claimed that they have to wait 3 or more hours to get medical help in Vial. According to the residents of the RIC, getting an appointment with the hospital has become more difficult since the breakout of the pandemic (43.36%), along with getting psychological support (50.4%). Finally, 62.8% of residents affirmed they were tested for COVID-19.

4.9. Interpretation of the Results

In this paragraph, the results of the quantitative research will be explained and put in relation with the information acquired during the in-depth interview with the legal NGO working in Chios. The analysis will follow the design of the survey, and interpret the results obtained in each section.

The data collected in section 3, 'Adequate shelter', apart from the first question, is based on the sub-population of participants. It shows that in general, residents in Vial camp live in smaller groups, with most respondents (34.5%) living with around 5 people, followed by 26.6% with 20 people approximately. However, the remaining 38.9% who lived with either 50 or 100 people shows that a substantial percentage continues living in overcrowded facilities. The legal NGO interviewed confirmed that during Summer 2020, many arrivals increased the population reaching almost 6,000 residents. The scarcity of tents and containers forced the arrivals to establish themselves in the informal area of the camp. The latter is located in an area on the island rented by the government for which the permission expired. Therefore, although 20 UNHCR containers were available to enlarge the capacity of the camp, they could not be installed and used³⁶⁷.

The majority of participants (70.8%) affirmed that since February 2020 they have lived in the same accommodation. However, 57.5% of respondents affirmed that the number of residents they shared the accommodation with has decreased since February 2020, regardless of having changed or not accommodation in the timeframe.



³⁶⁷ Online interview with a legal NGO in Chios, Lecce, 27 April 2021.

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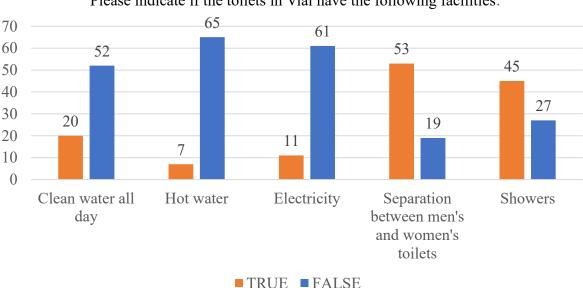
A positive relation between the variables 'number of people you shared the accommodation with' and 'there have been tensions between the people I live with and I' is noticeable in the data. On the one hand, 9.7% of respondents affirmed that the number of people they shared the accommodation with increased, and 82% of them confirmed that there have been tensions in the accommodation. On the other hand, less than half the people (35.38%) who answered that the number of residents they lived with has decreased since February 2020, reported there were tensions with fellow residents in the accommodation. Therefore, it appears straightforward that the results confirm the logical hypothesis that overcrowding nurtures tensions and violent behaviours in the already unstable conditions migrants and asylum seekers live in the camp. According to the legal NGO interviewed, already in optimal situations (e.g. where entire families live in containers) there are accusations of sexual harassment against cohabitants, or disputes arise on issues related to overcrowding and close coexistence (e.g. on energy/water usage, on noise as there are no diving walls)³⁶⁸.

Section 4: 'Water' investigated the access migrants and asylum seekers have in the RIC of Chios, where running water is non-potable. The majority of the sub-population (63.8%) responded that before February 2020 they received fewer bottles of water in the camp, while only 18.1% affirmed they received the same number. The data implies that either due to the restriction of movement in COVID-19 times more migrants and asylum seekers relied on water distribution in the RIC and for this reason received more bottles, or that the authorities increased the distribution of water bottles because of the mobility restriction. In any case, both the explanations are hypotheses and cannot be derived from the data the survey collected.

Section 5: 'Hygienic Facilities' posed questions about the number of toilets in the camp, how often were they cleaned since February 2020, and whether the toilets had the following facilities: clean water all day, hot water, electricity, a separation between men and women, and showers. Confirming the results of the quantitative research, the

³⁶⁸ Ibid.

interviewee of the legal NGO states that for some time during the lockdown residents of the camp had to rely on the distributed water bottles to cook and wash since it was not available in the sanitary facilities³⁶⁹. Moreover, such facilities were more overcrowded due to the movement restrictions that forced more residents to stay in the camp during the day³⁷⁰. The bad conditions of toilets, and the scarcity of water that runs out in the first hours of the day, drove residents to either excrete outside of attempt to build latrines in the unofficial area of Vial: the 'jungle'³⁷¹. The sub-population confirmed that the number



Please indicate if the toilets in Vial have the following facilities:

of toilets did not suffice the whole population of the camp, except for 25% of respondents. This percentage can be the result of the efforts of the Greek government to reduce the overcrowding in the reception facility, which was reflected in the choices of the respondents. Indeed, the online survey was administered in April and May, a time when the population of the RIC was not that different from the official capacity. The discrepancy about the answers on the frequency the hygienic facilities were cleaned at (51.4% 'every week', 29.2% 'every month', and 19.4% 'every few months') could be explained by the existing differences among living areas in the camp, and corresponding facilities. Furthermore, the absence of electricity in many hygienic facilities is a problem, especially for vulnerable people. Residents told the legal NGO that during the night entire

³⁶⁹ Online interview with a legal NGO in Chios, Lecce, 27 April 2021.

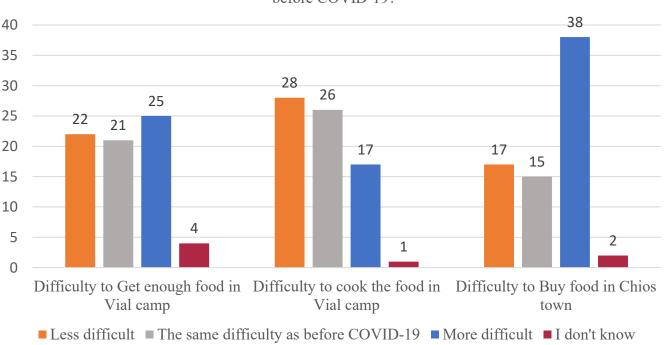
³⁷⁰ Ibid.

³⁷¹ Ibid.

families must leave the tents or containers and go to the facilities together to avoid episodes of violence to the members either using the toilets or staying in the accommodation unprotected³⁷².

Section 6: 'Food' explored whether the respondents had access to enough food in the camp if they could cook it or buy it in Chios Town, and how the situation changed since the outbreak of COVID-19. The comparative question 'Is today less difficult, the same, or more difficult to do the following tasks than before COVID-19?' did not emphasise a specific relation about the breakout of the pandemic and the increase in difficulty to get and cook food in Vial or buy it in Chios town. The only clear majority is noticeable in the responses on the difficulty to buy food in Chios town in comparison with before February 2020, where 52.7% of the sub-population agreed that it has become more difficult.

The question, however, shows heterogeneity in the response because the remaining participants claimed almost equally that buying food in Chios town is 'The same difficulty as before COVID-19' (23.6%) and 'Less difficult' (20.8%). The legal NGO interviewed, however, confirmed that residents have to start queuing very early in the morning (even



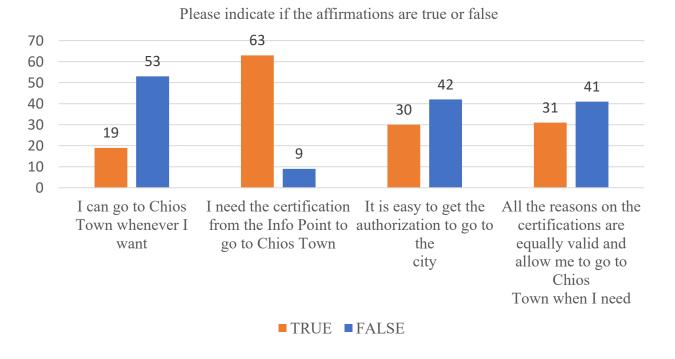
Is today less difficult, the same, or more difficult to do the following tasks than before COVID-19?

³⁷² Ibid.

at 4 am) to get food and water bottles at 11-12 am, and that those at the end of the line could not access it³⁷³.

This question was further analysed in combination with 'I can go to Chios Town whenever I want' under Section 7: 'Movement'. The analysis uncovered that 18.4% of those who responded that buying food in Chios Town got more difficult due to COVID-19, inconsistently affirmed they could go to the Chios Town whenever they needed. Similarly, 53% of those who considered that it is currently less difficult to buy food in town, contradictorily confirmed they could not exit Vial as needed. These data, therefore, show that personal experiences and perceptions play a major role in responding to questionnaires, and cause discrepancies in some answers that are logically and causally related.

In Section 7: 'Movement' respondents were asked to indicate if affirmations on movement were true or false, how long they had to wait in line to get the certification to exit the camp, and if having proof of appointment with the hospitals, or doctors, or lawyers, would ensure they could go to Chios Town. As previously stated, the respondents confirmed that it is currently difficult to leave Vial, however, 26.4% stated



³⁷³ Ibid.

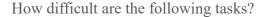
they could do so whenever they needed. Surprisingly, 12.5% of the sub-population claimed they do not need the certification of movement from the authorities in Vial, although mandatory according to the restrictions.

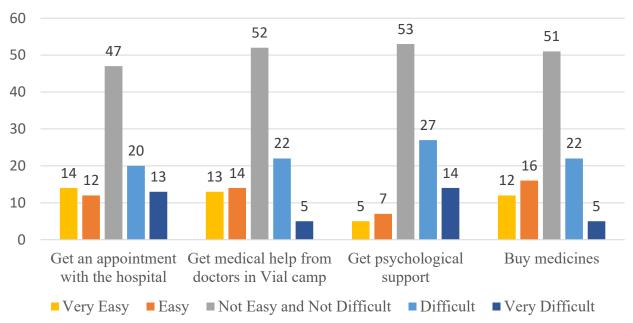
This raised some questions concerning the access to information migrants and asylum seekers have in the camp. However, the survey focused on the access to information on COVID-19 and behaviours to adopt to prevent its spread, hence it was not possible to analyse thoroughly the matter.

More than half the sub-population (55.5%) claimed they wait at least 3 hours to request the certification of movement, and 57% affirmed that not all reasons in such certifications are considered equally by the authorities in Vial camp. The latter group, when asked if having proof of appointment with organizations or actors on the island entailed higher probabilities to receive the permission to exit the camp, responded 'Maybe' and 'Yes' in similar percentages (46.3% and 43.9% respectively). The analysis suggests that the authorities arbitrarily decide who can or cannot exit the camp each day, possibly basing this choice on what reason for movement they consider strictly necessary for the resident, and the availability of proof of appointment.

Section 8: 'Healthcare' was based on the total population (113 respondents) and investigated how easy or difficult it was for them to currently perform certain actions in comparison with the pre-pandemic times. The actions were: 'Get an appointment at the hospital', 'Get medical help in the camp', 'Get psychological support', and 'Buy medicines'. Overall, it can be seen in the graph below that access to these services has become more difficult or stayed the same since the outbreak of COVID-19.

Few participants affirmed that it currently is less difficult to access them, with the percentages ranged from 7% to get psychological support, and 17% to get medical help from doctors in Vial camp.

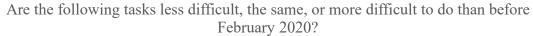


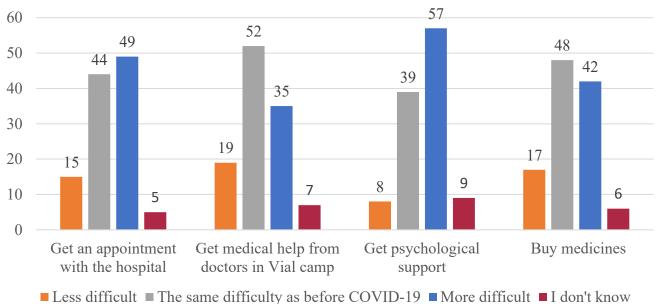


The data explains that according to the residents of the RIC, getting an appointment with the hospital has become more difficult throughout the pandemic (43.36%), as well as getting psychological support (50.4%). Indeed, during the lockdown the hospital of Chios did not accept independent appointments requested by residents, but only admitted patients from Vial upon referral from the medical teams³⁷⁴. The latter, however, visited and referred only urgent cases, regardless of whether the asylum seekers had the AMKA or PAAYPA numbers to access healthcare³⁷⁵. The difficulty has not varied according to the participants to get medical help in the camp (46%) and buy medicines (42.5%). Lastly, it is important to notice that while the results give a good description of how the situation changed throughout the pandemic for residents of the RIC of Chios, it cannot be derived whether access to the aforementioned services was already restricted before February 2020.

³⁷⁴ Ibid.

³⁷⁵ Ibid.

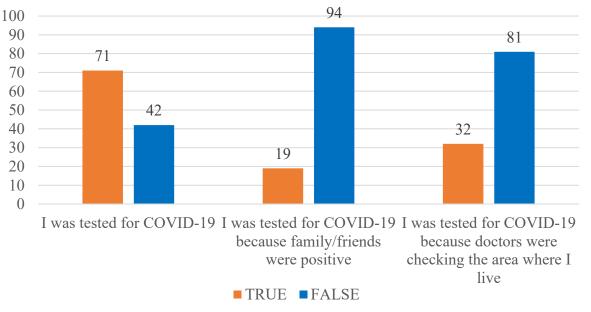




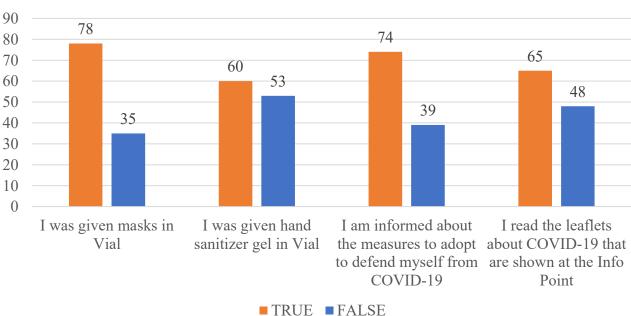
Section 9: 'COVID-19' asked participants if they were tested for COVID-19, as well as been given information about it, and their efforts to implement the recommended behaviours. While 62.8% residents, as previously stated in subparagraph 4.9. confirmed

they were tested for COVID-19, another 6.2% who had initially responded 'false', later

Please indicate if these affirmations were true or false



affirmed to have been tested either because family members or friends were positive, or because the medical staff was testing the area they lived in. Therefore, the real percentage of respondents who were tested for COVID-19 raised to 69%. It can be hypothesised from the data that residents have been tested also for other reasons in addition to the ones provided in the survey, which were only voted by 45% of respondents who got tested. The data reveals that the respondents adopt preventive behaviours against the spread of COVID-19 and are informed about the measures to adopt. The participants affirmed that they received both masks in Vial (69%), half of them were also given hand sanitizer gel (53%), they had access to information about COVID-19 (57-5%).



Please indicate if these affirmations were true or false

Of those 34.5 % respondents who claimed they were not informed about the measures to adopt to prevent the spread of COVID-19, more than half replied that they try to keep their distance from other people in the camp and wear the mask, and 33.3% of them also washed their hands often. It can be concluded that while the respondents have not necessarily received the information officially, the majority adopts COVID-19 preventive behaviours (71%) in the RIC.

The final section: 'Conclusion' asked participants to rate the difficulty to currently perform six actions. Respondents rated 'Not easy and not difficult' in all the categories;

therefore, the question was devalued in the purpose. However, by analysing the second highest-voted categories, it can be noted that getting an appointment with the hospital and psychological support were considered 'Difficult' and 'Very difficult' by the majority of participants (respectively 26.5% and 36.3%). In opposition, getting an appointment with the lawyers, to the asylum services, getting a COVID-19 test, and going to the supermarket were rated by many as 'Easy' or 'Very easy'.

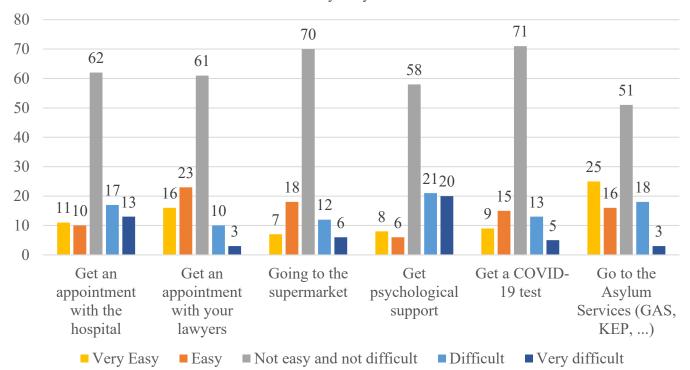
The conclusive question proposed a comparison among certain actions, some of which were already discussed throughout the survey. Indeed, respondents had answered questions about four of them which in turn were analysed in combination with the conclusive question to detect discrepancies.

The analysis proved that of those participants who initially claimed it was 'Easy' and 'Very easy' to get an appointment at the hospital (18.6% of the total population) only 57,7% coherently answered at the end of the survey. Surprisingly, in fact, 15.4% of them finally changed their opinion and indicated the access to the hospital was 'Difficult' and 'Very difficult'. Almost all the remaining respondents who initially considered getting an appointment at the hospital difficult or neutral confirmed their options at the end of the survey. Similarly, out of that 12.4% of people who initially claimed to have access to psychological support was easy, 25% then chose 'Difficult' and 'Very difficult' in the conclusive question. Those who initially claimed that getting psychological help in the camp was hard, either confirmed their choice (65.9%) or recanted it and opted for neutrality (26.8%).

4.10. The human rights situation for migrants and asylum seekers in the RIC in Chios during the COVID-19 pandemic

The NGO Equal Rights Beyond Borders (ERBB) drafted two reports in May and November 2020 to describe the human rights situation of migrants and asylum seekers in the RIC of Chios during the COVID-19 emergency. Both the reports were based on interviews with residents (from 15 to 55 years old) and some workers in Vial camp. The results uncovered a multitude of human rights concerns that worsened during the pandemic and could not prevent an outbreak in the RIC. Migrants and asylum seekers who live in "collective sites" are particularly vulnerable to contracting COVID-19

because of the overcrowding, the necessity to queue for hours to access basic services, the lack of hygiene products, poor health, and the insufficient medical services³⁷⁶. Such conditions will be reported in this paragraph to be later compared with the results of the quantitative online survey research.



Please indicate the difficulty for you to access these services:

However, before proceeding with the illustration of the results, it is relevant to explain what steps the Greek government announced to the European Court of Human Rights (ECtHR) on 1 and 21 April 2020 to prevent the spread of COVID-19 in Vial camp. The government listed the preventive measures that had already been implemented in the camp in a submission to the ECtHR. Such measures included the "possibility of hospitalisation in isolation any eventual COVID-19 case", and the request of "extract supplies for protection (masks, gloves, disinfectants)" and the distribution of two bottles of water per resident by the Greek Army³⁷⁸. In its research, ERBB reported that

³⁷⁶ G. Albertari, L. Brinkmann, J. Kessler, et al., May 2020, p. 2;

IASC,' Interim Guidance: Scaling-Up COVID-19 Outbreak Readiness and Response Operations in Humanitarian Situations', March 2020, p. 3.

³⁷⁷ 21/04/2020 Submission of the Greek Government in the case M.A., v Greece, Reference, application no. 15782/20, obtained by Equal Rights Beyond Borders as a representing party of the procedure.

³⁷⁸ G. Albertari, L. Brinkmann, J. Kessler, et al., May 2020, p. 9.

the measures practically implemented in the camp substantially differed from the ones the Greek government disclosed in the submissions to the ECtHR. The NGO described that in some cases the efforts aggravated problems in the camp such as overcrowding and the lack of water³⁷⁹. Additionally, the preventive measures focused more on the restriction of movement than the avoidance of a spread in the RIC³⁸⁰.

The human rights conditions in Vial camp remained troubling in the November update as the access to basic services remained difficult, and residents were not informed properly about the pandemic. Nevertheless, there were some developments concerning overcrowding since the government performed transfers to the mainland, COVID-19 testing for new arrivals and residents, and impeded access to legal representation³⁸¹. Such developments will be included in the illustration of the results of ERBB reports in the following paragraphs.

The adequate shelter was not a topic treated in depth in the reports because the living situation did not vary substantially since the outbreak of the pandemic. Residents continued living in cramped conditions in containers, UNHCR tents, and makeshift shelters with many other residents, and could not practice social distancing (even less self-isolating) in the accommodations, and neither during the lines to access services in the RIC³⁸².

Access to water was described to be insufficient in both reports. The serious condition concerning the lack of access to enough drinking water was detailed in May 2020 report, where interviewees claimed they received fewer water bottles than before the outbreak, even though the movement restrictions and consequent impediment to buying bottles in Chios Town should have meant an increase in water distribution in the camp³⁸³. Interviewees confirmed that in mid-March 2020 they were given either one bottle of water per day, or none, just as it happened to a young girl who could not access drinking water

³⁷⁹ Ibid., p. 11.

³⁸⁰ Ibid

³⁸¹ G. Albertari, V. Gleni, J. Kessler et al., 'November 2020 update - Neglected and Abandoned' The failure to prepare for COVID-19 outbreak in the Vial refugee camp', ERBB Reports, November 2020, p. 2. ³⁸² Ibid. p. 28.

³⁸³ G. Albertari, L. Brinkmann, J. Kessler, et al., May 2020, p. 15.

whenever she stood in the back of the line³⁸⁴. Such lines are so long that some respondents affirmed they needed to begin queuing at four o'clock in the morning to guarantee two bottles of water³⁸⁵. The possibility to receive drinking water depending on where a person stood in line was a cause of concern for vulnerable people who could not queue for many hours³⁸⁶.

Access to tap water was already a problem before the outbreak of the pandemic since both electricity and water in the toilets were restricted. The situation did not improve during the pandemic and all the respondents confirmed that tap water was available only at certain hours and was therefore hard to access to the point that some residents living in 'the jungle', the informal part of Vial camp, "had begun digging wells to find water for bathing and washing their clothes" Access to tap water depended also on where the residents stood in line, with the results that those at the end could not wash or shower for days 188. Due to the scarcity of tap water, residents of Vial camp had to rely on the few bottles they received for drinking, cooking, and washing, making the advised frequent handwashing to prevent the spread of the virus, naturally complicated 1889.

As previously stated, residents of Vial camp must stand in line for hours to access services, including food and water, which renders social distancing impossible for them. Although the officials working in the camp urged them to keep the advised distance from each other, respondents confirmed that no official ensures they do in practice³⁹⁰. Residents are indeed always vulnerable in the RIC due to the constant queueing to access services, and one interviewee admitted to ERBB that he decided to stop eating dinner to minimize his potential risk to contract the virus³⁹¹. Moreover, since services in the RIC were limited already before the outbreak of the pandemic, migrants and asylum seekers partially relied on accessing them in Chios Town. Due to the movement restrictions, however, they completely depended on the services offered in the RIC, and lines became

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³⁸⁴ Ibid.

³⁸⁵ Ibid.

³⁸⁶ Ibid.

³⁸⁷ Ibid.

³⁸⁸ G. Albertari, V. Gleni, J. Kessler et al., November 2020, p. 29.

³⁸⁹ G. Albertari, L. Brinkmann, J. Kessler, et al., May 2020, p. 15.

³⁹⁰ Ibid., p. 16.

³⁹¹ Ibid.

longer, especially to receive food, water, and medical help³⁹². Nevertheless, respondents stated that food distribution decreased from three to two times a day with the COVID-19 emergency³⁹³.

The reports described thoroughly the access to sanitary facilities and hygiene materials in Vial camp during the emergency. Some interviewees confirmed that soap was distributed at the InfoPoint of the camp, where residents go to access the asylum services, food and water distribution, and medical help, at least once by May 2020³⁹⁴. Moreover, they confirmed that although UNHCR distributed "sanitary bags containing toothpaste, a toothbrush and soap"³⁹⁵, the majority of residents could not collect one due to either the lack of information or the long queues that were formed. Finally, some interviewees affirmed they never received sanitary material from neither the government nor UNHCR³⁹⁶. The respondents noted that notwithstanding the overcrowding, no new sanitary facilities were installed in the camp by May 2020 (although they were in fact provided by UNHCR³⁹⁷), many existing ones were out of service, and the functioning ones were usually covered in human waste and not cleaned throughout April 2020³⁹⁸. The November update added that apart from the toilets added during the first lockdown, no new sanitary facilities were provided, and the bad condition of the existing ones (restricted electricity and tap water, no doors, lack of separated facilities for women) made residents prefer going to the bathroom outdoors³⁹⁹.

The restriction of movement was implemented for migrants and asylum seekers differently than for the rest of the population. While citizens could obtain permission to leave their homes via SMS, residents of Vial had to line for hours to request authorization from the camp officials⁴⁰⁰. Obtaining such authorizations was problematic because approximately 30 to 50 residents were allowed to exit the camp per day, so migrants and

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³⁹² Ibid. p. 17.

³⁹³ Ibid., p.16.

³⁹⁴ Ibid., p. 13.

³⁹⁵ Ibid.

³⁹⁶ Ibid.

³⁹⁷ UNCHR, 'COVID-19 Response Islands', 16 March 2020 to 30 April 2021, p. 2, (accessed 13 June 2021).

³⁹⁸ G. Albertari, L. Brinkmann, J. Kessler, et al., May 2020, p. 13.

³⁹⁹ G. Albertari, V. Gleni, J. Kessler et al., November 2020, p. 29.

⁴⁰⁰ G. Albertari, L. Brinkmann, J. Kessler, et al., May 2020, p. 17.

asylum seekers had to queue since five o'clock in the morning to attempt to receive it when the distribution started at 9 o'clock⁴⁰¹. Moreover, residents were not properly informed about what authorizations they required to go to Chios Town, and some of them were fined by the police (150 euros) even though they had sent the SMS to obtain such permission⁴⁰², or they were given a faulty one from the authorities in the camp (e.g. a resident was fined by the police although having the authorization because, it was later discovered, the wrong reason for movement was picked in the module, which was filled in by the camp officials)⁴⁰³.

Equal Rights Beyond Borders provided information on the composition of the medical staff in the RIC by reporting the content of a letter submitted by the Greek government to the European Court of Human Rights on 6 May 2020, which cited that in Vial camp:

"an infirmary of the National Public Health Organization (EODY), staffed with three doctors and six nurses, provides primary medical care. The NGO Salvamento Marítimo Humanitario, staffed with one doctor and one nurse, provides for complementary services in the afternoon. The infirmary is in contact with the Chios General Hospital by making referrals in case of cases which cannot be dealt with on the spot" 404.

During the lockdown, long lines characterised the access to healthcare in the camp, but only residents with fever or other COVID-19 symptoms were able to be visited. The situation continued in November 2020, where the interviewees confirmed that access to healthcare for medical issues unrelated to the virus was non-existent⁴⁰⁵

Specifically for the emergency, an 'emergency clinic' foreseen by the 'Agnodiki Plan' was created in April 2020 to isolate sick residents and vulnerable people. It was composed of four containers with a staff of one doctor and four nurses supervised its functioning, which however was relatively obscure to the majority of residents and camp officials⁴⁰⁶. Additionally, the death of an Iraqi woman in the facility, sparked unrest in the camp, and

402 Ibid.

⁴⁰¹ Ibid.

⁴⁰³ Personal knowledge acquired during the internship from October to January at Equal Rights Beyond Borders

⁴⁰⁴ G. Albertari, L. Brinkmann, J. Kessler, et al., May 2020, p. 18.

⁴⁰⁵ G. Albertari, V. Gleni, J. Kessler et al., November 2020, p. 26.

⁴⁰⁶ G. Albertari, L. Brinkmann, J. Kessler, et al., May 2020, p. 18.

a fire that "destroyed the facilities of the European asylum service, a canteen, warehouse tents and many housing containers" broke out⁴⁰⁷. By the end of October 2020, the quarantine facilities became two as a building in Lefkonia, previously functioning as a quarantine site for new arrivals was converted into an additional facility for the camp. Unfortunately, the two sites had limited capacity and could not host all the residents (more than eighty) who tested positive by the time the November Update was published⁴⁰⁸.

Information about the virus and the preventive measure against the spread of COVID-19 were distributed chaotically by the authorities in the RIC, with the results that rumours and conspiracy theories started to circulate among the residents⁴⁰⁹. ERBB noted that at the beginning of the emergency only a handwritten note was posted at the InfoPoint in the camp to justify the closure of the hospital, which did not mention the virus. Then only two flyers were posted by the authorities, one of which recommended to "avoid contacts with people who have fevers or are coughing, wash your hands frequently, and avoid touching your eyes, nose or mouth"⁴¹⁰, but that did not mention COVID-19, nor explained what it was and how it spread among people⁴¹¹. In fact, all interviewees confirmed that they had obtained more knowledge about the pandemic on the Internet than in the camp⁴¹².

In May, interviewees were not aware if COVID-19 tests were performed on the population of the camp⁴¹³, while by the beginning of November 1162 tests were conducted in the RIC, and 7% came back positive, confirming the national positive rate at the time⁴¹⁴. However, information about who had to be tested, how tests were conducted, and what would happen if a resident tested positive was not clear among the residents⁴¹⁵.

⁴⁰⁷ Agence France-Presse in Athens, 'Fire wrecks Greek refugee camp after unrest over woman's death', The Guardian, 19 April 2020, https://www.theguardian.com/world/2020/apr/19/fire-wrecks-greek-migrant-camp-after-iraqi-death-sparks-unrest, (accessed 30 May 2021).

⁴⁰⁸ G. Albertari, V. Gleni, J. Kessler et al., November 2020, p. 27.

⁴⁰⁹ G. Albertari, L. Brinkmann, J. Kessler, et al., May 2020, p. 12.

⁴¹⁰ Ibid.

⁴¹¹ Ibid., p. 11.

⁴¹² Ibid.

⁴¹³ Ibid., p. 18.

⁴¹⁴ G. Albertari, V. Gleni, J. Kessler et al., November 2020, p. 27.

⁴¹⁵ Ibid.

Masks have been mandatory in the camp during the lockdowns. However, many interviewees reported that in the first three weeks of October they only received a mask per person once, while one respondent received none, and another noted he received it only ten days after the lockdown started⁴¹⁶. The UNHCR supported residents of the RIC in manufacturing 2200 fabric masks by 28 October to alleviate the lack of their distribution. Nevertheless, ERBB highlighted that such masks "must be washed regularly, a challenge given the lack of tap water in the camp"⁴¹⁷. Finally, sentiments of injustice and distrust have spread among the residents since some employers and police officers working in the camp do not wear masks although mandatory⁴¹⁸.

In the November report, ERBB dealt thoroughly with the restrictions that migrants and asylum seekers are currently encountering to access legal services. Nonetheless, as the online quantitative research did not investigate said human right a comparison cannot be made with the results of the research conducted by the organization. For this reason, although being a human right worthy of analysis during the pandemic emergency, access to legal assistance and representation will not be treated further in this research.

CHAPTER 5: CONCLUSION

The following chapter will draw the conclusions of the Master Thesis, starting with the analysis of the methodology and performance of the research. Then it will illustrate the change in the access of economic and social human rights of the target population by comparing the results of the quantitative research and the ERBB reports. Finally, the concluding remarks will consider how future prospects in the construction of isolated reception centres will affect migrants and asylum seekers human rights and access to services.

5.1. The research

Although the research carried out slightly deviated from what was planned, it allowed to produce important results useful for the success of the study. The population that

⁴¹⁶ Ibid.

⁴¹⁷ Ibid.

⁴¹⁸ Ibid.

responded to the online surveys was a wide enough sample to be considered a good depiction, though inherently not representative, of the total population living in the RIC at the time of the research. The foreseen non-discriminative snowball sampling which evolved into a convenience sampling supported the research and ensured that residents participated thanks to their personal connection with the administrators of the surveys in the camp. The technical issues faced during the analysis of the results, namely the necessity to create a subpopulation for four sections of the survey, has not impacted the results of the research too extensively, since clear trends could be detected and compared with the existing reports to be validated or contradicted. While the planned methodology envisioned a mixed-type study that included a complementary qualitative research, the latter was unfortunately not possible to perform. Although interviewing multiple actors on the island of Chios was not feasible, the interviews conducted with the informant in the camp and the local legal NGO were essential to get a good understanding of the human rights situation of migrants and asylum seekers in Vial camp and how it has evolved since I last worked on the island in January 2021. Overall, the research design has proven effective to study how the human rights of the residents of the RIC on Chios have been affected by the implementation of COVID-19 preventive measures.

5.2.Human Rights of relevance for migrants and asylum seekers in the RIC 5.2.1. Adequate shelter

The living situation of migrants and asylum seekers in the camp of Vial has not changed significantly due to national COVID-19 responsive measures. The type of accommodation remained the same as before the pandemic, including UNHCR containers and tents, the latter hosting up to 125 people per tent, and makeshift shelters built by residents due to the overcrowding and lack of accommodation in the official area of the camp. Indeed, at the beginning of the national lockdown on 22 March 2020, the population of the RIC of Chios was 5,363 for 1,014 of total capacity⁴¹⁹, meaning that 4/5 of the residents lived in the unofficial area of the camp, called 'the jungle'. All kinds of

⁴¹⁹ General Secretariat for Information and Communication, 'Capturing the national picture of the refugee/immigration issue on 22/3/2020', 23 March 2020, available at https://infocrisis.gov.gr/8275/apotyposi-tis-ethnikis-ikonas-katastasis-gia-to-prosfygiko-metanasteftiko-zitima-tin-22-3-2020/, (accessed 15 March 2021).

accommodations continued to be unsafe, susceptible to the weather, unable to protect from extreme temperatures, and prone to incidents⁴²⁰ and the spread of fires⁴²¹. For almost the entirety of both national lockdowns, residents have continued to live in overcrowded facilities, with the impossibility of both social distance and self-isolate. The restriction of movement has increased tensions among cohabitants, and vulnerable people especially⁴²². As confirmed by the quantitative research, residents have shared the accommodations with fewer people since the outbreak of the pandemic. However, the research took place when through the implementation of regular transfers, the government managed to decongest the islands and brought the total population of the RIC of Chios close to its capacity (1,020 residents on 15 April⁴²³). The highest number of transfers was performed between October and November 2020 (584 residents), January and February 2021 (600 residents, after only 32 were transferred the month before), and March and April 2021 (550 residents)⁴²⁴.

It is straightforward that residents of the camp have not enjoyed the right to adequate housing as interpreted by the Economic Social and Cultural Rights Committee⁴²⁵, nor established by the ESC (revised)⁴²⁶, the EU RCD (recast)⁴²⁷ and the Greek IPA⁴²⁸. It can be derived, moreover, that their right to housing was undermined by the implementation of COVID-19 preventive measures as a result of the limited access to the relevant services as outlined in the 'EASO guidance on reception conditions' of 2016⁴²⁹.

⁴²⁰ HRW, December 2017.

⁴²¹ EuroMed staff, 5 April 2021.

⁴²² Online interview with a legal NGO in Chios, Lecce, 27 April 2021. It is plausible to assume that the quantitative research did not give strong evidence of this data, as the average respondent was a male adult. ⁴²³ General Secretariat for Information and Communication, 15 April 20201.

General Secretariat for Information and Communication, 'Important Announcement', https://infocrisis.gov.gr/category/simantikes-anakinosis/, (accessed 9 July 2021).

⁴²⁵ Economic, Social and Cultural Rights Committee, General Comment No. 4 on The Right to Adequate Housing, 6th session, 1991, para. 8(b).

⁴²⁶ European Social Charter (Revised) (adopted 3 May 1996, entered into force 1 July 1999) ETS 163, Article 31.1; Y. Ktistakis, pp. 48-51.

⁴²⁷ Directive 2013/33/EU of the European Parliament and of the Council of 26 June 2013 laying down standards for the reception of applicants for international protection (recast), OJ L 180, 29.6.2013, Article 17.

⁴²⁸ Law 4636/2019 (A169 Government Gazette, 01.11.2019) on International Protection and other provisions, Article 55.1.

⁴²⁹ EASO, September 2016, p. 14.

5.2.2. Food

There have been some changes concerning the distribution of food in the RIC on Chios after the outbreak of the pandemic, but, unfortunately, they were detrimental to the right to an adequate living condition of asylum seekers. While before the movement restraint imposed by the Greek COVID-19 preventive measures, residents of the camp could buy food from Chios Town and rely partially on the distribution of food in Vial, the restrictions bound them to the RIC and caused an increase in the demand for food in the camp⁴³⁰. The long lines that already characterized access to food and water in the camp lengthened to the point that asylum seekers started queuing before sunrise⁴³¹. If already before the pandemic vulnerable people were at risk of malnourishment for the difficult access to food distribution in the camp⁴³², it is reasonable to assume that the wider the population depending on it for subsistence, the more problematic the access for the vulnerable and those at the end of the lines⁴³³. The accessibility of food, therefore, was not sustainable and has become an interference to the enjoyment of other human rights, contrary to General Comment No. 12 of 1999⁴³⁴.

Vulnerability became widespread in the context of COVID-19 due to the overcrowding in the RIC, the inability to maintain the distance when queuing⁴³⁵, and the lack of enforcement of social distance by the RIC officials⁴³⁶. The results of the quantitative research mildly confirmed that access to food became more difficult after the implementation of national and RIC-specific quarantines, contrary to the EU RCD (recast)⁴³⁷, as well as the impossibility to social distance while in line. The latter has had a deterrent effect on the access to food and caused some asylum seekers to skip meals not to be exposed to the virus⁴³⁸. While the online surveys did not investigate the quality of

⁴³⁰ G. Albertari, L. Brinkmann, J. Kessler, et al., May 2020, p. 17.

Online interview with a legal NGO in Chios, Lecce, 27 April 2021.

⁴³² Refugee Rights Europe, 2017, p. 29.

⁴³³ Online interview with a legal NGO in Chios, Lecce, 27 April 2021.

⁴³⁴ Economic, Social and Cultural Rights Committee, General Comment No. 12 on The Right to Adequate Food, 20th session, 1999, para. 8.

⁴³⁵ G. Albertari, L. Brinkmann, J. Kessler, et al., May 2020, p. 16.

⁴³⁶ Ibid.

⁴³⁷ Directive 2013/33/EU of the European Parliament and of the Council of 26 June 2013 laying down standards for the reception of applicants for international protection (recast), OJ L 180, 29.6.2013, Article 17.

⁴³⁸ G. Albertari, L. Brinkmann, J. Kessler, et al., May 2020, p. 16.

food, the analyses of the pre-pandemic and the current human rights situation did. Residents of the camp have always criticized the food distributed in the camp and described it as spoiled, inedible⁴³⁹, and prone to induce food poisoning⁴⁴⁰, notwithstanding the obligations under IPA 2019 and GRO 2020⁴⁴¹. Last but not least, food distribution was counterintuitively reduced from three times to twice per day after the lockdowns were imposed, which diminished the chances to access food daily. Such provision was against the EASO guidelines of 2016, which established that the distribution of food had to take place at least three times per day for adults⁴⁴².

5.2.3. Water

Similar to the previous paragraph, access to water was already difficult before the outbreak of the pandemic but became substantially complicated after the movement restrictions were imposed. On the island of Chios running water is not potable, and Greek nationals, as well as the residents of the RIC, have always depended on the availability and distribution of water bottles to meet their needs. While before the COVID-19 pandemic residents managed to buy water bottles in Chios Town and, therefore, they only relied partially on their distribution in the camp, after the start of local quarantines and national lockdowns, the lines to ensure potable water became extremely long and could start at 4 am⁴⁴³. Social distance was impossible to maintain and access to water depended on the position asylum seekers had in line. Indeed, residents at the end of the queues had problems accessing water and food and could remain without for entire days⁴⁴⁴. Especially vulnerable people were at risk⁴⁴⁵ of dehydration and malnourishment. Potable water was used both before and after the outbreak of the pandemic for many purposes (drinking, cooking, cleaning) due to the shortage of running water in the sanitary facilities

⁴³⁹ European Court of Human Rights, *Kaak and Others v. Greece*, no. 34215/16, 3 November 2019; Online interview with a legal NGO in Chios, Lecce, 27 April 2021.

⁴⁴⁰ Refugee Rights Europe, 2017, p. 22.

⁴⁴¹ Ministerial Decision 23/13532 (5272/B Government Gazette, 30.11.2020), General Regulation on the Operation of Temporary Reception Facilities and Temporary Accommodation Facilities for third country nationals or stateless persons, operating under the responsibility of the Reception and Identification Service, Article 15.

⁴⁴² EASO, September 2016, p. 25.

⁴⁴³ G. Albertari, L. Brinkmann, J. Kessler, et al., May 2020, p. 15.

⁴⁴⁴ Ibid.; Refugee Rights Europe, 2017, p. 29.

⁴⁴⁵ Ibid.

of the camp, which ended up in the first hours of the day⁴⁴⁶. Frequent hand washing as required to prevent the spread of COVID-19 in the camp has been difficult to perform due to the lack of access to tap water and the few bottles received⁴⁴⁷. The results of the quantitative research are in contrast with what was reported by the NGO ERBB. As a matter of fact, the respondents to the online surveys claimed they have received more water bottles than before the outbreak, while the interviewees of the reports affirmed that they were given fewer bottles per day after the lockdown started⁴⁴⁸, usually 2 per person. The qualitative interview with the legal NGO working in Chios, however, specified that residents received 1.5 litres of water per day⁴⁴⁹, which had to be used for multiple purposes as explained above.

Due to the heterogeneity of the results, it is not clear to determine whether the right to water of residents was violated. It can be derived from the evidence, however, that the population of the RIC should have been the target of preventive measures for starvation and the spread of disease⁴⁵⁰, because of its vulnerability⁴⁵¹.

5.2.4. Hygienic facilities

Before the outbreak of the pandemic and the enforcement of movement restrictions for the reception facilities throughout Greece, the sanitation facilities in all RICs were insufficient in number due to overcrowding and therefore overused, poorly maintained, cleaned only once a month, and subject to sewage problems⁴⁵². Water and electricity were under strict control⁴⁵³ of the camp authorities and ran out in the first hours of the day, contrary to General Comment No. 15⁴⁵⁴ and EASO guidelines⁴⁵⁵, leaving most of the

⁴⁴⁶ Knowledge acquired when working in the field with ERBB; Online interview with a legal NGO in Chios, Lecce, 27 April 2021.

⁴⁴⁷ G. Albertari, L. Brinkmann, J. Kessler, et al., May 2020, p. 15.

⁴⁴⁸ Ibid.

⁴⁴⁹ Online interview with a legal NGO in Chios, Lecce, 27 April 2021.

⁴⁵⁰ Economic, Social and Cultural Rights Committee, General Comment No. 15 on The right to water, 29th session, 2003, para. 16; OHCHR, HR/PUB/14/1, 2014, p. 55; Committee on the Elimination of Discrimination against Women, General Recommendation No. 26 on women migrant workers, 2008, para.

⁴⁵¹ Ibid., paras. 17-18.

⁴⁵² E. Cunniffe, S. Pope, A. Potamianou et al., 2019, p. 38.

⁴⁵³ Ibid.

⁴⁵⁴ Economic, Social and Cultural Rights Committee, General Comment No. 15 on The Right to Water, 29th session, 2003, para. 12(a).

⁴⁵⁵ EASO, 'EASO guidance on reception conditions: operational standards and indicators', September 2016, p. 18.

population who had been standing in line for hours without access to sanitation. Toilets were reported to be often mixed⁴⁵⁶, which together with the poor lighting endangered vulnerable people⁴⁵⁷. Many residents also preferred to go to the bathroom outdoors than using the functioning toilets. The bad general hygienic conditions in the camp were prone to the spread of illnesses that could not be treated effectively as the unhealthy circumstances remained⁴⁵⁸. The access to sanitary facilities has worsened during the COVID-19 emergency due to the overcrowding, movement restraints, and the insufficient number of toilets for the population of the RIC notwithstanding UNHCR aid⁴⁵⁹, which however passed unnoticed among residents⁴⁶⁰. Indeed, although it would be reasonable to assume that in April 2021 residents could access it more easily, thanks to the decongestion of the camp after multiple transfers, 75% of the participants to the quantitative research confirmed the facilities were short in number. They described that they had neither clean nor hot water all day, nor electricity, but they had showers, and separated facilities for women and men, the latter being an improvement from the prepandemic situation. The research discovered that they were cleaned once a week, although only a mild majority confirmed that. However, the ERBB reports reiterated that most interviewees preferred to go to the bathroom outside due to their dirtiness⁴⁶¹. The results of the quantitative research and ERBB reports do not clash as they investigated different perspectives of the same human rights (frequency of cleaning and level of cleanliness).

UNHCR not only installed new sanitary facilities during the COVID-19 emergency, but also supported the existent WASH facilities of Vial camp, improved hygiene by maintaining the sanitary facilities (toilets, showers, and sinks), and provided materials to residents (hygiene items, personal protective equipment, solar water heaters)⁴⁶². Unfortunately, most interviewees of ERBB confirmed that they could not collect such

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⁴⁵⁶ UNHCR, 2018, p. 8.

⁴⁵⁷ Council of Europe, November 2018, para. 16; United States Department of State, 2020, p. 13.

⁴⁵⁸ Council of Europe, November 2018, para. 42.

⁴⁵⁹ UNCHR, 16 March 2020 to 30 April 2021, p. 2.

⁴⁶⁰ G. Albertari, L. Brinkmann, J. Kessler, et al., May 2020, p. 13.

⁴⁶¹ Ibid.

⁴⁶² UNHCR, 'COVID-19 Response in UNHCR Country Operations in 2020', available at https://reporting.unhcr.org/covid_objectives_report, (accessed 9 July 2021).

sanitary kits due to the lack of information or the long queues and did not receive anything similar from the government or other actors 463, including the relevant Unit in charge of the distribution of personal hygiene items under GRO 2020⁴⁶⁴.

5.2.5. Freedom of movement

Movement restriction has changed for migrants and asylum seekers living on the Greek northern Aegean islands with the start of the COVID-19 emergency. Residents of the RICs have been geographically bound to the islands since the implementation of the EU-Turkey statement and the fast-track border procedure, and the situation has become stricter due to national lockdowns and preventive quarantines for COVID-19. Before the outbreak of the pandemic, Greek Law 4375/2016⁴⁶⁵ foresaw the application of the fasttrack border procedure 466 as exceptional measure binding asylum seekers to the reception facilities, to have the asylum request processed in a maximum of two weeks. However, substantial delays have been reported numerous times⁴⁶⁷. Residents in the semi-opened facilities could go to Chios Town and access services but were required to spend the night at the facility. Such obligation was already deemed prison-like by some migrants and asylum seekers⁴⁶⁸. The Greek IPA 2019⁴⁶⁹, extended indefinitely the timeframe of the fast-track border procedure, established strict deadlines to accelerate the procedure⁴⁷⁰. Only those asylum seekers falling in the vulnerable categories could benefit from the lift of such geographical restrictions.

⁴⁶³ G. Albertari, L. Brinkmann, J. Kessler, et al., May 2020, p. 15.

⁴⁶⁴ Ministerial Decision 23/13532 (5272/B Government Gazette, 30.11.2020), General Regulation on the Operation of Temporary Reception Facilities and Temporary Accommodation Facilities for third country nationals or stateless persons, operating under the responsibility of the Reception and Identification Service, Article 5.1.

⁴⁶⁵ Greek Law No. 4375 (A'51 Government Gazette 3.4.2016) Organisation and operation of the Asylum Service, the Appeals Authority, the Reception and Identification Service and other provisions, Article

⁴⁶⁶ Challenged twice, the latter in 2019 by the Greek Council for Refugees, but the hearing is still pending. ⁴⁶⁷ Council of Europe, November 2018, para. 46.

⁴⁶⁸ M. James, 2019, p. 18.

⁴⁶⁹ Law 4636/2019 (A169 Government Gazette, 1.11.2019) on International Protection and other provisions, Article 90(3). 470 Ibid., Article 90(3)(c)

In March 2020, a Joint Ministerial Decision⁴⁷¹ enforced restrictive measures on the freedom of movement of residents, allowing exits to a maximum of 100 people per hour upon the issuance of a certification from the RIC authorities, and established a curfew from 7 pm to 7 am. Then, the Joint Ministerial Decision in July, amended both provisions, which remained valid until May 2021 (maximum 150 people leaving the camp per hour between 7 am and 9 pm)⁴⁷². According to the ERBB reports, however, the situation remained unchanged for residents of Vial camp, where the provisions were applied differently. Each day, indeed, the authorities issued authorizations to leave the RIC to approximately 30-50 people who had been lining since very early in the morning⁴⁷³. The reports affirm that there was no clear information concerning the procedure to be authorized to leave Vial, a result which was confirmed by the quantitative research (12.5% of the sub-population claimed there was no need to get a certification of movement from the RIC, and 26.4% of the sub-population confirmed they could exit Vial whenever needed). Indeed, many applicants were fined by the police for diverse reasons (including for holding authorizations incorrectly filled in, which are compiled by the camp officials)⁴⁷⁴. Finally, the very limited number of people allowed out of the camp of Vial per day, inherently resulted in the creation of an arbitrary 'scale of necessity' adopted by the camp officials to decide what residents had the urgency to go to Chios Town. As confirmed by Ghafoor, the informant living in the RIC on Chios interviewed, the reasons for movement considered urgent to leave Vial camp were, in order: accessing healthcare and legal services (with proof of appointment), and lastly going to the supermarket for basic goods⁴⁷⁵. Lastly, the restrictive measures implemented in the RICs lasted longer than the national lockdowns, contrary to the non-discrimination principle affirmed in

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⁴⁷¹ Joint Ministerial Decision No. 20030, (B985 Government Gazette, 22.03.2020) Measures against the emergence and spread of outbreaks of COVID-19 in Reception and Identification Centres throughout the territory for the period from 21.03.2020 to 21.04.2020.

⁴⁷² Joint Ministerial Decision No. 42069 (Government Gazette B/985/03.07.2020), Amendment and extension of force no. $\Delta 1\alpha$ / Γ.Π.οικ.20030 / 21.3.2020 "Measures against the emergence and spread of outbreaks of COVID-19 in Reception and Identification Centres throughout the territory for the period from 21.03.2020 to 21.04.2020", Article 1.

⁴⁷³ G. Albertari, L. Brinkmann, J. Kessler, et al., May 2020, p. 17; Results oft he quantitative research.

⁴⁷⁴ Ibid., Personal knowledge acquired during the internship from October to January at Equal Rights Beyond Borders.

⁴⁷⁵ Online interview with a Ghafoor, informant in Chios, Lecce, 14 March 2021.

General Comment No. 15 of the Human Rights Council⁴⁷⁶, and the movement restraint for migrants and asylum seekers was the dominant policy to prevent the spread of COVID-19 in the reception facilities.

5.2.6. Healthcare

After years of austerity measures in Greece⁴⁷⁷, access to healthcare became greatly complicated for migrants and asylum seekers living in the RICs across the country. The overcrowding of the facilities put great pressure on the medical staff provided by the government (KEELPNO first, and then EODY in 2019), which was constantly in shortage and unable to meet the demands of the residents. The terrible sanitary conditions in which migrants and asylum seekers lived⁴⁷⁸, combined with the stress and uncertainty considering the long wait for the results of asylum applications, made many develop psychological responses such as hypervigilance, stress, substance abuse, and self-harm behaviour⁴⁷⁹. 71.3% of the interviewees questioned by Refugee Rights Europe in 2017 confirmed they developed health problems after they arrived at the RIC of Chios⁴⁸⁰ and many reported that they were not able to access healthcare. The fact that the level of the general health of residents worsened after the arrival at Vial camp stands in violation of the EU CFR⁴⁸¹ and the RCD (recast), which obliges States to provide living conditions that protect the physical and psychological health of applicants⁴⁸². Other residents who could get medical help after long delays, confirmed that the visits were rushed, and the symptoms were treated instead of the medical condition, which at times worsened their general health⁴⁸³. The medical staff deployed by the government provided primary and emergency care in the facilities, as well as made referrals to the hospital and medical NGOs supporting their work. However, access to the hospital upon referral was

⁴⁷⁶ Human Rights Committee, General Comment No. 15 on The Position of Aliens Under the Covenant, 27th session, 11 April 1986, para. 7.

⁴⁷⁷ EuroMed staff, 2019.

⁴⁷⁸ R. Carlier, 25 December 2019.

⁴⁷⁹ E. Cunniffe, S. Pope, A. Potamianou et al., 2019, p. 39; Refugee Rights Europe, 2017, p. 23.

⁴⁸⁰ Refugee Rights Europe, 2017, p. 23

⁴⁸¹ Charter of Fundamental Rights of the European Union, (adopted 7 December 2000, legally binding 1 December 2009) C 326/391, Article 35.

⁴⁸² Directive 2013/33/EU of the European Parliament and of the Council of 26 June 2013 laying down standards for the reception of applicants for international protection (recast), OJ L 180, 29.6.2013, Article

⁴⁸³ Refugee Rights Europe, 2017, p. 25.

conditional on having the AMKA⁴⁸⁴. The constant shortage at which the medical staff performed, together with the overload of requests acted as a deterrent for doctors to fill in vacancies for months⁴⁸⁵. As a result, Vial camp remained without doctors multiple times, and nurses and medical NGOs had to deal with a large backlog attempting to provide the population of the RIC of Vial with healthcare.

After the breakout of the COVID-19 pandemic, access to healthcare for migrants and asylum seekers living in Vial camp drastically changed. Firstly, since the start of 2020, the IPA has subordinated access to healthcare to the PAAYPA⁴⁸⁶, the Temporary Foreigners' Insurance and Health Care Number, whose issuance began in April 2020 and was slow. Then, access to the hospital could only happen upon referral from the doctors in the camp, who gave priority to the visit of residents showing COVID-19 symptoms. Medical conditions unrelated to the virus were overseen during the lockdowns, contrary to ICESCR and RCD (recast) which oblige States to ensure the highest attainable standard of health to all people under their territorial jurisdiction⁴⁸⁷, and at least emergency care for applicants⁴⁸⁸. The quantitative research confirmed that access to healthcare became more difficult during the pandemic, whether residents had insurance numbers or not due to the COVID-19 emergency and the preventive measures imposed, contrary to the prohibition of its reduction and withdrawal under any circumstances, provided in RCD (recast)⁴⁸⁹.

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⁴⁸⁴ G. Moutafis, 3 August 2017.

⁴⁸⁵ E. Cunniffe, S. Pope, A. Potamianou et al., 2019, p. 40; Greek Council for Refugees (b), 30 November 2020.

⁴⁸⁶ The PAAYPA is valid until the asylum seekers gets the status of refugee. Then, the refugee must undertake an administrative procedure to obtain the AMKA, the health insurance number; Joint Ministerial Decision 717/2020 (199/B Government Gazette 31.01.2020) on Arrangements for ensuring the access of applicants for international protection to health services, healthcare, social security and the labour market, Article 55.

⁴⁸⁷ International Covenant on Economic, Social and Cultural Rights (adopted 16 December 1966, entered into force 3 January 1976) 993 UNTS 3, Article 12.

⁴⁸⁸ Directive 2013/33/EU of the European Parliament and of the Council of 26 June 2013 laying down standards for the reception of applicants for international protection (recast), OJ L 180, 29.6.2013, Article 19.1.

⁴⁸⁹ Directive 2013/33/EU of the European Parliament and of the Council of 26 June 2013 laying down standards for the reception of applicants for international protection (recast), OJ L 180, 29.6.2013, Article 20(5).

5.2.6.1. COVID-19 services

Access to healthcare, as previously stated, was highly related to COVID-19, therefore this sub-chapter will briefly compare the results of the quantitative research and the ERBB reports on the topic.

As the legal NGO reported in May 2020, information about the virus and the preventive measures to adopt was given chaotically to residents, who admitted they had obtained more knowledge on the Internet⁴⁹⁰, although Health Units are in charge of the distribution of health-related information in the RICs⁴⁹¹. By the time the quantitative research was completed, 71% of respondents adopted COVID-19 preventive behaviours, no matter if they had enough knowledge on the subject, or not. A confined majority of respondents also confirmed to have received hand sanitizer and masks, mandatory in the camp, during the lockdowns. ERBB, however, reported that UNHCR manufactured with residents, fabric masks to mitigate the lack of their distribution in the RIC. The Greek government provided in Joint Ministerial Decision No. 20030 the deployment of health units in the RICs for emergencies and to perform COVID-19 tests⁴⁹². Residents were initially not properly informed about the tests⁴⁹³, but by the end of the quantitative research, 69% of respondents confirmed they got tested. The health unit was in charge to administer the isolation structures installed in the RIC in conformity with the 'Agnodiki Plan' and due to the lack of intensive care beds in the hospital⁴⁹⁴. Information about their functioning was however lacking among both residents and camp officials⁴⁹⁵, and created tensions that erupted in the riot and fire of April 2020⁴⁹⁶. The reports and the responses gathered by the quantitative research confirm that although the measures imposed on the RIC of Chios were superficially explained to the residents and lacked coordinated

⁴⁹⁰ G. Albertari, L. Brinkmann, J. Kessler, et al., May 2020, p. 11.

⁴⁹¹ Ministerial Decision 23/13532 (5272/B Government Gazette, 30.11.2020), General Regulation on the Operation of Temporary Reception Facilities and Temporary Accommodation Facilities for third country nationals or stateless persons, operating under the responsibility of the Reception and Identification Service, Articles 5.2 and 5.3.

⁴⁹² Joint Ministerial Decision No. 20030, (B985 Government Gazette, 22.03.2020) Measures against the emergence and spread of outbreaks of COVID-19 in Reception and Identification Centres throughout the territory for the period from 21.03.2020 to 21.04.2020, Article 5.

⁴⁹³ G. Albertari, L. Brinkmann, J. Kessler, et al., May 2020, p. 18.

⁴⁹⁴ HRW staff, 22 April 2020.

⁴⁹⁵ G. Albertari, L. Brinkmann, J. Kessler, et al., May 2020, p. 18.

⁴⁹⁶ Agence France-Presse in Athens, 19 April 2020.

implementation (especially concerning the distribution of personal sanitation kits), the Greek government took steps to prevent possible outbreaks in the facility as provided by international and EU law⁴⁹⁷.

5.3. Future prospects

From the results of the study, it can be derived that the Greek preventive COVID-19 measures for the RICs, enforced mainly as restriction of movement, highly affected a multitude of economic and social human rights of migrants and asylum seekers, which were already undermined to a lower extent before the outbreak of the pandemic. The overcrowding in the facilities, combined with the movement restraint prevented residents to satisfy their needs and basic human rights by accessing services in the closest urban centres. Despite the attempts of the Greek government to protect the population of the reception facilities from COVID-19, indeed, the national response oversaw the implications of movement restriction on their basic human rights, which could have been preserved by tailoring better the response to the living situation of residents. Not only migrants and asylum seekers were ordered to remain in the RICs like nationals in their homes, notwithstanding the unsafe, unhygienic, and overcrowded living situation, the access to basic human rights in the facilities got harder alongside. While the poor distribution of sanitation kits was initially understandable due to the lack of masks and the hand-sanitizers on the market after the WHO declared the COVID-19 a pandemic, the decreased distribution of food and potable water allegedly was counterintuitive and unjustifiable. It is moreover clear that the implementation of the preventive measures differentiated across the RICs, and further narrowed the limitations imposed by the Ministerial Decrees. After a comprehensible adjusting period, the needs, and the basic human rights of vulnerable people, including migrants and asylum seekers in the RICs should have been protected as a priority.

The decongestion of the hotspots was a key development of the responsive measures that tackled overcrowding effectively and managed to bring the total population of the RICs to the official capacity through monthly transfers. However, the backlog of asylum

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⁴⁹⁷ Economic, Social and Cultural Rights Committee, General Comment No. 14 on The right to the highest attainable standard of health, 22nd session, 2000, paras. 44(b)(c); European Social Charter (Revised) (adopted 3 May 1996, entered into force 1 July 1999) ETS 163, Article 11.

seekers' fast-track border procedures was so large (the RIC of Chios hosted more than 5,000 residents for a capacity of 1,014) that it took almost two entire national lockdowns to reach the official size of the hotspots. Therefore, the movement restraint caused an additional health hazard to residents who were obliged to stay in the hotspots all day in close contact with possible COVID-19 positive cases, and then in quarantine as established by the Agnodiki Plan.

The restriction of freedom of movement, however, has been problematic since the creation of the RICs six years ago and indirectly caused the overcrowding in the facilities due to the delays in the judicial process, whose deadlines were reduced by IPA 2019 to ensure a fast border proceeding, but affected the procedural guarantees of asylum seekers. Consequently, there is a risk that the new isolated reception facilities called Multi-Purpose Reception and Identification Centres (MPRICs) will perpetuate a movement restraint on migrants and asylum seekers similar to that imposed during the pandemic and worsen the living conditions in the facilities, despite the greater capacity and the more proper accommodation they offer.

The prospects for the new MPRICs are not positive for the human rights of migrants and asylum seekers, despite the guarantees advertised by the EU Commission when granting funding for the creation of a new MPRIC in Lesvos in December 2020⁴⁹⁸, and then extending them to the islands, including Chios⁴⁹⁹. The MPRICs are part of a wider plan agreed by the Commission, the EU agencies, and the Greek authorities⁵⁰⁰, to ensure adequate accommodation to migrants and asylum seekers in line with the international and EU standards for reception conditions and best practices⁵⁰¹. The MPRICs are designed to ensure adequate living conditions and safe accommodation to residents, taking into consideration their vulnerabilities and needs. The isolated centres will provide

⁴⁹⁸ European Commission, 'Migration: Commission and Greece agree joint plan for a new reception centre in Lesvos', Press Release, 3 December 2020.

⁴⁹⁹ For the MPRICs in Lesvos and Chios the EU Commission granted 155 million euros, EU Reporter Correspondent, 'Migration management: Commission awards funding for new reception centres in Lesvos and Chios', 31 March 2021, EU Reporter available at https://www.pubaffairsbruxelles.eu/migration-management-commission-awards-funding-for-new-reception-centres-in-lesvos-and-chios-eu-commission-press/, (accessed 13 July 2021).

⁵⁰⁰ Ibid.

⁵⁰¹ European Commission, 3 December 2020.

access to services, including access to food, health, sanitation, counselling, access to clothing and non-food items as already provided by the EU RCD. New arrivals will be accommodated and informed properly about the functioning of the MPRIC, and vulnerabilities properly identified. The facilities will include safe zones for unaccompanied minors, children, and people with other vulnerabilities (e.g. single women), as well as dedicated recreational spaces and access to education. A closed adjacent will function as a detention centre (PROKEKA⁵⁰²) to ensure smooth return operations⁵⁰³. From the description of the design of the camps the similarity with the operation of the reception facilities in the EU and Greek legislation can be seen, as well as the good intentions of the new Pact on Migration and Asylum of which the project is part.

However, the objectives of these camps will have significant repercussions for the residents, who will be forced to live in isolation and practically segregated from the island population. As seen in past years, the intentions behind the creation of RICs have proven to be fallacious in practice, as the containment of migrants and asylum seekers has induced such overcrowding that adequate living conditions during the asylum process within the fast-track border procedure were impossible. This caused a high level of human suffering for the residents and forced humanitarian organisations to make up for the government's failure to meet the basic needs of migrants and asylum seekers⁵⁰⁴. Such human suffering (physical and psychological) was however avoidable, as affirmed by R. Mussa from MSF⁵⁰⁵. Therefore, the complications and human rights violations that were due to further restriction of movement of residents of the RICs during the COVID-19 emergency were not 'unfortunate', as claimed by the European Commissioner for Home

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⁵⁰² Amnesty International, 'Greece: worrying legal developments for asylum-seekers and NGOs', AI Public Statement, 4 May 2020, p. 5.

⁵⁰³ European Commission, 3 December 2020; EU Reporter Correspondent, 31 March 2021.

⁵⁰⁴ MSF, 'Greece and EU must change approach to migration as scale of people's suffering revealed', MSF Press Release, 9 June 2021, available at https://www.msf.org/greece-and-eu-must-change-approach-migration, (accessed 13 July 2021).

Affairs, Y. Johansson⁵⁰⁶. The outbreak of the COVID-19 pandemic, indeed, worsened already alarming conditions.

Amnesty International and MSF have both expressed their concerns about the human rights implication of the MPRICs. In its report from June 2021, MSF claimed that the new camps will inflict short- and long-term harm on residents who will live "surrounded by barbed wire fences" and will be unsafe for vulnerable people (e.g. children, women, and people of the LGBTQI+ community). Furthermore, the segregation residents will incur will equate to their criminalization for exercising their right to seek asylum of the Lastly, building larger camps during the COVID-19 emergency when smaller accommodations should be preferred that the promises and commitments of the EU and Greece will not be enough to improve the future living conditions of migrants and asylum seekers in MPRICs.

Finally, notwithstanding the proactive reaction of the Greek government to the COVID-19 emergency, the preventive measure implemented in the RICs had a generalized negative impact on the enjoyment of economic and social human rights of residents of the facilities, who already lived in precarious conditions before the outbreak the pandemic.

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⁵⁰⁶ S. Malichudis, 'Johansson Tours Greek Islands Nudging Authorities Over Migrant Centres', Balkan Insight, 29 march 2021, available at https://balkaninsight.com/2021/03/29/johansson-tours-greek-islands-nudging-authorities-over-migrant-centres/, (accessed 13 July 2021).

⁵⁰⁷ MSF, 'Constructing crisis at Europe's borders', MSF Reports, June 2021, p. 23.

⁵⁰⁸ Ibid., p. 24.

⁵⁰⁹ Amnesty International, 2020, p. 5.

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ABSTRACT

The human rights situation of migrants and asylum seekers forcefully living in the Reception and Identification Centres (RICs) on the Greek northern Aegean islands has been inadequate and overcrowded for years as reported extensively by international organisations. After the breakout of the COVID-19 pandemic, further complications got added to the difficulties that residents face and living conditions in the facilities were deeply affected as the responsive measures adopted by the Greek government mainly focused on the movement restraint of residents. The research analysed the human rights of residents in the RIC of Chios to determine the effects that local quarantines and national lockdowns had on them. An overview of the international, regional and domestic legislation related to the economic and social rights of migrants and asylum seekers was provided to detect the difference in the human rights situation in the RICs before and during the COVID-19 emergency. The quantitative research involved the administration of online surveys to residents of the RIC of Chios, to learn how their human rights and access to basic services varied after the advent of the pandemic. The results of the quantitative research were analysed and compared with reports by international and local NGOs and interviews performed and underlined some inconsistencies in the protection of basic human rights of residents and the implementation of COVID-19 responsive measures. Finally, some hypotheses about prospects and the implications of the creation of Multi-Purpose RICs as planned were drawn.

ABSTRACT

Die Menschenrechtssituation von Migranten und Asylbewerbern, die zwangsweise in den Aufnahme- und Identifizierungszentren (RICs) auf den griechischen Inseln der nördlichen Ägäis leben, ist seit Jahren unzureichend und die RICs sind überfüllt, wie internationale Organisationen ausführlich berichten. Nach dem Ausbruch der COVID-19-Pandemie kamen weitere Komplikationen zu den Schwierigkeiten hinzu, mit denen die Bewohner konfrontiert sind, und die Lebensbedingungen in den Einrichtungen wurden tiefgreifend beeinträchtigt, da sich die von der griechischen Regierung ergriffenen Maßnahmen hauptsächlich Bewegungseinschränkungen der Bewohner betreffen. Die vorliegende Arbeit analysiert die Menschenrechtssituation der Bewohner

im RIC von Chios, um die Auswirkungen der lokalen Quarantänemaßnahmen sowie nationalen Einschränkungen zu ermitteln. Es wurde ein Überblick über die internationale, regionale und nationale Gesetzgebung in Bezug auf die wirtschaftlichen und sozialen Rechte von Migranten und Asylbewerbern gegeben, um den Unterschied in der Menschenrechtssituation in den RICs vor und während der COVID-19 Pandemie zu erkennen. Die quantitative Forschung beinhaltete die Durchführung von Online-Umfragen mit Bewohnern des RIC von Chios, um zu ermitteln, wie sich ihre Menschenrechte und ihr Zugang zu grundlegenden Dienstleistungen nach dem Auftreten der Pandemie veränderten. Die Ergebnisse der quantitativen Forschung wurden analysiert und mit Berichten internationaler und lokaler Nichtregierungsorganisationen sowie durchgeführten Interviews verglichen und unterstrichen einige Ungereimtheiten im Schutz der grundlegenden Menschenrechte der Bewohner und der Umsetzung von Maßnahmen zur Reaktion auf COVID-19. Schließlich wurden einige Hypothesen über die Aussichten und die Auswirkungen der Schaffung von Mehrzweck-RICs wie geplant aufgestellt.