

Advancing Alternative Migration Governance



Protection in Lesvos during Covid—19:

A crucial failure

An interim report (deliverable 4.1.)

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Acronyms

AMKA: Social Security Number

CDC: Centre for Disease Control

CMD: Common Ministerial Decision

COVID-19: Corona Virus Disease 2019.

ECDC: European Centre for Disease Control

EKKA: National Centre of Social Solidarity

ELD: Emergency Legislative Decree

EODY: National Public Health Organization

EU: European Union

FRA: Fundamental Rights Agency

GCR: Greek Council for Refugees

HIAS: Hebrew Immigrant Aid Society

IACF: Interagency Consultation Forum

IASC: Interagency Standing Committee

IFRC: International Federation of Red Cross

IO: International Organization

IPA: International Protection Act

MCAT: Moria Covid Awareness Team

MDM: Médecins du Monde (Doctors of the World)

MRA: Medical Reception Area

MSF: Médecins Sans Frontières (Doctors without Borders)

ND: New Democracy (Political Party)

NGO: Non-Governmental Organization

OXFAM: Oxford Committee for Famine Relief

PAAYPA: Temporary Aliens Provisional Insurance and Health Care Number

PIKPA: Patriotic Institute for Social Welfare and Awareness

PPE: Personal Protective Equipment

PROKEKA: Pre-removal Detention Centre

PSS: Psychosocial Support

PTSD: Post Traumatic Stress Disorder

PWG: Protection working Group

RAO: Regional Asylum Office

RIC: Reception and Identification Centre

RIS: Reception and Identification Service

RSA: Refugee Support Aegean

SAR: Search and Rescue

SGBV: Sexual and Gender-based Violence

SYRIZA: Coalition of the Radical Left

UAM: Unaccompanied Minors

UNHCR: United Nations High Commissioner for Refugees

UNICEF: United Nations Children's Fund

WASH: Water, Sanitation, and Hygiene

WHO: World Health Organization

Preface

What does protection of people on the move and people stuck look like during a pandemic? What happens to protection issues during a pandemic in a situation of systemic neglect? What are the impacts of changes in state policy following the Covid—19 pandemic or other recent developments, such as the ongoing Greek-Turkish border dispute, on the protection of those displaced and with protection needs? To what extent does our understanding of the impact of policy changes on protection depend on how and on whose terms do we understand protection? How does exploring protection from above or from below, in theory or in actual practice, from the perspective of the legislator, the politician, the humanitarian worker or the displaced alter how protection is understood? Does protection in practice differ between what we call the frontstage of entry and arrival sites such as hotspots and the backstage of camps and urban residences with their different temporalities and why?

These are some of the key questions under discussion in this ADMIGOV report on the state of protection in Greece during the Covid—19 pandemic.

This report aims to contribute to the systematic understanding of various legal, medical, social and political aspects of protection on the basis of original field research in the Aegean ‘front-line’ and during the initial phases of Covid—19(March-June 2020). It offers a comprehensive account of the multiple protection challenges raised by the pandemic through the lens of the Eastern Aegean island of Lesvos, which has been the undisputable epicentre of the so called ‘European refugee crisis’ of 2015-6. The focus on a single island helps us to achieve greater depth in the study of protection practices on the ground as well as emergent gaps.

Throughout this report we use the terms ‘displaced people’ or ‘irregular travellers’ as our own descriptive categories in order to refer to all those who are the subjects of humanitarian protection. The terms ‘asylum seeker’ and ‘refugee’ are used in their official, legal sense as defined in International and Greek law.

Part One

Chapter 1. Theoretical and methodological introduction

Protection is a malleable term, without a fixed meaning. Officially, the Inter-Agency Standing Committee (IASC) defines protection as “... all activities aimed at obtaining full respect for the *rights* of the individual in accordance with the letter and the spirit of the relevant bodies of law (i.e. International Human Rights Law (IHRL), International Humanitarian Law, International Refugee law (IRL))” (IASC, 2016:2, our emphasis). Yet international organisations, states and humanitarian actors take a number of actions and engage in a number of practices in the name of ‘protection’ that often exceed or contradict the IASC’s legalistic definition. Therefore, it is important to unpack this official definition of protection with the key issues being: what do these actions and practices look like on-the-ground and how can studying these practices, in place and as they happen, help us think differently about protection as a response to displacement?

In answering these questions, we are guided by work in critical humanitarianism studies that has argued humanitarianism, understood as saving lives, ending suffering and upholding human dignity, is concerned with practices of both care *and* control (Agier, 2011; Pallister-Wilkins, 2015; Ticktin, 2011). Humanitarianism, it is argued by humanitarian practitioners should do no harm, and yet it is also acknowledged that this is more of an ideal rather than an end result (Anderson, 1999). For us, humanitarianism is both an ideal and a practice. In providing the necessary conditions for life, protection is both a normative ideal around the universal value of human life and an instrumental form of intervention concerned with protecting and upholding wider societal security (Calhoun, 2008). Practices of care are often accompanied by practices and infrastructures of control, including policing, mobility restrictions, and the collection and aggregation of data, and they take place in camps, clinics, and hospitals to name a few (Pallister-Wilkins, 2018b).

To turn to Lesvos, protection in this large frontline island of NE Aegean happens within the context of European practices of border control (Côté-Boucher et.al, 2014, Jeandesboz et.al, 2020) aimed at keeping displaced people outside of European territory. As shown in earlier ADMIGOV research, Lesvos as a border entry point has direct implications on and links with protection needs, wherein border governance, the mobility of those seeking protection and subsequent protection responses are intimately interrelated. In Lesvos the border itself becomes not only a site of protection responses but a cause of harm requiring such responses (Jeandesboz et. al, 2020). In this interrelationship exclusionary border controls “reinvent the border as a space of humanitarian government” (Walters, 2011: 138) performing what has been called *humanitarian borderwork* (Jones et.al, 2017). Humanitarian borderwork ‘introduces new actors... produces new spaces constituted around the provision of basic needs while introducing new categories of life and consolidating socio-political hierarchies’ (Jones et.al, 2017: 6). Humanitarian practices are increasingly performed in border spaces and form new repertoires of action from both transnational, such as the EU, and state authorities, such as Greece (Pallister-Wilkins, 2015) alongside mainstream humanitarian actors (Pallister-Wilkins, 2018a) and solidarity initiatives (Papataxiarchis, 2016a, 2016b; Rozakou, 2016, 2017). Where it is argued

humanitarian protection can be understood as a form of security practice concerned with providing the necessary conditions for life while maintaining political stability and thus working with rather than challenging securitised responses to migration (Pallister-Wilkins, 2015, 2018b).

On-the-ground we have seen a variety of responses and alternative practices that compliment or counter official initiatives (Pallister-Wilkins, 2017, 2018a, 2019). Research during the recent ‘refugee crisis’ has not only challenged the obfuscation generated through crisis-labelling (see Pallister-Wilkins, 2016) but has also highlighted how concerned citizens, advocacy groups and other parties have stepped in and attempted to interpret official protection discourse and apply the underlying principles of protection in projects that are often informed by alternative understandings and politico-ideological principles such as ‘hospitality’ (Baban and Rygiel, 2017; Friese, 2010; Rozakou 2012) and ‘solidarity’ (Papataxiarchis, 2016a, 2016b, 2016c; Rozakou, 2016, 2017). These grassroots initiatives and projects are testimony to the limitations of the existing protection frameworks and activities. These initiatives and projects exist in relations of either complementarity (Cuttitta, 2018a&b) or programmatic opposition (Sandri, 2018) to formal mechanisms of protection. In doing so they *de facto enlarge the terrain of protection* normatively and practically while providing a rich laboratory in which *official forms of protection are contested, rethought and reworked*. For us these many informal initiatives and unofficial alternatives, often informed by a vibrant humanitarian imagination, provide an inspiration.

Alongside this we see the emergence of new needs, linked both to the transformations of migration dynamics and to changes in the humanitarian scene (Pallister-Wilkins, 2018a). On Lesvos, after the “EU-Turkey deal” and the imposition of the “geographical restriction”, mobility off the island has become a tool of protection, through processes of decongestion and vulnerability assessments whereby new mobility-vulnerability hierarchies have emerged based on particular characteristics (Pallister-Wilkins, 2019). Meanwhile, enforced immobility on the island exacerbates needs and produces new forms of intervention due to overcrowding and longer-term residence (Pallister-Wilkins, 2018b, 2020).

As an official category ‘protection’ is inspired by a hierarchy of values that are often in dissonance with the value hierarchies, the ethno-cultural and religious sensibilities and the corresponding expectations of those who are being ‘protected’. We therefore also take the perspective of those seeking protection into account more systematically, at least in order to deal with the many ‘cultural misunderstandings’ that thrive in the field of humanitarian assistance. The field of protection is fraught with the identification and imposition of categories and normative assumptions even at the level of identifying and designating individuals, groups, and whole communities as in ‘need of protection.’ Protection therefore involves hierarchies and positionalities of power that cannot be ignored (Feldman and Ticktin, 2012, Papataxiarchis 2017b, Cabot 2019).

Towards a bottom-up approach to protection

Therefore through focusing on protection as it is actually practiced (i.e. ‘practical protection’ vs ‘theoretical protection’) we argue that protection is not primarily an abstract, formal principle, which has led to the production of a rich legal superstructure focusing on rights;

or as a technical problem to be fixed through the implementation of initiatives that address basic needs, but mainly as informal and formal practices that cover a wide range of functions/needs that can be approached relationally, from both protection providers and protection recipients. As we approach protection in terms of practice, we understand that different actors interpret protection differently in accordance with their various ethno-cultural backgrounds and their subject positions as humanitarian actors, migrants and refugees, state officials, or members of local societies.

Building on this understanding we investigate how actors on the ground see protection needs in a variety of situations, to what extent the formal definitions of protection by official humanitarian actors meet the expectations of those in need and how those expectations and needs vary across time and space. But more than this, and in keeping with our bottom-up approach, we analyse the effects of alternative, informal forms of protection organized around the notions of ‘hospitality’ and ‘solidarity’ and consider the prospect of incorporating them in future protection regimes.

This approach enables us to account for both longer-term systemic issues and the everyday fluctuations in both needs and assistance while keeping sight of the multi-level nature of protection work, from international norms and organisations, to transnational actors like the EU, state-level policies and practices and local responses.

Lesvos as a laboratory

We focus our work on Lesvos for a number of reasons. Firstly, Lesvos is the centre of the humanitarian regime in Greece, if not the EU as a whole. The multiplicity of actors, transnational to grassroots, cannot be found all together anywhere else. Secondly, the length of time protection work has been ongoing in Lesvos enables us to carry out a longitudinal study over a number of years, from an in-depth bottom-up, perspective while observing the impact of transnational, national, and local actors, who are all active on the island. Finally, all of this means Lesvos is a laboratory of sorts for humanitarian responses to people on the move and people stuck. As a place of ‘high migratory pressure’ according to the EU, Lesvos is home to a number of *experimental practices* including the EU’s ‘hotspot approach’ that combines border security concerns with protection issues (Pallister-Wilkins, 2018b) and speaks to the complexity of protection within wider systems of migration governance. Since the summer of 2019 the ‘hotspot’ in Moria has developed into Europe’s first Camp City (Agier, 2011; Karathanasis 2020) where we can observe the logics of refugee governance up close and over time.

In accounting for different times or stages of refugee governance on Lesvos and the different spaces of protection that have developed we talk of *front and back-stage*. These differentiations while not fixed help us to convey with clarity spatial and temporal dynamics. Frontstage refers to the spaces and times of initial arrival, such as the hotspot, and backstage refers to spaces, often but not necessarily urban, following arrival where status is stabilised. Time is not fixed or follow a clear timetable in these instances. Some people may spend a long time in the hotspot, while others may move through processes of registration and gain a status that allows them to move to the back-stage, in Mytilene or even Athens, more quickly, often in relation to other vulnerabilities and protection concerns. Front and

back-stage therefore allow us to hale the fluctuating dynamics of refugee governance on Lesvos more coherently and grasp the various shades and degrees of protection depending on context.

The report addresses the wider issue of protection in the pandemic on the basis of original research. Through the work of the senior researchers of our team on Lesvos for a number of years and through our intensive research in the recent period, we have access to and have compiled a strength in depth in terms of data. Our data is wide ranging and includes primary data made up of extensive, long term field research and deep knowledge of the field, observations of key stakeholder meetings, the dynamics of the hotspot, and interviews with key actors from the across the spectrum; secondary data including official documents, laws, and policies alongside access to other research projects, such as the H2020 RESPOND project, whose work we compliment and continue with ADMIGOV. Our report also continues aspects of the research that have been included in an earlier ADMIGOV report on entry through the sea (Jeandesboz et al., 2020).

More particularly, this report is based on twenty-one interviews. Seven of them were conducted via Skype with the camera on, three of them via phone and eleven of them in person. Eighteen of them were recorded while in three of them the Interviewer was keeping notes. Fourteen of the interlocutors are humanitarian workers in I/NGOs, one is a volunteer, one is a doctor at the General Public Hospital of Mytilene and five are Asylum Seekers (see Appendix: Table 4).

Most of the interviews are part of nine months of field research on the humanitarian scene in Lesvos by the main researcher of the project. This involved one month of participant observation inside the Lesvos Registration and Identification Center (RIC) in Moria as a volunteer with the Psychosocial Support (PSS) team of an NGO, systematic participation in Protection Working Groups (PWG) and Inter-Agency Consultation Forums (IACF) organized by UNHCR, as well as participation in a wide range of relevant activities and interactions with humanitarian workers and displaced people. The above-mentioned period guided us to scrutinize and map the situation on the island in terms of the presence of humanitarian actors, service provision, interaction with state actors and public services and the role of the authorities such as the police, coast guard, and FRONTEX.

Our interlocutors for the interviews have been chosen after a very detailed mapping of the humanitarian scene on the island. The criteria for their selection concerned the special Covid—19 emergency period and were related to the sectors they specialize in. We were interested in covering the various fields of medical, legal and basic assistance, practitioners' various positions and roles within professional hierarchies and their areas of operational intervention.

The above set of criteria reflected a first-hand understanding of the situation and its dynamics on the inside of the organizations (international personnel/local coordinators/case workers/volunteers) and the twofold role of state actors and structures in respect to the local society and the communities of displaced people.

Our research is complemented by desk research on primary and secondary sources. These include announcements and statements of organizations, letters and responses from the Ombudsman, audio-visual material published by journalists or the displaced themselves on Facebook, academic and press articles analysing the Covid—19 emergency, as well as regulations and laws published in the official Government Gazette.

Special mention should be made to reports by I/NGOs and European Organizations which contain valuable information on the legal frameworks and their impact on protection. These include reports by the EU Agency for Fundamental Rights (FRA), The Asylum Information Database (AIDA) managed by the European Council on Refugees and Exiles (ECRE), the Greek Council for refugees (GCR), the Oxford Committee for Famine Relief (OXFAM) and the Hebrew Immigrant Aid Society (HIAS).

It must also be acknowledged that Covid—19 has had an impact on our abilities to be present in the field for data collection purposes. Our principal researcher on Lesvos, was, like the rest of the population, subject to lockdown, meaning many interviews had to be conducted virtually, by phone or Skype. Other researchers were restricted from travelling to Lesvos due to lockdowns, national and international travel restrictions. Meanwhile our humanitarian interlocutors' attention was focused, as it should be, on tackling the pandemic, restricting our access to the field further as their availability was limited. All researchers in the project are acutely aware of our responsibilities to ensure a duty of care to our research respondents, which are only heightened in a pandemic where research in the field has the potential to act as a vector of transmission. This is especially important when dealing with vulnerable and excluded populations like the displaced community on Lesvos.

Report structure

This report is divided in three parts with two chapters each. The report develops along two axes. The differentiation between two perspectives, '*from the top*' and '*from below*'(which is the organizing principle of Parts 2 and 3 respectively), as well as the differentiation between '*frontstage*' and '*backstage*'(which is the organizing principle of Chapters 5 and 6 of Part 2 respectively).

Part 2 offers a perspective of protection from the top and is primarily based on desk research and the study of official materials but also relies on insights from the interviews and the online fieldwork in the Protection Working Groups (PWG) and the Inter-Agency Consultation Forums (IACF). Part 3 offers a perspective of protection from below and is primarily based on field research and interviews.

The report proceeds as follows. After discussing the theoretical and methodological premises of our research in Chapter 1, we provide in Chapter 2 the rich historical background of protection practices and the socio-political dynamics within a wider Greek context and situate current protection practices within the multiplicity of management, border and health crises that erupted almost simultaneously in Lesvos at the beginning of 2020. Following that, in Part 2 we discuss in detail the official policies and initiatives in the

fields of legal (chapter 3) and medical (chapter 4) protection as these develop in response to the current challenges.

Official policies and accounts as seen ‘from the top’ are then contrasted and critically assessed in terms of the actual situation on the ground (see Part 3) as it is observed ‘from below’ and accounted by the different subjects of our research, primarily humanitarian workers and displaced people, in the period under study, i.e. between February and June 2020. Chapter 5 discusses protection practices, needs and gaps at the front stage, which includes the points of entry, at sea or on the shore, and most importantly, the hotspot of Moria, where the identification, registration and bureaucratic management of new comers is performed (see Jeandesboz et al., 2020). Chapter 6 discusses protection practices, needs and gaps at the backstage, including various structures of accommodation for displaced people in the town of Mytilene involving two camps, respectively run by the Municipality and an NGO as well as private apartment accommodation. A concluding chapter summarizes the main findings of the report and makes some critical reflections on the decision to temporarily suspend asylum and question what this means for the future of asylum as a form of protection in Greece. This is followed by an in-depth account of the continuities and changes to protection practices occurring under the dynamics of Covid—19.

Chapter 2. Historical background: a multiplicity of challenges

The in depth understanding of the protection needs, challenges, and responses in the otherwise fluid social and political environment of Greece requires systematic contextualization. This is particularly true in the case of Lesvos, where the arrival of Covid—19¹ and the eruption of the pandemic in the first quarter of 2020 coincided with a unique set of circumstances¹ including the ongoing border contestation between Greece and Turkey and violent clashes between local society and the police who had been sent to the island by the Greek government in order to enforce the attempted restructuring of the hotspot. The coming together of these three issues— *a pandemic within a border dispute within contested attempts at migration management restructuring* — deeply affected the extent and quality of protection as the working capacity of the humanitarian sector on the island was significantly reduced (see Papataxiarchis, 2020). In this chapter we first reflect on the struggle over the Greek government’s attempts at restructuring migration management on the island, before moving on to examine the impact of the border contestation, and lastly reflecting on the impact of Covid—19. The analysis of this unique combination of challenging circumstances is based on field research in Lesvos during 2019 and the study of primary and secondary sources.

The migration management struggle

The *management struggle* was primarily related to both an important *shift in migration policy*, due to the change in government (from SYRIZA to New Democracy) in the summer of 2019, and a dramatic *change in the demography* of the displaced population following a large increase in arrivals, leading to the further deterioration of living conditions in the Lesvos RIC. The conservative New Democracy (ND) government signalled their desire to apply a new dogma, that of the ‘closed camp’, that was largely informed by a priority of ‘safety’ (for Greek citizens), a narrow understanding of asylum and a firmer policy of deterrence at sea and on the land border (resulting in numerous allegations for push backs). This new policy was reflected in a number of legislative initiatives relating to Greek asylum policy (see below), and, after long delays and revisions, it eventually materialized in an ambitious plan to restructure the hotspots in the Aegean. The plan included the making of a new RIC in the mountainous range of Lepetymnos near the northern shores of Lesvos.

On the other hand, irregular ‘entries’ to Lesvos increased significantly in comparison to previous years. It is characteristic that sea arrivals in Greece increased from 2.075 in November 2018 to 8.306 in November 2019.² ‘Exits’ from the islands (in the form of transfers to the mainland, voluntary returns or returns to Turkey) failed to follow this increase. Overall, the general pattern of displaced people resident on the island, historically combining the hotspot of Moria and the municipal camp of Kara Tepe with smaller camps,

¹ For a chronicle of these events see Observatory of the Refugee and Migration Crisis in the Aegean, *Letters from Lesvos*, 1,2 and 3, March-April 2020, <https://refugeeobservatory.aegean.gr/el/node/2541>.

²<https://data2.unhcr.org/en/documents/details/73099>.

Autumn 2012	Building of the border fence in Evros and Operation 'Aspida' (police surge). Border crossing shifts (back) to the Aegean.
2013	Creation of registration center at Moria, Lesvos.
January 2015	SYRIZA wins the legislative election and forms a new government.
June 2015	The European Commission endorses the 'hotspot' approach to migration management. The registration centre of Moria is transformed into one of the five hotspots in the Aegean.
Summer-Autumn 2015	Numbers of arrivals increase to record levels, Lesvos becomes a transit point for onward journeys of half a million displaced people, a number of satellite sites develop across the island, Moria continues to operate as a registration point.
September 2015	Kara Tepe is established by the Municipality of Mytilene, built with the help IRC and run in conjunction with the UNHCR.
Autumn 2015-Winter 2016	Arrivals continue, humanitarian industry, both grassroots and international, becomes established on the island.
March 2016	EU-Turkey Statement comes into effect, imposing a geographical restriction on new arrivals to the island, a number of humanitarian organizations withdraw from the Lesvos RIC.
2016-2019	The geographical restriction leads to severe over-crowding and worsening conditions on the island. There are a number of deaths in the Lesvos RIC in Moria.
July 2019	New Democracy wins the legislative election and forms a new government.
January 2020	The new International Protection Act (4636/20) comes into effect. The migration management crisis in Lesvos: the government fails to implement the restructuring of the hotspot because of strong local reactions.
February 2020	The Greek-Turkish border crisis.
2 March 2020	Greece suspends the submission of Asylum Applications for one month.
22 March 2020	Covid-19 Pandemic: Restrictions of movement in RICs.

structures and apartments, did not radically change, with the exception of the closure of alternative structures of self-organized residence by the government. For example, according to the official Police data on 1/2/2020 there were 21.708 displaced people residing in Lesvos who were distributed as follows: 19.505 in the Lesvos RIC, 1.185 in the municipal camp of Kara Tepe, 691 in apartments administered by UNHCR and its partner NGOs (eg. Iliaktida), 76 in special structures, while 113 were under arrest and 140 in

accommodation reserved explicitly for under age minors and other vulnerable categories of people.³

Given the historical fixity of the accommodation infrastructures on the island, the ‘surplus’ population accumulated mostly in the hotspot,⁴ where they were first taken for registration. As an effect the population of the hotspot (see Figure 1) reached levels well beyond its official capacity of 2.840 (on 1/2/2020). In a short period of time the new comers expanded the unofficial perimeters of the hotspot, building make-shift shelters further-and-further into the surrounding olive groves and consolidating the hotspot as what we could call the first ‘camp-city’ in Europe.⁵ The living conditions of those in and around the Lesvos RIC significantly deteriorated during the last half of 2019, while the continued overflow of the camp and the conflicts that followed signalled the beginning of a new cycle of unrest on the island.

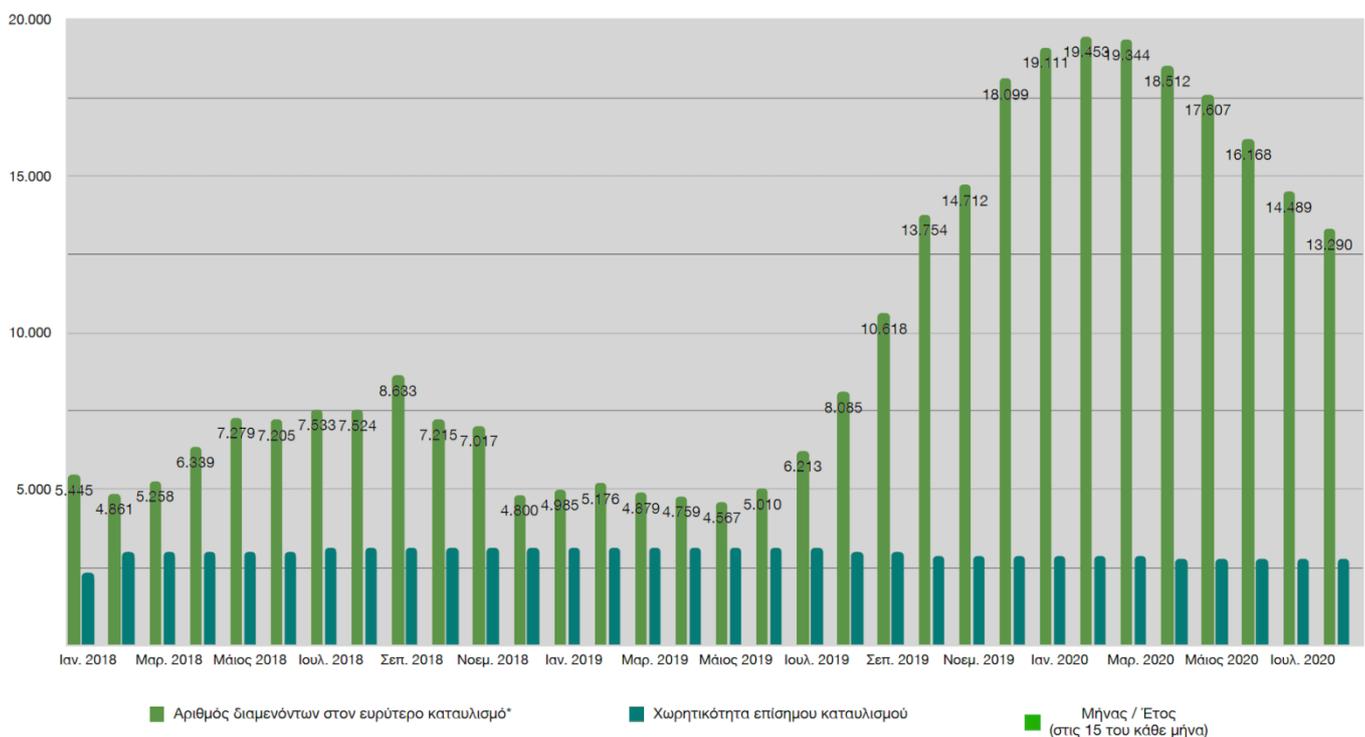


Figure 1: Population of asylum seekers, Moria RIC 2018-2020

Source: Karathanasis, 2020 (with data from: <https://infocrisis.gov.gr/category/pliroforiaka-stoixeia>)

The insistence of the ND government to apply its plan under such circumstances proved a major mistake with multiple negative effects on those displaced. The government

³ See <https://infocrisis.gov.gr/7710/apotyposi-tis-ethnikis-ikonas-katastasis-gia-to-prosfygiko-metanasteftiko-zitima-tin-1-2-2020/>. Specifically, EKKA (National Social Solidarity Center) is responsible for the allocation of accommodation for UAMs and other vulnerable people. However, EKKA manages shelters, in Athens and in Thessaloniki but not in Lesvos. Therefore, it is most likely that these 140 people have been allocated shelter by EKKA but that the shelters themselves are run by other NGOs (<http://ekka.org.gr/index.php/author-login/39-2018-06-05-05-23-00>).

⁴The number of residents in the hotspot increased, from 10.618 in September 2019 to 19.495 in February 2020 (see Figure 1).

⁵See Karathanasis, 2020.

miscalculated the ‘compassion fatigue’ of the local population, which had been substantially growing since 2016, and underestimated the strong local reactions to its plan. Therefore, its attempt to enforce the making of the new camp with the help of riot police, brought especially from Athens for this particular reason, failed completely. For the first time after a long time a wide spectrum of social and political forces on the island, from the extra-parliamentary Left to the xenophobic Right, allied in order to resist what was conceived as an ‘invasion’ from central government forces in Athens. After violent clashes with locals, the riot police were forced to retreat and eventually left the island. Following this, the project to build a new RIC was suspended.⁶

The border contestation

In late February 2020 the Turkish government unilaterally ‘opened’ the Turkish border in Evros and used displaced people living in Turkey as a tool in order to exert pressure upon the EU and Greece.⁷ In response the Greek government closed the border and reacted violently to the attempts of the displaced to enter EU territory. This was the beginning of a new period of tension in Greek-Turkish relations, a tension that continues in the Aegean, and has far reaching effects in the management of migration with particularly negative impacts on asylum and migrant rights, as well as humanitarian assistance for those in need and search and rescue (SAR) at sea. Since then, and despite the fact that the EU-Turkey Statement did not concern land borders, the Statement is de facto under question.

⁶ We are aware that the total destruction of RIC Moria by fire on September 8, 2020 changes the current dynamics on the island. The fire and its aftermath will be covered in a following ADMIGOV report in early 2021.

⁷ On the events on the Greek-Turkish border and their effects on displaced people at the Turkish side of the border, see the ADMIGOV Interim report on protection in Turkey during the pandemic.



Figure 2: Map of borderline between Lesvos and Turkey

Source: Jeandesboz et al., 2020, p. 133

During the Turkish government's unilateral opening of the border in Evros and the contestation that followed, that occurred just a few days after the violent events and the withdrawal of riot police from Lesvos, the protests against the Greek government took a xenophobic turn. In Lesvos the militarization of migration and the multiple official reconfigurations that followed whereby irregular entry was termed an 'invasion', and displaced people on the move labelled 'threatening invaders' or 'enemies' of the country, resulted in a wave of generalized xenophobia that quickly and easily spread, with the authorities either unable or unwilling to contain it.

Vigilante groups (of ultra-right xenophobes) made road blocks and attacked both the displaced and foreign humanitarian workers (including the staff of UNHCR and other major NGOs), camps and humanitarian structures were set on fire, and the island was de facto and illegally divided into its two distinct municipalities (with the encouragement of municipal authorities) while those newly arrived on the Northern shores were forbidden from crossing municipal boundaries in order to access registration facilities at the Lesvos RIC. Arsonists attacked the NGO One Happy Family's facilities ('community centre') outside the Kara Tepe camp in the capital Mytilene as well as the *Stage 2* transport camp in Skala Sykamnias in the north of the Island. Meanwhile some humanitarian organizations such as Eurorelief⁸ officially withdrew staff and/or volunteers, with these events having catastrophic impact on

⁸ <https://www.facebook.com/eurorelief/photos/a.1475282279443268/2226802610957894/>

humanitarian service providers and displaced people (The Guardian, 2020c). This was a major setback for the local humanitarian regime that lost valuable human and material resources (since many humanitarians left the island) while protection needs continued to rise.

The desperate conditions of reception facilities in Lesvos (and more generally in the Aegean) necessitated the intervention of the UN High Commissioner for Refugees on February 21, 2020. In his call for ‘urgent action’ to the Greek government, Filippo Grandi described the conditions on the islands as ‘shocking and shameful.’ He spoke of the ‘increasingly desperate situation of refugees and migrants in reception centres in the Aegean islands.’⁹

In the above context and under these circumstances the Greek government took the unprecedented step of suspending the right of all those who irregularly entered Greek territory to submit asylum applications for one month (see chapter 3). However, neither this measure nor the restrictions on interstate travel, which soon followed because of the pandemic, managed to stop mobility of displaced people across the Aegean.

The pandemic

Covid—19’s arrival in Greece occurred in the middle of the aforementioned events meaning local pandemic management was mediated and negatively affected by the structural, social and political problems that had been generated during the previous months (not to say accumulated through the previous years).

On the demographic level, the pandemic and the general ban on travelling, because of the closure of national borders, seriously limited the number of irregular entries, without however totally diminishing irregular mobility between Anatolia and Lesvos (see Table 2). No doubt, there was a sharp decline in the number of irregular travellers who came to Lesvos, from 4.315¹⁰, in the two month period from January 2020 to February 2020, to 1363 (see table 2) in the 4 month (March 2020-June 2020) period under study,¹¹ yet there was not a complete halt even during the general Greek lockdown. It is important to note that from May 25,¹² when domestic travel within Greece was allowed, the *internal* border restrictions between Lesvos and mainland Greece for displaced people— what is known as the geographical restriction implemented through the EU-Turkey Statement — were relaxed. Although the geographical restriction, a core aspect of the EU-Turkey Statement of March 2016, still applied, the government organized the transfer of those displaced people, who had been granted international protection and therefore were legally entitled to onward mobility, as well as others, who were allowed to leave Lesvos on the grounds of

⁹<https://www.unhcr.org/news/press/2020/2/5e4fe4074/act-alleviate-suffering-reception-centres-greek-islands-unhcrs-grandi.html>. The press report described the alarming conditions on the islands: ‘Many people are without power, and even water, living amid filth and garbage. Health services are negligible. The risks faced by the most vulnerable individuals, pregnant women, new mothers, the elderly and children are among the worst seen in refugee crises around the world.’

¹⁰<https://data2.unhcr.org/en/documents/details/74139> (January 2020)

<https://data2.unhcr.org/en/documents/details/74685> (February 2020)

¹¹ To be more specific, from the beginning of the general quarantine starting 26 February, 2020 until the end of June 2020, 1972 travellers irregularly entered Lesvos (see table 2).

¹²https://www.youtube.com/watch?v=9J2zRz5X_GE

vulnerability. A total number of 7.477 refugees and asylum seekers left Lesvos from February 1 until June 30, 2020 (see table 2).¹³ The number of displaced people and congestion on Lesvos was therefore lessened, yet, as this report shows, this was not translated into more general overall progress in the various fields of protection. Importantly, the Covid—19 travel ban also negatively affected planned transfers of UAM to other EU countries.

On the social and political level, the pandemic reinforced closure as the predominant orientation. In this regard xenophobia (particularly against displaced people and non-Greek humanitarian workers) was further consolidated on ‘medical’ grounds while the metaphorical association of migrants and refugees with threatening ‘matters out of place’ and their depictions as agents of the ‘invisible enemy’ became common place. The official policy of general lockdown (popularized in the slogan ‘we stay at home’), which was implemented on top off the earlier general quarantine began on March 23 and ran until May 4, and included special quarantine provisions for those living in the camps (see chapter 4).

The policy of camp quarantine, which has applied throughout the period under discussion here and has been renewed on a bi-weekly basis until today (despite the official end of the lockdown at the national level in early May), was ironically justified as a measure of protection equivalent to the ‘stay at home’ measure that had been applied to Greek citizens!¹⁴As such it is a good example of the differential treatment of displaced people by the Greek government, and a discriminatory policy that has received strong criticism by many external authorities (see chapter 4). Camp quarantine could be considered as a de facto experiment in containment and a prelude to the realization of the ‘closed camp’ policy of the government.

Turning to the new irregular arrivals to Lesvos, since late March-beginning of April 2020, those newly arrived have been subject to a 14-day quarantine for the purposes of preventing the potential spread of COVID—19, prior to their transfer to Reception and Identification Centres. For a long period of approximately 2 months and because of a lack of specific places and structures for this purpose, newly arrived people subject to the 14 days quarantine had to remain at their point of arrival, on isolated beaches or in other locations (e.g. ports) that lacked much needed essential facilities.¹⁵

As we show in this report the application of core aspects of the government’s strategy to deal with the pandemic, such as the efficient management of the widely applied 14-day quarantine for new irregular arrivals, became caught up in the generalized xenophobia that was sweeping the island alongside the total lack of coordination (to say the least) between state and municipal authorities but also between municipalities and local councils. As an

¹³ See UNHCR: <https://data2.unhcr.org/en/situations/mediterranean/location> and <https://infocrisis.gov.gr/>

¹⁴ See the Migration Minister interview in Ethnos Newspaper: https://www.ethnos.gr/politiki/99687_mitarakis-sto-ethnos-stay-camps-efarmozetai-os-antistoiho-toy-menoyme-spiti

¹⁵ A quarantine site has been in operation since 8 May 2020 in Lesvos. See AIDA Country Report: Greece, 23.06.020, p.16, 17 available at <https://www.asylumineurope.org/reports/country/greece>

effect valuable resources and structures, which could have been productively used in the management of the pandemic among the displaced, were not used or, worse, put out of action. For example, the transit camp of Stage 2 in Skala Sykamnias, was eventually closed after the strong reaction of the local council to its transformation into a quarantine camp, resulting in a vacuum of reception facilities in Northern Lesvos.

Key dimensions of protection

This chapter discussed the negative impact that both the contestation over the restructuring of the hotspot between the government and the local society and the border crisis between Greece and Turkey had on the humanitarian sector in Lesvos. In January and February, just before the pandemic, humanitarians on the island came under attack. This very negative development was added to the set of problems created by the overcrowding of the Lesvos RIC in Moria. This absolutely unique combination of circumstances and subsequent challenges produced a *very volatile and fluid* situation. In such circumstances the study of protection needs, practices and gaps require particular attention to two critical parameters.

First, the *temporal* dimension of protection. We have to distinguish the period under study into sub-periods in order to account for two important events: the one-month suspension of the submission of asylum applications in March 2020 and the partial opening of the internal border between the Aegean islands and mainland Greece after June 2020. The first created major protection problems and invited strong domestic and international criticism. The second had an important impact on the demographics of island and definitely alleviated some of the congestion without, however, radically changing the local humanitarian scene.

Second, the various categories of irregular travellers entitled to protection were *differentiated* from each other through being subjected to specific stipulations of law and provisions that were applied during this particular period of entry. In this regard we can distinguish between (i) the pre-March 2020 asylum seekers, (ii) the March 2020 irregular travellers, who entered Lesvos during the short period of asylum suspension and (iii) the post-March 2020 asylum seekers who entered Lesvos during the time of quarantine. Within the above three subcategories special attention will be given to the protection of vulnerable people.

This report shows that the level of protection varies according to the subcategory of displaced person/asylum seeker, the timing of arrival to Lesvos or the place of residence. Those displaced people who arrived in Lesvos after March 1 were left with almost no protection, particularly during the period when they were deprived of their right to apply for asylum. Asylum seekers — those displaced people who had previously been able to apply for asylum upon entry — living in the Lesvos RIC (the greatest majority of the asylum seekers on the island), were subject to an almost endemic shortage of protection that left them totally exposed to the threat of the pandemic. Those in apartments and structures of hospitality enjoyed a more satisfactory level of protection, yet they also experienced significant setbacks because of the pandemic.

Part Two

Chapter 3. Legal framework: asylum in question

This chapter is divided into two sections. In the first section, we discuss the core Greek legislative changes to international protection that came into effect during the period under study and their impact on vulnerable people. In the second section, we focus on the decision of the Greek government to suspend the submission of asylum applications and deny international protection to those seeking it during the height of the Greek-Turkish border contestation in Evros. The above-mentioned framework is being critically assessed in its legal dimensions by incorporating public discussions both at the national and international level, while the impact on-the-ground will be elaborated on later in this report (see ch.5). The aim of this chapter is to present the legal context that created further protection gaps on-the-ground.

The New IPA 4636/2019

The new Law on International Protection and other Regulations 4636/2019, hereinafter IPA (International Protection Act), came into force on the January 1, 2020 replacing the previous law 4375/2016 signed by the SYRIZA government. The IPA was further amended in May 2020 with a new bill entitled “Improvement of migration legislation” (4686/2020). The IPA and its amendment have been significantly criticized, as being *punitive* and *violating EU and international law* on a number of regulations by the UNHCR and a large number of international organizations and local NGOs that advocate for the rights of asylum seekers and refugees (UNHCR,2019).

Among other regulations the IPA and its amendment, foresee:

- The establishment of “Closed Facilities for Temporal Reception” (Art.116)
- The exclusion of people with PTSD, those surviving a shipwreck and postnatal women from vulnerable categories (Art. 20,39,58)
- The prioritized examination of asylum claims submitted in year 2020 over those of the previous years, as part of the accelerated border procedure

More precisely, according to Article 90(3)(c) IPA:

1. The Asylum Service shall take a first instance decision within 7 days.
 2. The deadline for submitting an appeal against a negative decision is 10 days.
 3. The examination of an appeal is carried out within 4 days. The appellant is notified within 1 day to appear for a hearing or to submit supplementary evidence. The second instance decision shall be issued within 7 days (GCR, 2020).
- “According to Article 46 (5) of the IPA, an asylum seeker can be detained for an initial period up to 50 days and it may be successively prolonged up to a maximum of 18 months. Furthermore, according to Art. 46(5) of the IPA, the detention period in view of removal (return/deportation etc) is not calculated in the total time of detention, and thus the total detention period of a third country national within the

context of migration can reach 36 months (18 months during the asylum procedure and 18 months in view of removal)” (GCR, 2020).

- The ending of the right to work as an asylum seeker for the first six months after the submission of an application (Art. 53).
- The implementation of the “Safe third country” concept (Art.86).
- The replacement of AMKA (Social Security Number) with ΠΑΑΥΡΑ (ΠΑΑΥΡΑ) — Temporary Aliens Provisional Insurance and Health Care Number (Art. 55).

The above regulations of the IPA and its amendment were combined with other policies of the Greek government. One of them involved the *recall of the circular that provided AMKA* (social security numbers) to asylum seekers (since July 2019). In Greece, only the holders of a social security number have access to health care, medication and (legal) employment. In continuation of the above decision the government officially established the non-issuance of AMKA with the circular {Φ.80320/42862/Δ18.2718/01-10-19} by not including asylum seekers in any category of those entitled to issuance, while classifying that children born in Greece to parents residing without legal status were also ineligible for social security numbers. The decision to not issue AMKA to newly displaced people left a large number of displaced people without access to public health systems and medication for a period of nine months. In April 2020, ΠΑΑΥΡΑ numbers were launched under the responsibility of the Asylum Service with ΠΑΑΥΡΑ numbers expiring upon the same day with the Asylum Applicant Card.

Another policy relates to the Common Ministerial Decision [CMD13348/2020 (ΦΕΚ 1199B'/07.04.2020)] that establishes a deadline of thirty days for recognized refugees to exit accommodation facilities, thus severely deteriorating the conditions of life among displaced people and/or those granted international protection, amid the pandemic. A large number of humanitarian organization expressed their concerns and harsh critic on what they called the “eviction policy” of vulnerable displaced people particularly in combination with the ongoing pandemic (A Drop in the Ocean et. al., 2020; UNHCR, 2000d).

The IPA leads to a growth in the protection gap by excluding certain vulnerable categories of people — those with PTSD, shipwreck survivors, and postnatal women — as mentioned above. The reduction in categories of vulnerability deprives people from accessing proper psychological and medical assessment in a number of instances. According to the previous law, vulnerable categories were subject to the regular asylum procedure and they were eligible for the lifting of the geographical restriction. In practice, this meant transfer to the mainland, the provision of adequate accommodation, and the ability to access adequate medical assistance, psychosocial support and legal aid in order to comply with all the necessary procedures and compile the necessary evidence to defend their asylum claims/cases. According to the IPA even people who fall into the vulnerability categories are no longer eligible for the lifting of the geographical restriction, the provision of accommodation, or access to necessary medical and psychosocial support and are thus exposed to greater risk of refoulement without a proper assessment of their needs and rights. In combination with the prioritization of new asylum claims over those with existing claims, the result can be either a prolonged period of stay for vulnerable people in inappropriate living conditions (such as RICs and camps), or a fast-track procedure but while possible living in detention. In both cases issues of vulnerability can be ignored, triggered,

exacerbated or created due to living conditions and exposure to further risks (GCR, 2000; OXFAM, 2020).

Additionally, the ending of AMKA (the provision of which is necessary for legal employment) and the later regulation forbidding the right to work minimize the chances of creating decent living conditions by the displaced themselves along with their long-term integration into Greek society. Exclusion from the labour market in this context leads to further dependence on I/NGOs services, and keeps displaced people further restrained in camps and accommodation facilities while cultivating a sense of a temporality in waiting without access to adult life choices.

At the same time, as noted in several humanitarian organizations' reports, the IPA places a disproportionate burden on those seeking asylum when it comes to their procedural arrangements. Asylum seekers are being asked to keep a keen eye on expiry dates and deadlines of procedures, otherwise the Asylum Service can proceed to an implicit withdrawal of their case. Those seeking asylum find this obligation difficult to meet, as they lack access to proper information. Meanwhile the IPA introduces the possibility of a 'fictitious service' whereby notifications of first instance decisions fail to reach the correct applicant and go instead to the manager of the reception or detention centre. It is almost impossible for a 'fictitious service' to reach the applicant before the very short deadline for appeal considering the living conditions in RICs. If the applicant manages to receive the decision in person, according to the IPA they need to persuade the Appeals Committee of their case in written form, which is practically impossible for those who do not speak Greek. Moreover, the appeal procedure no longer guarantees the right to remain in Greece during an appeal. As noted by RSA, "the above-mentioned situation results in an ineffective access to remedy" (RSA, 2020:9).¹⁶

The Emergency Legislative Decree

At the beginning of March, the Greek Government issued an Emergency Legislative Decree (ELD) that *suspended the submission of asylum applications for one month* and provided for the return of third-country nationals who entered the country in an irregular manner after March 1, 2020 without registration. This decision followed the

¹⁶ According to UNHCR statement, 20. With regard to the 1951 Convention, UNHCR supports the right of an individual to appeal a first (negative) decision. In UNHCR's view, it is essential that the appeal must be considered by an authority, court or tribunal, separate from and independent of the authority which made the initial decision and that a full review is allowed. 21. UNHCR considers that the right to an effective remedy in asylum cases includes the right to appeal a (negative) decision made in an accelerated procedure. To be effective, the remedy must provide for a review of the claim by a court or tribunal, and the review must examine both facts and law based on up-to-date information. In addition, in respect of the principle of non-refoulement, the remedy must allow automatic suspensive effect except for very limited cases. While a remedy against a decision to channel a claim into an accelerated procedure may not be required, if an accelerated procedure in law or practice effectively prevents an asylum applicant from exercising basic procedural rights, and thereby prevents him/her from pursuing an asylum claim, this is neither in line with international standards, nor EU law requirements (see Art. 23(1) APD)" (UNHCR,2010).

tension at Greece's borders following Turkish president Recep Tayyip Erdoğan's announcement that he was "opening" Turkey's borders to the EU (see chapter 2).

The ELD and the increase in border militarization that followed were criticized by an UNHCR statement at the beginning of March, which stated:

'All States have a right to control their borders and manage irregular movements, but at the same time should refrain from the use of excessive or disproportionate force and maintain systems for handling asylum requests in an orderly manner' (UNHCR, 2020b).

The statement also mentioned that neither the 1951 Convention Relating to the Status of Refugees nor EU refugee law provide any legal basis for the suspension of the reception of asylum applications (FRA, 2020). Moreover, an open letter from 256 organizations was addressed to the Prime Minister of the Hellenic Republic, the President of the European Parliament, the President of the European Council and the President of the European Commission, expressing their strong opposition to the policies of the Greek government, saying "applying such regulatory provision is inhumane and illegal as it violates the fundamental principle of *non-refoulement*, incurs international responsibilities for Greece and endangers human lives." (A BUON DIRITTO et al., 2020). The EU also warned Greece to respect the right to asylum and comply with international law (The Guardian, 2020d). Although, the government did not renew the act and in fact registered all March arrivals after the expiration of the Act; the frustration caused and the violations on-the-ground towards people seeking international protection are worth discussing in brief.

Newcomers under the ELD

The suspension of the submission of asylum applications at the beginning of March added to an already tumultuous situation on Lesvos (see chapter 2). As noted previously Island residents from the far-right attacked humanitarian workers, tried to deter boats from disembarking and blocked streets in order to stop the transfer of newly arrived people to the Lesvos RIC in Moria. These interventions from the far-right were supported by the mayor of Mytilene and led to the "confinement" of new arrivals in the port there. (Pazianou, 2020) Meanwhile other newly arrived people remained at the shores both as a result of the blocked roads and the ELD that was announced by the government on March 2 with retroactive effect from March 1, 2020.

The confinement of people at the shores and the port raised major protection issues both regarding access to international legal protection as well as on-the-ground and relating to everyday needs. The newly arrived were guarded by the police or the coast guard and the only provision of services available for them was the distribution of food by the UNHCR. Several legal and medical I/NGOs tried to intervene at different locations but were prevented from doing so by the authorities.

Chapter 4. Special measures for the Covid—19 pandemic

This chapter explores the special measures introduced to tackle the Covid—19 pandemic at both an international, EU and national Greek level, as well as those specifically targeted at the displaced population. The chapter shows how both complimentary and differing regimes of protection for the ‘general’ and displaced populations emerged. The chapter shows how the RICs and camps settings became the focus of particular pandemic measures designed to prevent the spread of the virus either into the spaces or out of the spaces, while failing to tackle the potential for the virus to spread within these spaces.

International/ EU Covid—19 guidelines for displaced people

On March 11, 2020, the World Health Organization (WHO) declared the Covid—19 outbreak a pandemic (WHO, 2020a). The announcement of Covid—19 as a pandemic along with the fast spread of the virus, the increasing number of deaths and the already compromised public health systems in Greece and Lesvos alarmed those actors responsible for the most vulnerable; among them displaced people and detainees. International and European organizations published guidelines and recommendations on how to cope with Covid—19 in humanitarian situations. These guidelines and recommendations are non-binding for states, but they do lay the ground for the prevention of discriminatory behaviour against the most vulnerable and argue for equal treatment in terms of preventing exposure to the virus and equality in access to health care for those exposed.

One example is the Sphere Standards: it highlights the importance of applying a holistic humanitarian approach to fight Covid—19 by promoting human dignity, community engagement and not neglecting other specific needs, such as non-communicable chronic diseases, psychosocial support, education, cash assistance and adequate WASH facilities to maintain sanitation standards (SPHERE, 2020).

Another example is the interim guidance report produced by the Inter-Agency Standing committee together with the WHO, the International Federation of Red Cross (IFRC), and the International Organization for Migration (IOM). The report sets certain objectives for humanitarian situations under Covid—19 that included people living in camps and camp-like settings. According to these objectives, efforts should be made to:

- “Limit human-to-human transmission, including reducing secondary infections among close contacts and healthcare workers, preventing transmission amplification events, strengthening health facilities
- Identify and provide optimised care for infected patients early
- Communicate critical risk and information to all communities, and counter misinformation
- Ensure protection remains central to the response and through multi-sectoral partnerships, the detection of protection challenges and monitoring of protection needs to provide response to identified protection risks
- Minimize social and economic impact through multi-sectoral partnerships.” (IASC, 2020: 2)

In order for these objectives to be successfully implemented IASC is calling for specific circumstances and needs to be taken into consideration. Such circumstances include people's legal status and their rights especially in terms of access to the health care system, culturally and linguistically informed services and accommodation and food distribution arrangements. Furthermore, mitigation measures to reduce overcrowding are strongly encouraged along with the development of a plan for site decongestion. (IASC, 2020)

In the same vein the technical guidance report of the European Centre for Disease Prevention and Control (ECDC) stresses the importance of environmental factors in the transmission of the virus. It recalls several cases in camp settings where one case led to hundreds more in a very short time period (e.g. the Ellwangen reception centre in Germany where cases of Covid—19 reportedly rose from 7 to 259 in one week) and suggests measures to decongest the camp when physical distance and risk-containment measures cannot be applied and maintained (ECDC, 2020). Moreover, ECDC criticizes the implementation of mass quarantine in reception and detention centres as an unproven measure in its effectiveness to prevent transmission among the residents of the camp, as well as being discriminatory and aimed at protecting mainly the general population and even as a counterproductive measure with adverse effects on mental health, sexual and gender based violence and non-communicable diseases (ECDC, 2020).

All the above-mentioned recommendations and guidelines crucially underline the following principles in order to prevent the transmission of the virus: equality in treatment and access to services, a timely response, the covering of already existing or new needs unrelated to Covid—19, the engagement of communities in the implementation of the measures and the avoidance of stigmatization. WHO in a separate report also calls for the inclusion of refugees and migrants, as part of holistic efforts to respond to Covid—19 in the general population. "Refugees and migrants' health cannot be separated from the health of the general population. Their health care must be included in the Covid—19 programs, national health systems, policies and planning to ensure essential services" (WHO, 2020b: 2).

Governmental Measures (Greece)

"General Population"

Since the beginning of March 2020 Greece has gradually implemented prevention measures and restrictions on the general population leading to the enforcement of a curfew on March 23, 2020.

In particular:

- On March 10, the Minister of Health announced the closure of all schools, universities, kindergartens and any other facility providing educational or recreational activities. These measures also affected all the activities taking place inside and outside Moria and Kara Tepe camps, as well as schooling places in

Mytilene, like Mosaik (see Lesvos Mosaik, 2020).¹⁷ In compliance with the government's directions, the NGOs responsible for such activities suspended their actions in the field (Observatory of the Refugee and Migration Crisis in the Aegean, 2020).

- On March 13, the Greek government announced the closure of stores, cafes, restaurants, theatres, gyms etc. effective next morning, as a response to multiple positive Covid—19 confirmed cases in the country (190 cases in total and 1 confirmed case in Lesvos) (CMD 17733/2020). While a separate Common Ministerial decision announced the suspension of all courts (administrative, civil, criminal and military) and all prosecutor offices in the country (CMD17734/2020)
- On March 16, the closure of churches and places of worship and any religious practicing that requires the gathering of people was announced (CMD 2867/Y1/2020)
- On March 17, the General Public hospital of Mytilene announced the suspension of all routine medical services allowing only emergencies and those related to Covid—19, in compliance with the directions of the Health Ministry (Vostanio G.H., 2020)
- On Sunday March 22, the government announced the enforcement of a curfew, effective Monday morning at 6am. Henceforth, people needed special authorization to leave their homes, and only for limited reasons including essential work, bank transactions, buying basic supplies, helping someone in need, visiting a doctor, vet or pharmacy, and for physical exercise/walking pets (CMD 20036/2020). This authorization could be obtained via "SMS" at 13033 or by carrying a solemn declaration (job related) or a certification of movement (available online and handwritten form) along with an ID.

RICS and Camp-Like Settings

Along with those for the general population, specific measures and restrictions were taken for displaced people and especially for those residing in camps and reception centres. These measures generally followed the directions of the EODY (Greek Public Health Organization) with the perspective that the slogan "We Stay At Home" could be applied as "You Stay In The Camps" (see CNN, 2020). Proposing this, the Minister of Migration and Asylum, appeared to underestimate the living conditions and the increased needs of displaced people residing in the camps.

The measures affecting people in camps and reception facilities were as follows:

- On the March 11, the Asylum Service, under the Emergency Legislative Decree (A" 11/03/2020. αρ.φ. 55), suspended all operations that required in person interaction (interviews, renewals of applicants' cards etc.) with employees of the asylum services only conducting administrative procedures including the issuance of pending decisions.

¹⁷<https://lesvosmosaik.org/el/%ce%ba%ce%b1%ce%bb%cf%89%cf%83-%ce%b7%ce%bb%ce%b8%ce%b1%cf%84%ce%b5/>

- On March 12, Moria RIS (Registration and Identification Service) informed all NGOs active in Moria that, in compliance with the directions of the Ministry RIS, they must cease all indoor activities.
- On March 21 according to the Common Ministerial Decision (Δ1 α/ΓΠ.οικ. 20030/2020) restriction of movement was applied in all Reception and Identification Centres (RICs) in Greece, until April 23. The decision has been prolonged eight times since then until — at the time of writing — August 31. The last prolongation includes not only RICs but all camp-like facilities.¹⁸

In particular, the Common Ministerial Decision dictated:

1. “Movement of third country nationals residing in the RICs is restricted within the perimeter of the Centre.
 2. Every day, from 07.00 to 21.00, representatives of families or groups residing in the RICs are allowed to move to the nearest urban centres in order to cover their basic needs.
 3. In areas where public transport is available for the movement, overcrowding must be avoided. In areas where no means of public transport is available, up to 150 persons per hour in groups of less than 10 persons are allowed to exit the RIC, in order to move to the nearest urban centres.
 4. The Hellenic Police is responsible for ensuring compliance of the above measures regarding restriction of movement.
 5. The Reception and Identification Service will inform residents of the RICs in the languages they understand, through written and audio messages, along with actors operating in the RICs, about the applicable measures.
 6. For the same period, all visits or activities inside the RICs not related to accommodation, food provision and medical care of RIC residents, are only permitted following authorization of the RIC management. For the provision of legal services, access requires authorization from the RIC management and can only take place within a specific area, where this is feasible.
 7. Special health units are also established in order to treat any case of COVID—19 and to conduct health screening for all RIC staff” (UNHCR, 2020c).
- On March 27, the Minister of Migration and Asylum announced the suspension of the UNHCR monthly cash assistance program for displaced people. Under this programme beneficiaries in camps receive monthly: a total of 90 EUR per month for the first adult, increasing by 50 EUR for the subsequent four persons, then 20 EUR for each subsequent person to a limit of 330 EUR for a seven-adult household (Pavanello, 2018:8). The programme was suspended until the installation of ATMs in the camps of the Aegean, including Moria and Kara Tepe. This measure did not include those residing in houses under the “ESTIA” accommodation scheme (Ethnos newspaper, 2020).

The above measures in combination with the restrictions imposed on the general population formed a particularly questionable situation in the camp sites that dramatically

¹⁸For the purposes of this report only the period until the fourth prolongation (21.06.20 —05.07.20) is presented. <https://www.e-nomothesia.gr/kat-ygeia/astheneies/koine-upourgike-apophase-diagp-oik-35115-2020.html>

affected the daily life of their residents. A quick glance at the guidelines of international and European organizations, indicates that *Greece appears to have totally ignored the needs of camp residents and other displaced persons when it came to the management of the pandemic for non-Greek citizens*. The on-the-ground situation inside accommodation settings for asylum seekers, refugees and migrants will be discussed further in Part Three.

Part Three

In studying the situation on the ground in Lesvos across a number of sites, at the front-line in the hotspot and in more ‘back-stage’ sites in Mytilene, we are able to show the impacts of the Covid—19 pandemic on protection provision and needs. These impacts include continuing, deepening and broadening existing trends such as the exclusion of displaced people from the island community, and the broadening of medical vulnerabilities linked to mobility out of the hotspot and off the island. Under the pandemic one of the overarching themes identified in our research is the way the island’s displaced population have become incorporated into the “public” as a population for intervention while *continuing to be excluded through quarantine mechanisms* that increased the isolation of the displaced community further.

Alongside the dynamics of quarantine of displaced people in camps and a national lockdown mobility out of the hotspot and the island actually increased. This appears initially as counter-intuitive however, it continues and expands the logics of the vulnerability-mobility regime that has been in effect on the island since 2016, whereby mobility off the island under the geographic restrictions imposed by the EU-Turkey Statement is conditional on particular identified and identifiable social and medical vulnerabilities (see Pallister-Wilkins, 2019). These continuities and changes are emblematic of the *contradictory practices* that define protection on Lesvos both before and during the pandemic.

Part Three of the report proceeds with an in-depth study of the situation on-the-ground, firstly by diving deep into the frontstage of the hotspot of Moria before applying the same detailed lens to the backstage which includes the municipal camp of Kara Tepe, the accommodation facilities for vulnerable people of PIKPA and Mytilene where those not resident in the camps are housed.

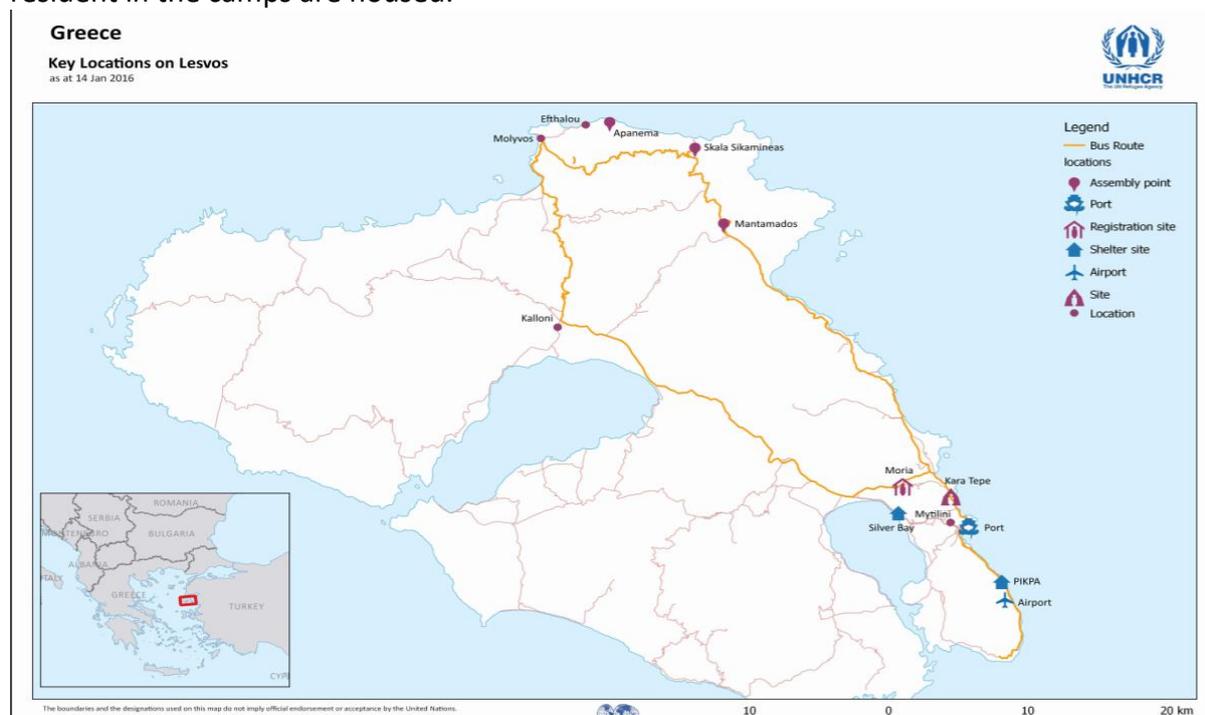


Figure 3: Map showing the displaced people settings in Lesvos

Source: <https://reliefweb.int/sites/reliefweb.int/files/resources/Lesvos07012016.pdf>

Chapter 5. The situation on-the-ground: frontstage

This chapter describes the dynamics on-the-ground at the frontstage and how they have shifted due to the pandemic. We follow this front/backstage division of settings for displaced people on the island to help both structure our observations but also to illustrate the role of temporality on protection needs and provision as well as a geographical unit that is impacted by particular policies and arrangements. We focus on the situation faced by new arrivals, the general living conditions in Moria RIC that were potentially hazardous for any public health response directed at tackling Covid—19, the impacts of the political changes around access to asylum as well as specific medical measures instituted to pre-emptively manage the pandemic threat alongside and the impacts of the lockdown on the population of the RIC.

Importantly for the following discussion protection is meant to be a means of safeguarding the fundamental human rights of displaced people and provide for their needs. However, a closer examination of the on-the-ground reality in Lesvos — impacted by policies at the local, national and international level — reveals *discontinuities* in the way protection is implemented in practice. An illustrative example is access to the public health system. On the one hand UNHCR in coordination with the Greek authorities were transferring people with medical vulnerabilities out of Moria RIC; while on the other hand, among those very vulnerable people were cases without a Social Security Number or without a Temporary Aliens Provisional Insurance and Health Care Number (PAAYPA) and thus no access to public health services, unless in an emergency or as a Covid—19 case. There was often a delay in issuing such cases with a PAAYPA number and a renewed asylum applicant card after their transfer to the mainland meaning that for periods of time such cases had no access to health services.¹⁹

New arrivals

In March, 2020 as discussed earlier the Greek government declared new arrivals an “asymmetric threat” and pawns in Turkey’s political games and under an Emergency Legislative Decree suspended their right to apply for asylum. As the Greek prime minister stated:

This is no longer a refugee problem. This is a blatant attempt by Turkey to use desperate people to promote its geopolitical agenda and to divert attention from the horrible situation in Syria. [...] Dear friends, this is no longer a refugee and migration problem. It is an asymmetrical threat against Greece’s Eastern borders, which are also European borders. The unlawful entry of thousands of people turns into a breach of our sovereign territory, with people of unknown origin and unknown purposes at the forefront, who don’t hesitate to blatantly use violence to enter Greek territory.(PM K. Mitsotakis, 2020)

On Lesvos itself, following xenophobic and racist behaviour from the local community (HRW,2020) the municipality of Mytilene dictated the port as a place of confinement, while other newly arrived people in the municipality of Western Lesvos remained restrained upon

¹⁹ Information shared by UNHCR at the Interagency Consultation Forum, 14.05.20

arrival at Skala Sykamnias in what were reported by Human Rights Watch to be inhuman conditions (HRW, 2020).

According to the UNHCR in the first week of March, 510 people were detained at the port in Mytilene and accommodated in a navy vessel while 42 were detained at Skala Sykamnias where they had disembarked. The UNHCR provided basic items and distributed food while MSF were allowed by the authorities to assess the primary health needs of people at the port.²⁰ According to reports by legal NGOs and Child Protection actors, amongst those newly arrived and detained were unaccompanied minors registered as adults by Frontex and the Greek Police who were thus exposed to risk and violations of their rights, such as their eligibility for the family reunification procedure according to Dublin Regulation (Regulation [EU] No 604/2013). Furthermore, NGOs identified, pregnant and postnatal women as well as people over 80 years old amongst those detained whereby both groups should be exempted from refoulement.²¹ In accordance with the Greek government’s plan March arrivals were transferred to closed reception facilities on the mainland in order to be deported after the expulsion document²² that had been given to them expired (Mitarakis, 2020).

All new arrivals were kept under Covid—19 quarantine upon arrival. According to the EODY directions quarantine should last fourteen days. From mid-March onwards, Coronavirus containment measures were implemented meaning new arrivals *remained at their point of disembarkation for fourteen days, deprived of essential services*. Upon the expiration of the quarantine period people could be moved to the Lesvos RIC (apart from those subjected to the ELD, see chapter 3).

It was left to and made the responsibility of local authorities to formulate a plan that would maintain the standards of protection while safeguarding public health for newcomers and locals alike. This however, proved problematic in practice, with significant delays leading to *many people remaining at their points of arrival for much longer than two weeks* (Newsroom, 2020). The situation was only much later resolved on May 8, 2020 for the areas under the responsibility of the municipality of West Lesvos (the northern shores) and on June 1 for those in the municipality of Mytilene. In both cases a quarantine area was designed at the site of former or existing camps for displaced people — the former IRC camp at “Megala Therma” (Figure 3: Map Location Apanemo) for the municipality of West Lesvos and a fenced area inside Kara Tepe camp — with the support of MDM, for the municipality of Mytilene with both facilities operating as a quarantine area for suspected cases and isolation areas for confirmed cases.

Apart from the discrepancies in reception of those who managed to reach Lesvos; since the beginning of March, several reports from NGOs and International Organizations have been published, accusing the Greek coast guard of *mistreating people in distress at sea*. Videos and pictures have appeared on Facebook and Twitter showing Greek authorities firing warning shots towards a boat full of people and allegedly repeatedly violating international

²⁰Information shared at the Interagency Consultation Forum (IACF) on 05.03.20

²¹ Information shared at the Protection Working Group (PWG), 10.03.2020

²²https://twitter.com/HIASGreece/status/1238455127528349697?s=20&fbclid=IwAR1hl7noEOjdP8kqyc7RZDfz pSOXWd48zsdKJex6_2Wr-ik9Mz3KFOjvIM

laws with their practices²³ (EFSYN, 2020; Legal Centre Lesvos, 2020). UNHCR has raised concerns about the rising number of reports in the media focused on *displaced people forcibly returned to Turkey, after entering Greek territory or territorial waters* (UNHCR, 2020e). Meanwhile the Greek government denies these accusations stating that, “the Greek Coast Guard always operates in accordance with the principles of international law” (Ekathimerini, 2020). Despite the assertions of the Greek government, videos and testimonies continue to be made public while human rights and rescue organizations continue gathering evidence (Mare Liberum, 2020).

General Living Conditions in Moria Registration and Identification Centre

After 2016’s EU-Turkey Statement, and the geographical restriction imposed on newcomers to the islands, the Lesvos RIC has become one of the most overcrowded and degraded refugee camps in Greece and Europe (AIDA, 2020; UNHCR, 2020a). Moria was initially designed as a transit camp to accommodate people for short periods of time but due to changing mobility dynamics it has turned into a long-term accommodation facility (see Pallister-Wilkins, 2020). The number of residents in Lesvos RIC far exceeds the Ministry of Citizen Protection’s officially recorded capacity of 2,757, later revised to 2,840,²⁴ despite the fact that in the period of study decreased from 19,495 in 15 February 2020 to 16, 161 in 15 June 2020.

As a result of overpopulation, *the Lesvos RIC has over the years expanded beyond its official fenced area*. This expansion is usually referred to as the “Olive Grove” because of the olive groves that surround the RIC or “the Jungle” which is more often used to define the more remote outskirts of this expansion where everyday life is made even more difficult due to a lack of electricity or access to water and WASH (Water Sanitation and Hygiene) facilities. The areas beyond the fence are divided in zones 6 to 12. Some of these areas are officially rented by NGOs from local landowners wherein the areas are managed, and services provided. However not all of Lesvos RIC’s overflows are rented or monitored by NGOs. There are more recent expansions where there is no spatial planning and no provision of services for the people. These zones are characterized by very poor shelter and a lack of basic services such as electricity, heating, water of WASH facilities.

²³<https://www.facebook.com/AegeanBoatReport/videos/881574308952851>

²⁴<https://infocrisis.gov.gr/refugee-migration/?lang=en>



Figure 4: Photos of Lesvos RIC taken in July 2017 and January 2020 illustrating the population explosion
Source: The Guardian, 2020a

Water supply to Moria is severely limited because the local water pipe system cannot pump enough water for the needs of the camp. As a result, certain areas are supplied with water for certain hours and the same goes for electricity. According to Sphere’s Handbook “During the first phases of a rapid-onset crisis, communal toilets are an immediate solution with a minimum ratio of 1 per 50 people, which must be improved as soon as possible. A medium-term minimum ratio is 1 per 20 people” (Sphere, 2020: 106) and a “maximum 50 people per bathing facility” (Ibid, 118). However, according to AIDA’s report, “in some parts of the settlement in Moria, there are 167 people per toilet and more than 242 per shower” (GCR, 2020) while according to a representative from MSF the WASH facilities in some areas of the camp are far below the minimum humanitarian standards in emergencies.

Inside the fenced area of the RIC there are different types of accommodation arrangements including a pre-removal detention centre (PROKEKA), a safe zone for unaccompanied minors managed by Iliaktida, and Sections A, B, C and D for lone women and minors. The site belongs to the Greek military, having been a former army barracks and it is guarded by the Greek Police. As well as being a place of shelter, the Lesvos RIC is also home to the Regional Asylum Service of Lesvos (RAO), the Registration and Identification Service (RIS), EASO’s offices and several NGOs providing for basic needs, primary medical care, educational activities, legal and psychosocial support.

As has been shown in numerous NGO reports, UNHCR press releases and press articles, *the living conditions inside Moria camp are inhumane. Not only do they fail to meet the needs of people seeking international protection, but they expose them to further violence and risk*(GCR,2020).The effects of such conditions on the well-being of displaced people have been an ongoing concern for a number of years. In 2017 medical humanitarian organisation MSF reported an increase in mental health and psychosocial conditions following the

implementation of the EU-Turkey statement that confined displaced people to the Aegean islands and to camps such as Moria (MSF, 2017). Just within the period this report covers, and among other tragic incidents, a five-year-old child burned to death in a fire within the camp and a twenty-year-old Afghan man died from an overdose of sleeping pills. Under such life-threatening conditions it is no surprise that, as one of our interlocutors, a humanitarian worker in the camp, put it, “for many asylum seekers the pandemic is a luxury” (Katerina G., Humanitarian worker).

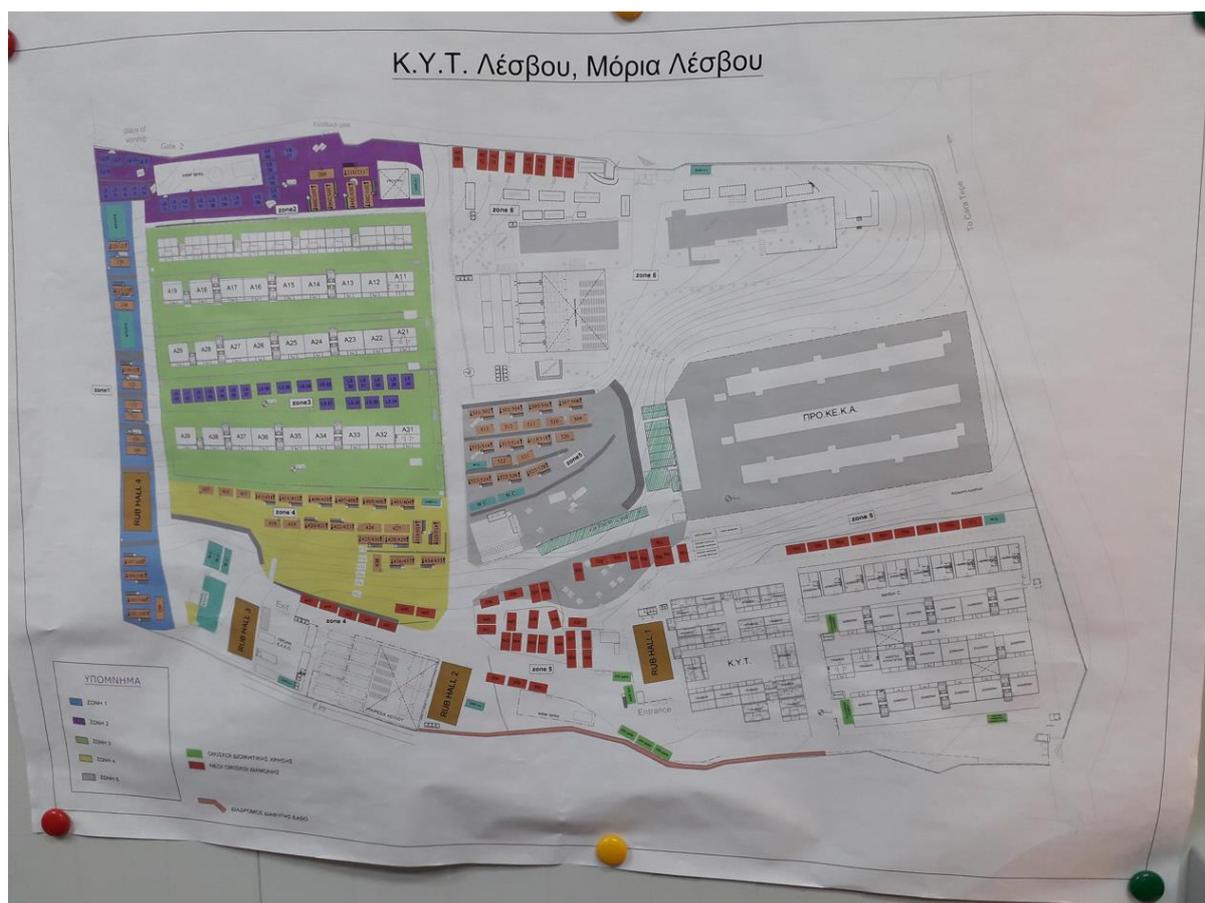


Figure 5: Official map of the Lesvos RIC Moria
Source: Jeandesboz 2020, p.140

Diotima, an organization that researches gender inequality issues and provides protection services for the victims of sexual and gender-based violence (SGBV) in Lesvos highlight the severity of the SGBV cases inside Moria RIC (predominantly relating to domestic violence) along with the incapability of existing state services and shelters to respond to the needs of SGBV survivors and those at risk (DIOTIMA,2020).

Accounts from within the camp reinforce the argument of inhumane conditions and SGBV incidents:

Life was very tough in Moria and everybody wish to get out one day. [...] Security has a different meaning in Moria. If you manage to stay alive, you are secure. [...] Women are suffering more than anyone else in Moria. A lot of women are being abused from drunk people. In the night there are no lights, so they cannot go to the

toilet. The hardest part for me when I was living in Moria was to be unable to help and protect the women I love like my mother and my sister (Salim H., Asylum seeker).

Moria is a unique situation. I was thinking I am in Greece; I am in Europe things were supposed to work properly, but no, there is only chaos (Ingrid P., Humanitarian worker).

Everyday life in Moria is characterized by *waiting in lines for all kind of daily needs*. There are queues for the toilets and shower facilities that can be thirty to sixty minutes long, while getting food or seeing a doctor requires waiting for approximately two to three hours at a time.

When we were living in Moria I was only washing, and my husband was only waiting. I was washing the kids, the clothes, the dishes, everything. I could not live in that dust and dirt. I needed at least to keep my “house” and my family clean. My husband was going to the food lines. He was staying there for hours and sometimes he was coming back without food. Sometimes we were going to wash things together at the night after 11 or 12 o’clock. It was quieter and there were less people to wait. [...]my son developed a serious mental condition in Moria because he witnessed a very violent incident. That is the reason we get out of there (Noor H., Asylum seeker).

Alongside these conditions people are developing informal networks, making use of their skills and professions while taking *initiatives to better their everyday lives*. A walk in the alleys of the Moria camp reveals small shops selling groceries, clothes, scarfs, shoes, and cigarettes, barber shops, handmade outdoor ovens and community schools teaching languages, music and art. Since the summer of 2019 the Lesvos RIC has been transformed into a socio-spatial setting with urban characteristics (Karathanasis, 2020) that reminds of the camp cities that have been systematically studied in Africa (Agier, 2011).

Recent Threats and Responses

The situation in Moria was precarious before the pandemic. The 2020 ongoing attacks from far-right groups were making the delivery of humanitarian assistance difficult. Because of the violent events of February and March 2020 discussed in chapter 2 many NGOs ceased their activities to protect their staff and volunteers and international volunteers started leaving for their home countries due to safety concerns and some NGOs even left the island completely. Thus, the dawn of the pandemic found the humanitarian sector in Lesvos *understaffed and undergoing re-organization*. However, at the same time, those organisations who stayed found themselves more united. The attacks of the previous period had led the humanitarian actors to create *networks and information sharing pathways* to deal with the threats of violence from the far-right and coordinating reports to the police and public prosecutor-aimed at protecting each other. Prior to the pandemic separate actors in the field had already begun cooperating on several levels, including discussing human resources, supplies, equipment, and expertise.

Before Covid—19 there were two medical shifts per day inside Moria from 8 am to 11 pm. During the pandemic, the medical actors inside the camp were running one combined morning shift at the infirmary, they conducted administrative tasks together and were sharing medical supplies and Personal Protective Equipment (PPE). Also, in order to cover the needs, from the lack of certain services in the field they tried to create pathways internally of cases that should follow an external referral pathway to another NGO. For example, psychological support temporarily became part of medical interventions, as PSS NGOs were not in the field. On this last point regarding the lack of psychosocial support in the field one of our interviewees informed us that ‘referral pathways to some PSS actors were still active but for emergency cases only’ (Sarah L., Humanitarian worker). While most of their cases concerned “psychological and mental health problems” which they claimed was “not a surprise considering the circumstances in Moria” where they ‘try to troubleshoot ... by themselves by having a psychiatrist in the team and a nurse with experience in mental health cases’ as well as ‘creating an internal pathway for mental health cases’ (Sarah L., Humanitarian worker).

The Covid—19 emergency came, then, as an addition to an already tense situation. In mid-March, *all educational and recreational activities ceased along with psychosocial interventions and legal procedures*. NGOs providing these services stopped entering the camp and started to work remotely. The only organizations allowed to enter the RIC during the lockdown and the curfew were medical NGOs and those providing basic items and services, such as people allocation in tents or facilities repair work. Iliaktida’s personnel continued to intervene in the safe zone for unaccompanied minors, while other NGOs providing protection services such as SGBV protection maintained a minimal physical presence and intervened in cases of emergency only.

As a result, *the Lesvos RIC appeared as if it had been deserted by the usual field actors*. Moria residents expressed their disappointment at the absence of NGOs, as a young displaced person mentioned, “they left us alone, when we needed them the most” (Hassan K., Asylum seeker). An NGO interviewee on the other hand, held the view that “we did our best, given the situation, not to abandon those people and keep supporting them” (Kate V., Humanitarian worker). This statement from an NGO worker reflects the efforts made by many NGOs to continue their work in any way possible, such as via phone and online platforms. *Some NGOs even changed their mandates in order to respond to the current situation*. For example, the Starfish Foundation, a Greek NGO that used to provide educational activities, language courses, yoga and self-defence classes shifted their focus towards helping to maintain sanitary conditions. They started the “Safe Hands” campaign and with the support of volunteers from amongst the Moria populations, implemented “tippy taps” — makeshift taps linked to a small water container and a bar of soap.



Figures 6 and 7: Tippy Taps-Starfish Foundation.

Source: <https://www.facebook.com/starfishfoundation.org/posts/1141935546141301>
<https://www.facebook.com/starfishfoundation.org/posts/1141935546141301>

Severe overcrowding leading to poor conditions has been a persistent problem in Moria. But somewhat counter-intuitively at the beginning of April, 2020 the temporary suspension of asylum applications meant the suspension of newcomers being transferred to the Lesvos RIC and resulted in a small *decrease* in numbers after the asylum service began issuing “positive decisions” that lifted the geographical restriction and gave people the right to leave the RIC and Lesvos.

Alongside this the UNHCR in coordination with other actors and Greek authorities began transferring vulnerable people from Moria, either to the mainland or the ESTIA apartments in Mytilene or hotels rented to accommodate vulnerable cases under Covid—19. This has meant that since April, 2020 784 out of 1832 elderly and immunocompromised people and their families and care givers have been transferred from Moria. In parallel a relocation program for unaccompanied minors launched the transfer of children from the Greek islands to other EU countries in April 2020.

Month	Arrival/Departure	Arrivals	Departures
February		609	1405
March		852	1904
April		39	571
May		227	1212
June		245	2385

Table 2: Lesvos arrivals and departures by month, February-June 2020.

Source: <https://infocrisis.gov.gr/category/pliroforiaka-stoixeia>
<https://data2.unhcr.org/en/situations/mediterranean/location/5179>

Legal Aid and Asylum Procedures

Coronavirus-related measures have had a particular impact on legal aid and asylum claim processes. *All administrative and asylum procedures for asylum seekers and their legal representatives that required human interaction were ceased* by a decision from the Regional Asylum Service (RAO). All interview dates and all related deadlines, e.g. for the renewal of applicant cards were postponed until after May 15, 2020 while expiration dates during this period were not be considered. During this period the asylum service conducted administrative work and dealt with pending cases. The ending of in person interviews and administrative procedures and the postponing of renewals caused concern amongst legal aid actors over a potential overloading of the asylum service once the offices reopened on May 18, 2020.

Statistical data has not yet been published by the asylum service for the period beginning March 2020, but according to legal aid actors more than 1000 positive decisions (without an interview; IPA 4636/2019) and hundreds of negative decisions were issued during this period. The main outcome for the positive decisions was the lifting of the geographical restriction allowing people to move off the island, with most people departing for the mainland, and Athens, but *without the support of UNHCR* meaning they were excluded from the provision of official accommodation arrangements. One interviewee trying to express, how eager and even desperate people were to leave the Moria camp, said: “All those people choose to live in a carton box over Moria camp” (Hassan K., Asylum seeker).

Of the 1.904 asylum-seekers, who departed Lesvos for the mainland during March 2020, 229 (12%) were transferred by the Government with the support of UNHCR to open reception facilities/sites and to ESTIA apartments currently managed by UNHCR.²⁵ During April, numbers were impacted significantly by the lockdown. According to UNHCR data, 571 asylum-seekers departed for the mainland. Of those, 527 (92%) were transferred by the Government with the support of UNHCR to open reception facilities/sites and to ESTIA apartments currently managed by UNHCR.²⁶ Meaning that there were greater levels of mobility off the island during the lockdown, which at first glance appears counter-intuitive.

Legal procedures and arrangements generally carried on in the background during the reported period, but did not lose their importance. During this time legal aid NGOs along with UNHCR were still trying to work through the implications of the implementation of the new IPA while also raising serious concerns, addressing letters to the ombudsman (HIAS, 2020)²⁷, and publishing press releases and reports concerning the situation on-the-ground (ACTIONAID et al., 2020).

²⁵<https://data2.unhcr.org>

²⁶<https://data2.unhcr.org>

²⁷<https://www.facebook.com/notes/hias->

[greece/%CF%83%CE%BF%CE%B2%CE%B1%CF%81%CE%AD%CF%82-%CF%80%CE%B1%CF%81%CE%B1%CE%B2%CE%B9%CE%AC%CF%83%CE%B5%CE%B9%CF%82-%CE%BA%CE%B1%CF%84%CE%AC-%CF%84%CE%B7%CE%BD-%CE%B5%CF%86%CE%B1%CF%81%CE%BC%CE%BF%CE%B3%CE%AE-%CF%84%CE%BF%CF%85-%CE%BD%CF%8C%CE%BC%CE%BF%CF%85-46362019-%CF%80%CE%B5%CF%81%CE%AF-%CE%B4%CE%B9%CE%B5%CE%B8%CE%BD%CE%BF%CF%8D%CF%82-%CF%80%CF%81%CE%BF%CF%83%CF%84%CE%B1%CF%83%CE%AF%CE%B1/909744739437482](https://www.facebook.com/notes/hias-greece/%CF%83%CE%BF%CE%B2%CE%B1%CF%81%CE%AD%CF%82-%CF%80%CE%B1%CF%81%CE%B1%CE%B2%CE%B9%CE%AC%CF%83%CE%B5%CE%B9%CF%82-%CE%BA%CE%B1%CF%84%CE%AC-%CF%84%CE%B7%CE%BD-%CE%B5%CF%86%CE%B1%CF%81%CE%BC%CE%BF%CE%B3%CE%AE-%CF%84%CE%BF%CF%85-%CE%BD%CF%8C%CE%BC%CE%BF%CF%85-46362019-%CF%80%CE%B5%CF%81%CE%AF-%CE%B4%CE%B9%CE%B5%CE%B8%CE%BD%CE%BF%CF%8D%CF%82-%CF%80%CF%81%CE%BF%CF%83%CF%84%CE%B1%CF%83%CE%AF%CE%B1/909744739437482)

Medical Care and Prevention Measures

As already discussed, the pandemic found medical actors understaffed and experiencing changes to their work environment and routines. A big campaign was started, in coordination with EODY, UNHCR and MSF, to promote prevention measures against Covid—19. Informational sessions were held also for the *grassroots initiatives* of the Moria Covid Awareness Team (MCAT)²⁸ and the Moria White Helmets,²⁹ two independent groups which were formed during the pandemic and were passing information from tent-to-tent in Moria RIC.

As it seemed that medical services were fading away, medical organizations were sought volunteers while others recruited new staff or called in personnel with expertise from outside Greece to join their teams. As a displaced person jokingly said in an interview, “it was the era of the doctors” (Salim H., Asylum seeker).

The work of the medical teams *changed* during the time under study. In the beginning of the pandemic individual medical organizations would individually and independently triage their patients before allowing them access to their infirmaries, causing long queues of people waiting to be triaged and then waiting again to be examined. However, the aim from the beginning of the pandemic was to establish a central triage area under the management of the local EODY unit, which could triage patients and then refer them to the appropriate medical personnel in a more efficient manner.

A central triage area known as the Medical Reception Area (MRA) was made operational by all medical actors in coordination with UNHCR and EODY along with MSF expertise and was supported by staff, volunteers, and equipment from a number of NGOs and the UNHCR. However, while the MRA was operational there was no provision for an isolation area for confirmed or suspected cases with mild symptoms. Initially an area named “the Mandala area” after the drawings on one of the walls, was redesigned and equipped to function as an isolation area. However, several concerns were raised as to its suitability because of the lack of electricity, WASH facilities and access points for ambulances in case of an emergency. Eventually, MSF in coordination with the hospital in Mytilene, EODY and UNHCR built a new inpatient clinic, outside Moria, that would operate as an isolation area both for confirmed or suspected cases pending results of the PCR-t (test). Alongside these efforts to create specific Covid—19 related spaces and services actors during the lockdown, maintained efforts to “safeguard the essentials” as they repeatedly made clear with “essentials” referring to basic needs. However, *maintaining optimum pandemic prevention measures as well as safeguarding essentials was made difficult by the poor conditions of Moria* as one humanitarian worker made clear:

The major problem, from the very beginning, with camps was the high number of people along with the poor living conditions. Moria is below the standards of the Sphere Standards. So, there are all the preconditions for an uncontrollable transmission (Stella M., humanitarian worker).

²⁸<https://www.facebook.com/MoriaCoronaAwarenessTeam>

²⁹<https://www.facebook.com/MoriaWhiteHelmets>

The Suspension of the Cash Assistance Programme

Covid—19 related measures also had another, less obvious, consequence alongside the overcrowding, poor living conditions and the late and inadequate medical interventions that further contributed to deteriorating living conditions inside Moria RIC. As an attempt to limit points-of-contact, a ministerial decision forbade beneficiaries of the UNHCR Cash Assistance Programme from using external ATMs to withdraw money meaning such UNHCR Cash Assistance cards could only be used at point-of-sale terminals until an ATM could be installed in Moria.

This decision taken during the lockdown when people could not exit Moria camp and its surroundings made access to much needed cash for buying basic needs almost impossible. This restriction thus left people with one and only option, a minimarket on the street outside Moria owned by Greek locals. With the predictable results that extra-long queues formed for the shop, generating tensions and eventually a ticket system for “booking places” in the queue where the waiting time would often be two or three days long. One NGO made efforts to monitor the line and keep it under control, but it was not an easy task. Additionally, such queues became potential places for the transmission of Covid—19.

The biggest problem during quarantine was not the doctor, it was the stop of cash money by UNHCR. It created a lot of problems and the ATM came too late. People rely to that money (cash). [...] The lack of access in basic things created more chaos than the Corona itself inside the camp (Salim H., Asylum seeker).

Lockdown and Increasing Insecurity

Drug and alcohol abuse rose in Moria during the lockdown together with increases in violent incidents, sexual assaults, and homicides. While violent incidents were present before the lockdown the restrictions and further confinement, alongside the scarcity of basic items and the lack of decent conditions, amplified them. As one of our interviewees made clear:

The lockdown at the beginning was a good idea. I don't doubt it. It protected people. But even before Corona and meanwhile there were million problems that just left behind. [...] During the Corona it got worse and worse with alcohol and drugs because people had nothing to do. No NGOs, no activities, no school, no nothing to do. All those people flee the war, some of them were soldiers, they have bad memories from wars. They should be in a mental hospital but now they are out and using drugs and alcohol because they lost everything. They have nothing else to lose (Salim H., Asylum seeker).

Meanwhile as insecurity for residents was amplified by the lockdown it appears as if little effort was made by the authorities to address such amplification as one humanitarian worker says, “apart from the triage (MRA) area, nothing else happened due to Covid in Moria”. (Ingrid P, Humanitarian worker) Meanwhile “Covid—19 only highlighted issues that have always been there. Moria needs to be decongested” (Judith B., Humanitarian worker).

As can be seen the impacts of the pandemic on life in Moria RIC were widely felt by both residents and humanitarian workers. Particular measures taken to prevent the spread of the virus, such as the lockdown and the suspension of the cash assistance programme until ATMs could be installed, caused greater levels of insecurity for the residents already living in precarious conditions. Calls for Moria to be decongested in an attempt to limit the potentially deadly conditions bring the backstage of other protection sites on the island into the picture and show how they also form a necessary part of the protection regime on the island. These will be discussed in the following chapter.

Chapter 6. The situation on-the-ground: backstage

This chapter focuses on the situation on-the-ground in the ‘backstage’ which we define as settings in Mytilene including all accommodation facilities for displaced people namely the Kara Tepe camp, the PIKPA camp, the ESTIA apartments and shelters for unaccompanied minors (UAMs). We trace the impacts of the pandemic and the pandemic response in these spaces which are intimately related to the frontstage of Moria RIC, in that they run in conjunction with the RIC and its central role in identifying vulnerable populations.

All of the facilities discussed in the chapter are meant to accommodate vulnerable people, who have been transferred for protection reasons from Moria. Particular NGOs manage these facilities and link their beneficiaries with other NGOs and public services in Mytilene. Kara Tepe is the only of the aforementioned facilities that operates as a temporary open accommodation facility (or camp), under the management of the municipality and in coordination with UNHCR and other NGOs engaged in service provision within the camp infrastructure.

The backstage settings have differing characteristics with different arrangements in each site and residents with different needs. In the following chapter we follow each site describing its main characteristics and present the changes and challenges of the pandemic within these sites. Policies and legal reforms have been considered, as well as “voices” from the field reflecting everyday issues.

Date Place	MORIA RIC	KARA TEPE	PIKPA	ESTIA	EKKA	PROKEPA	TOTAL
15.02.20	19495	1164	83	687	140	151	21737
15.03.20	19344	1132	81	633	142	178	21533
15.04.20	18470	1068	68	676	133	194	20636
15.05.20	17599	1044	68	673	137	187	19730
15.06.20	16161	1026	67	669	145	181	18270

Table 3: Residential locations and numbers of displaced people in Lesvos, 15 February-15 June 2020

Source: <https://infocrisis.gov.gr/category/pliroforiaka-stoixeia/>

Kara Tepe Camp

Kara Tepe is run by the municipality of Mytilene and is located in a former Traffic Education Park. The camp is managed by the site manager in coordination with the municipality and UNHCR. The camp has a capacity of 1,300³⁰ people and its mandate is to host vulnerable families from Moria. Its residents are either asylum seekers or people granted international protection. Inside Kara Tepe I/NGOs provide basic needs, primary health care, psychosocial support, educational and recreational activities. Children residing in Kara Tepe attend public schools and there is a municipal kindergarten inside the camp for the younger ones. There are community centres for men and women, a playground for children and a large

³⁰<https://infocrisis.gov.gr/>

amphitheatre hosting informational sessions and other events. Accommodation in Kara Tepe takes the form of ISO-Boxes equipped with solar panels and air conditioning, while free WiFi is provided. There are common cooking areas with electric ovens while there are handcrafted stone ovens outside the ISO-Boxes and is distributed amongst the residents with a trolley (See Figures 8 and 9).



Figures 8 and 9: A stone oven and communal kitchen area in Kara Tepe.

Kara Tepe was not included in the special measures that restricted movement for RICs like Moria while the “village”, as is defined by both residents and humanitarian workers, deployed a fast and holistic response to the pandemic. According to a representative from the only medical actor in the Kara Tepe, Medecins du Monde (MdM):

We started our informational sessions on Covid—19 long time before the official directions of EODY. Most of the people in the camp are from Afghanistan and Iran where the outbreak of the virus came prior to Greece. People were listening the news from their countries, talking with their friends and relatives and they were worried. [...] Since the beginning of March, we held informational sessions inside the amphitheatre on prevention measures, but also on giving them the official data about Greece and Lesvos and also around the situation at their countries. [...] That help people to assess better all news they were receiving from the media at their countries. [...] There was a fear on what would happen (in case of a Covid—19 outbreak in the camp), but as long as we kept them well informed, they were feeling more secure. The circulation of trustworthy information is a very big issue in situations like that and builds trust (Nikos F., Humanitarian worker).

Alongside the informational sessions, multilingual posters were placed around the camp space giving instructions in how to prevent Covid—19 and information about identifying symptoms. Informational sessions also held for the municipal personnel of the camp as well

as the independent humanitarian workers, and all employees had their temperature checked at the entrance. MdM, based on their experience with other infectious respiratory diseases such as tuberculosis, created a triage area outside their infirmary where they assessed all patients before their visit to the doctor.

During the lockdown, MdM were the only actor with a daily physical presence in Kara Tepe. Beyond medical services, MdM's team has social workers and psychologists who continued working in Kara Tepe, albeit in a rotation scheme. As a result, residents of Kara Tepe maintained access to PSS. However, the role of social workers and psychologists was amplified when the quarantine area for newcomers was launched inside Kara Tepe. The PSS team were responsible for informing and supporting those quarantined, explaining the reasons they were quarantined inside a fenced area of the camp and performing daily medical check-ups. The MdM teams also talked to people about what next steps would be, and tried to identify other kinds of needs unrelated to Covid—19, such as victims of trafficking, SGBV survivors and other vulnerabilities that could necessitate medical intervention. According to an MdM representative:

Displaced people that have just arrived from a long journey; they might have been exposed in several risks or suffering from chronic diseases that are untreated because of the bad conditions and the long period of their journey. Those conditions need to be identified or diagnosed and might be very well related with other external parameters, like violence. From that perspective Covid—19 is one potential problem, but there might be hundreds of other really existing problems what we should not neglect. [...] A pregnant woman close to labour date, is a pregnant woman close to labour date. She will deliver this baby with or without Covid—19. We have to take under consideration her condition and offer the best possible care taking all necessary precautions (Nikos F., Humanitarian worker).

Away from medical provision, those actors providing educational activities and PSS continued to work remotely. Classes were held via online platforms and assignments were handed in using online applications, e-mail, or they could be deposited in a box in a certain area of the camp where children were also able to collect assignments.³¹ As well as virtual education, people were able to have sessions with a psychologist via online platforms or on the phone (Caritas Hellas, 2020). Overall educational and PSS NGOs proved very resourceful and developed creative ways to continue their intervention and support, although far away from the space of the camp as a representative from Caritas Hellas a few days after the lockdown underlines:

Pre-Covid we had physical presence in Kara Tepe, we provided individual and group sessions on an everyday basis, educational activities for adults in groups of 15 people. [...] At the women and men centers there was no limit on the number of people. We had beauty sessions, sewing workshops, table games, cards without the limitation in our physical contact and in our communication. [...] Corona affected all of us in several ways, but mostly psychologically. The interaction and the personal communication were all replaced by online procedures. [...] We needed to find a way to continue psychological and psychiatric support to our cases without the presence of a psychologist in the field. We reformed our project through an online platform

³¹ IACF minutes 16.04.2020; <https://www.facebook.com/metadrasi/posts/2933561650118540>

that was available both for the Greek population and the refugees. [...] Although we have physical presence in the field right now, we tend to continue remote services, because it is a demand from the people (eg. People that left the island, but they are willing to complete their learning programs). Also, we don't hand in papers and learning materials due to corona precautions and all assignments are being uploaded on what's up (Aliko K., humanitarian worker).

Overall, in Kara Tepe, the prevention and identification of possible Covid—19 cases followed a clear protocol that was well executed. People were well informed, and they had access to a large number of services either in person or via online platforms and tools and an isolation area was created for any confirmed cases and their families. Meanwhile the cooperation between the camp authorities and NGOs was strengthened and most needs of the people were covered holistically. Alongside this the residents of Kara Tepe created support networks with younger people doing the groceries for their elderly neighbours that worked to protect the most vulnerable. However, Kara Tepe residents were affected by the Cash Assistance Programme suspension mentioned above as they could only use their cards to purchase goods via a point-of-sale machine. And more recently Kara Tepe has been included in the restrictions on movement, which will be examined in a future ADMIGOV report (CMD 42069/2020).

PIKPA camp for vulnerable displaced persons

Lesvos Solidarity is a Greek NGO based at the site of a former summer camp for children with disabilities (still referred to as the PIKPA camp, after the initials of the old organization-Patriotic Institute of Social Welfare and Awareness) and manages the camp hosting vulnerable families and individuals from Moria RIC. The capacity of the PIKPA camp is 100 to 120 people³² and people are referred through UNHCR. Alongside managing the camp Lesvos Solidarity offers language and computer courses, vocational training, and other activities.

In April 2020, during the pandemic, a separate shelter for Unaccompanied minors (UAM) that hosts boys under 12-years-old and girls under 17-years old with a capacity of 30 people, started its operation. Minors are placed in the shelter by the National Social Solidarity Centre (EKKA) and come from all over Greece while funding comes from UNICEF. The principle of coexistence of minors and the general population is a key element of the PIKPA community and thus a lot of work is being done on inter-cultural issues and the respect of differences.

As mentioned by our interlocutor at the camp:

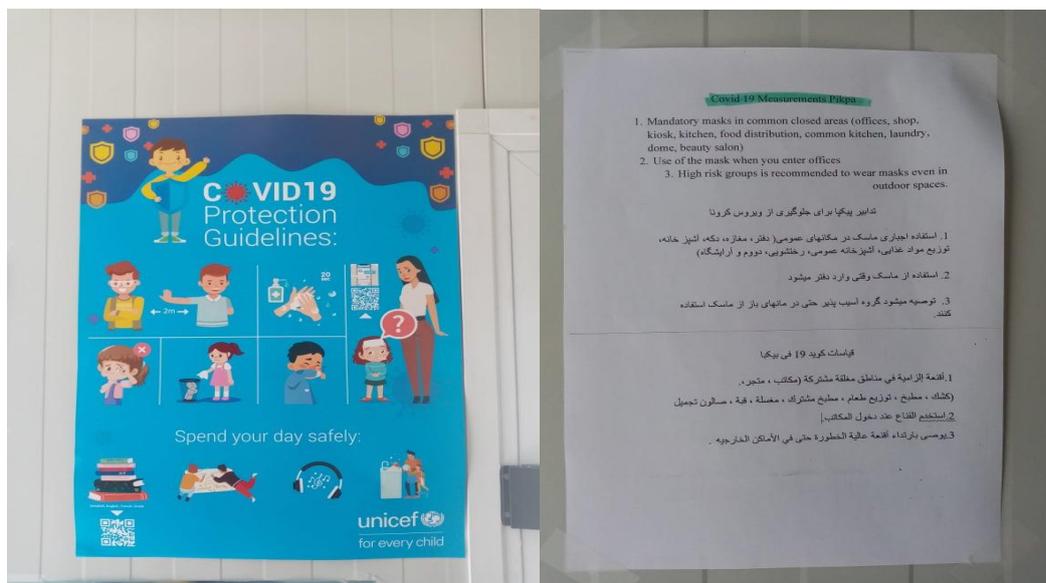
We constantly work on cultural issues among the residents of PIKPA. For example, there are girls at the shelter (for UAM) that choose not to wear hijab, while at the same time there are some very religious and conservative families at the camp (Daphne S, Humanitarian worker).

Lesvos Solidarity maintains a legal team for the UAMs in the shelter, although this does not extend to the general population for whom legal protection issues are referred to other legal aid actors.

³²<https://www.lesvossolidarity.org/en/what-we-do/pikpa-camp>

Residents of the PIKPA camp reside in wooden cabins and share communal kitchens, while chemical toilets are being installed outside the cabins for easy access if needed. Many international volunteers participate in the project and help with everyday tasks, like the organization of sport and other recreational activities. The staff of the camp hold regular community meetings with residents of the camp, discussing issues inside the community, making announcements, passing on information and discussing other everyday matters. All this is in an effort to uphold the NGO's commitment to maintain a sense of community, cooperation and solidarity among residents of the camp.

During the lockdown period, the residents of PIKPA had to follow the same restrictions and recommendations as the general population, meaning they could use their cash assistance cards normally. People could freely use the open-air spaces of the camp as long as they maintained Covid—19 precautions. Meanwhile multilingual information sessions were held for the residents of the camp and posters were placed around the space with guidelines and prevention measures (See Figures 10 and 11). However, volunteers were not able to be present in the space and educational and other activities ceased.



Figures 10 and 11: Covid—19 Prevention Measures (PIKPA).

The ESTIA accommodation scheme 'apartments' in Mytilene

In Lesvos, the UNHCR ESTIA Accommodation scheme is implemented in partnership with the Greek NGO Iliaktida. The project has a capacity of housing 778 people and is currently (01.06.2020) housing 707 people in 114 apartments in Mytilene and its suburbs. These apartments are meant to host vulnerable people that need to be transferred out of Moria RIC for specific reasons.

In pre-Covid times a team of social workers, welfare assistants and translators supported the apartments' residents, visiting twice a week to identify needs and protection issues, so they could properly link people to services, but also, in order to supervise the situations

within the apartments. Legal cases were referred to other legal actors in Mytilene, while sessions with psychologists are held outside the apartments at the premises of Iliaktida. In addition, Iliaktida run a school in Mytilene providing English and Greek courses for children and adults.

Iliaktida also has a team of technicians that take care of the apartments. The houses are equipped with essential electrical devices such as ovens, washing machines and fridges, but they do not have WiFi, television or radio. Two families usually from the same country or speaking the same language can live in the same house. Nationalities and languages are mixed only in the apartments of single young men. People residing in the apartments cannot have guests overnight, but after the permission of Iliaktida they are allowed to bring family for short visits during the day.

Meanwhile every beneficiary of the project is also included in the UNHCR Cash Assistance Programme enabling them to cover their basic everyday needs.

There were no special measures announced by the government for displaced people residing in apartments such as these meaning residents were subject to the same restrictions and recommendations as the general population. The only exception was that, when they were outside the house, they needed to carry with them an accommodation certification from Iliaktida along with their ID and the paper or the “SMS” proof that they are outside for a specific reason. Additionally, apartment residents could withdraw money from ATMs in Mytilene and use their cards as normal.

However, during the lockdown Iliaktida suspended visits of its personnel to the apartments maintaining communication with the residents via phone and visiting only in cases of emergency and if someone needed medical assistance, Iliaktida could arrange one with a private doctor via the project. While visits were suspended Iliaktida continued to accept vulnerable people to the apartments from Moria RIC. According to the representative of Iliaktida:

We host vulnerable people that were transferred from Moria, also before Covid—19, due to protection reasons. What changed during Covid—19 is the number of medically vulnerable cases that we host in our apartments or elder people. So Covid—19 changed the profiles of people that Iliaktida hosts. (Sophia D., Humanitarian worker)

The general lockdown made life inside the apartments difficult as people needed to stay inside and were forced to spend their days with people who were often neither friends nor family and without access to internet, television or radio. Also, while they were allowed to go out for exercise, they were very often mistreated by the police even after the end of the curfew. As one of our interlocutors comments:

I was only out with my friend keeping distancing and everything, we were just sitting at a park and chatting, but the police came with four motorcycles and they start yelling to us “haide haide haide, go go go” they terrified us and forced us to go (Fatima A., Asylum seeker).

That said, many of the challenges faced are the same as those pre-pandemic, where people's rights and needs are far from being satisfied. For example, people struggle to receive a tax number, while some do not hold a Social Security Number (see chapter 3). The tax office in Mytilene does not issue tax numbers unless you are able to produce a house or job contract creating a vicious circle as a tax number is needed in order to sign such contracts. This Catch-22 has been criticized by NGOs and solidarity groups saying it is illegal and vindictive all while trying to raise the issue several times with the local tax office, but to no avail.

As can be seen the impacts of Covid—19 have been differentially experienced in the backstage. As in the frontstage of Moria RIC existing structural conditions were amplified by the pandemic or shaped the pandemic response and everyday life of displaced people accommodated in backstage sites. The intricacies of the relationship between protection and the pandemic will be elaborated on further in the following conclusion.

Conclusion

The impact of Covid—19 on protection in Lesvos has had a number of *negative effects* while simultaneously *highlighting ongoing structural, political and social issues*. The pandemic has brought to the fore the *lack of adequate facilities* in a range of areas, including accommodation, WASH, and medical care as well as ongoing problems with the asylum procedure. Problems have been most acute in the hotspot of Moria where already poor living conditions and insecurity have not only been exacerbated by the imposition of lockdown restrictions and the persistent threat of the pandemic, but where such conditions e.g. overcrowding, have also limited the efficacy of preventative measures and increased transmission risks. We argue that *quarantine under conditions of infrastructural neglect and amidst an actively hostile and violent socio-political landscape does not protect, instead it has the potential to actively cause harm*.

Protection gaps

The analytical differentiation between frontstage and backstage has been quite suggestive of the protection dynamics in the border region of Lesvos. In this report we identified *major differences* in capacity for effective action between the various sites under study, most notably between the frontstage of Moria and the emergency ‘structures’ at the shores of the island, on the one hand, and the backstage of Mytilene’s various sites, on the other.

More particularly, we identified *major protection gaps in the frontstage*. Besides the grave, not to say explosive, situation, in terms of health risks, in RIC Moria, such protection gaps include life threatening pushbacks in the Aegean, which have been subject of discussion in the European Parliament, and the lack of reception provisions as well as quarantine facilities for the few hundreds of displaced people who reached the shores of the island the first months after the general lockdown.

The situation on the backstage has been quite different. The ESTIA programme has succeeded in providing a functional shelter in the town for vulnerable, asylum seeking families, and opened a horizon of cohabitation between the asylum seekers and the locals. However, its current revision is a negative development. *The pandemic intensified the marginalization of the asylum seekers within the local society*, particularly because it put great stress to the poor medical facilities of the island to which the asylum seekers had limited access.

Both frontstage and backstage, *protection has suffered a wider setback because of recent government policies in the fields of rescue, asylum and accommodation*. On the other hand, the big contrast in ‘practical protection’ between front and backstage on Lesvos is suggestive of the way in which border politics— as an ingredient of international relations or inter-state and domestic politics — effects humanitarian management *particularly* on the border, and therefore have a special impact on protection in the front stage.

The humanitarian regime and protection

This report confirms the on-going transformation of the humanitarian regime, which has been increasingly staffed by Greek citizens as well as bureaucratized. Alongside this we can see the *humanitarian regime is in wider retreat*, particularly under the xenophobic turn against NGOs and the foreign humanitarians but also because of the negative, not to say hostile, attitude of state and municipal officials towards humanitarian workers. These developments have left the humanitarian regime in Lesvos in a *vulnerable* state. There has been a deficit of humanitarian infrastructures and energies in the face of the pandemic challenge with serious consequences, particularly in the field of medical protection (which has been upgraded to the number one priority).

The shrinking of the unofficial peripheries of the humanitarian regime —such as the many informal initiatives of Greek and foreign activists and volunteers that thrived in 2015-6 who played a key role in offering important services in the management of the crisis — is another major setback. The ‘compassion fatigue’ that currently prevails does not allow for a ‘solidarian’ resurgence and a new round of informal initiatives, with very few exceptions. This adds extra weight upon the shoulders of official, state and civil society, humanitarian actors.

Good examples of ad hoc interventions by private humanitarian actors to deal with emerging needs have been rare, yet given the circumstances they have been extremely important, particularly in the frontstage (hotspot). These initiatives have been either off springs of NGOs (e.g. Movement on the Ground and the Starfish ‘Safe Hands’ initiative) or were born at the grassroots (e.g. Moria Covid Awareness Team). However, we also see instances where the pandemic has strengthened cooperation amongst the various protection actors on the island as they worked together, making the most of their respective areas of expertise in order to guard against Covid and importantly maintain other essential services.

Protecting displaced people from Covid—19

Covid—19 has undoubtedly unsettled the distance between displaced people and other islands residents, where prior to the pandemic displaced people were excluded from acceptance into the wider population. As a pandemic with potentially damaging outcomes for public health, Covid—19 expanded the boundaries of ‘public’ so that it included all the divergent communities on the island. This expansion unsettled the xenophobic assumptions of medical threat associated almost exclusively with the displaced as the source of threat (see Muller, 2004). Under Covid—19 these existing hierarchies of threat were contested, as all island residents are potential threats to each other. However, even as the pandemic presented an *equalising dynamic* as a public health threat, and displaced people have been incorporated into the ‘public’ for the first time, the response has called on, and has reproduced existing repertoires of control and existing risks caused by harmful infrastructures of neglect (Pallister-Wilkins, 2020). Additionally, these responses magnified the medical aspects of protection and instead of breaking down barriers between displaced people and other residents of Lesvos, *further consolidated existing hierarchies* between them.

As a result, we have seen the use of quarantine in Moria to ‘protect’ the 20,000 or so asylum seekers resident there from the threat of Covid—19 transmission from other Lesvos residents, in part because conditions in the camp are so poor that any risk of transmission had to be pre-emptively eliminated. However, in imposing this quarantine on the camp, the existing harmful conditions created by overcrowding, inadequate access to clean water and poor sanitation systems came to the fore as a continuing and *now heightened risk to Moria residents*.

The Greek approach to social distancing under Covid—19 saw the family unit as the ‘bubble’ within which risk could be both reduced through isolation and managed through potential contact tracing. Quarantine in Moria however, meant that the whole community of Moria became a single unit of isolation due to the overcrowding and the inability to maintain social distance or to perform contact tracing. As a result, *Moria could be considered as a singular community of risk*. The heightened levels of risk created in Moria as a result of both Covid—19 and subsequent practices of quarantine have seen an expansion in medical vulnerabilities with more medical conditions added to the vulnerability assessments that enable mobility out of the hotspot and off the island. With the added number of people being granted asylum this has seen a higher number of people leave the island for Athens than during non-pandemic times, and all during a supposed national lockdown.

As Moria became an enforced community of risk, this community included local humanitarian workers who could not work remotely. The risks faced by local humanitarian workers, with little access to necessary personal protective equipment or the ability to adequately distance have led to charges of abandonment and differential concern from head offices based on hierarchies of life (Fassin, 2007) that echo dynamics seen in the West African Ebola pandemic (Pallister-Wilkins, 2016b).

As Europe’s first ‘Camp City’ (Agier, 2011) we see similar dynamics in Moria that have been mapped by scholars studying camp spaces in other geographies. These include hierarchies of life between camp residents, local humanitarian workers, and their international non-present head offices; the continued growth of the camp beyond its ‘official’ original core, with the creation of ad hoc housing and shelter; the illicit use of resources such as electricity; the emergence of camp economies; the continued threat of sexual and gender based violence; tensions between divergent communities; and through camp life itself where humanitarian protection practices are combined with border control and asylum as they are in the ‘hotspot approach’ the production of particular communities and populations (Agier, 2011; Bulley, 2012; Hoffmann, 2017; Hyndman, 2000; Newhouse, 2015).

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Appendix

Table 4. List of interviews

<u>Name</u>	<u>Intervention Sector</u>	<u>Date</u>	<u>Place</u>
1. Marina F.	Psychologist	14.04.20	Frontstage
2. Xenia P.	Lawyer	15.04.20	Frontstage/backstage
3. Efi T.	Resident Doctor	16.04.20	Backstage
4. Judith B.	Chief Operation Officer/ basic assistance	17.04.20	Frontstage
5. Claire O.	Office/Volunteer Coordinator	17.04.20	Frontstage
6. Sharah L.	Medical Team Coordinator	22.04.20	Frontstage
7. Johan R.	Refugee Support/Volunteer	04.05.20	Frontstage/backstage
8. Ingrid P.	Coordinator/basic assistance	29.05.20	Frontstage/backstage
9. Kate V.	Founder/ Education and basic assistance	01.06.20	Frontstage/backstage
10. Fatima A.	Asylum seeker	01.06.20	Backstage
11. Sophia D.	Coordinator/ Accommodation Facility	01.06.20	Backstage
12. Aliko K.	Coordinator/ Education and Psychosocial Support	04.06.20	Backstage
13. Karim M.	Asylum Seeker	12.06.20	Backstage
14. Hassan K.	Asylum Seeker	14.06.20	Frontstage
15. Salim H.	Asylum seeker	09.07.20	Frontstage
16. Stella M.	Advocacy Manager/ Medical Actor	10.07.20	Frontstage

17. Nikos F.	Coordinator / Medical Team	20.07.20	Backstage
18. Noor H.	Asylum seeker	29.07.20	Frontstage/Backstage
19. Daphne S.	Coordinator/ Accommodation Facility	04.08.20	Backstage
20. KaterinaG.	Case worker/ Accommodation facility	14.06.2020	Frontstage
21. AnthiX.	UNHCR	31.03.2020	Frontstage/Backstage