



Advancing Alternative Migration Governance



Protection in a Hostile Environment: An on-the-ground study into protection practices in Lesvos and Athens

Deliverable 4.1

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Acronyms

ADDMA	Municipality of Athens
AMIF	Asylum, Migration and Integration Fund
AMKA	Greek Social Security Number
BRF	Boat Refugee Foundation
DG ECHO	Directorate-General for European Civil Protection and Humanitarian Aid Operations
DG HOME	Directorate-General for Migration and Home Affairs
DRC	Danish Refugee Council
ECDC	European Centre for Disease Prevention and Control
EKAB	National Centre for Emergency Care
EODY	National Public Health Organization
ESTIA	Emergency Support to Integration and Accommodation
GCR	Greek Council for Refugees
GBV	Gender-Based Violence
HELIOS	Hellenic Integration Support for Beneficiaries of International Protection
IACF	Inter-Agency Consultation Forum
IASC	Inter-Agency Standing Committee
I/NGO	(International) Non-Governmental Organization
IFRC	International Federation of the Red Cross
IOM	International Organization for Migration
IPA	International Protection Act
ISF	Internal Security Fund
MdM	Médecins du Monde
MMA	Ministry of Migration and Asylum
MPG	Migration Policy Group
MRA	Medical Reception Area
MSF	Médecins Sans Frontières
ND	New Democracy (Greek political party)

PAYYPA	Temporary Aliens Provisional Insurance and Healthcare Number
PWG	Protection Working Group
RAO	Regional Asylum Office
RIC	Reception and Identification Centre
RIS	Reception and Identification Service
RSA	Refugee Support Aegean
SGBV	Sexual- and Gender-Based Violence
UAM	Unaccompanied Minor
UNHCR	United Nations High Commissioner for Refugees
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

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Chapter 1: Introduction

This report details protection practices for displaced people in Greece, specifically on the Aegean island of Lesbos and in the capital Athens and the wider Attica region. As protection, or humanitarian assistance as it more commonly and narrowly known by policy makers, is multifaceted, containing many areas of intervention, our research and this report choose to focus on three areas: legal protection, or access to asylum; healthcare; and accommodation. In doing this we provide an on-the-ground situated study of the everyday practices of protection in each locale. This on-the-ground approach enables us to map the dis/continuities and contestations of the multiplicity of actors, I/NGOs, volunteers and state actors involved in the protection regime in Greece.

The report's main findings revolve around the pre-existing unsatisfactory protection provisions according to international standards (see Sphere, 2018), and the changes for the worse to these already poor conditions that have come into effect since the election of the New Democracy government in 2019. These changes include the introduction of a new International Protection Act that has changed the asylum landscape and reduced access to legal protection for those arriving on Lesbos, and a gradual attempt by the Greek government to reduce the provision of protection in non-camp spaces and the related implementation of a closed camp policy.

Alongside this reduction in protection standards and shrinking of the humanitarian space, the Covid-19 pandemic has had a severe impact on the provision of protection for displaced persons. The pandemic has placed displaced people at even greater levels of risk and subjected this already vulnerable community to policies that have marked them out as a problematic group and targeted them for particular public health interventions. This has taken place within a political climate characterized by rampant authorized xenophobia, racist attacks and the ongoing stigmatization of the asylum seeker community — resulting in the displaced being confined to already inadequate camp spaces, thus bringing the Greek government's desires for closed camps into de facto reality.

This report is structured as follows: in chapter 2 we explore differing understandings of protection from legal and normative approaches to protection in practice. In discussing different approaches to protection we shine a light on the academic literature that has explored the particular dynamics of protection in Greece which guide our approach, and we situate ourselves within this literature accordingly. In chapter 3 we elaborate on our methodological and ethical approach of studying protection in practice on the ground and from below. Alongside a discussion on participant observation we discuss our use of interviews and other sources of data, the dynamics of research in both Lesbos and Athens as well as how the Covid-19 pandemic has impacted our research process and how we have altered our data collection methods as a result. Chapter 4 lays out our research design that foregrounds our focus on research from below, and the legal and normative top-down frameworks within which such on-the-ground multi-sited practices occur; our particular focus on three time periods: pre-pandemic, pandemic and post-Moria fire; and our particular focus on three areas of protection: legal protection, accommodation, and healthcare. In chapter 5 we provide historical contextualization to help the reader understand the particularities of protection in practice within the Greek context and specifically within Lesbos and Athens. Then in chapter 6 we discuss the dynamics of legal protection in both Lesbos and

Athens and the new International Protection Act, with a particular focus on the complexity of the Athenian context. In chapter 7 we discuss access to healthcare showing in particular how it cannot be easily divorced from wider protection policies and practices, and how the pandemic has had negative effects on healthcare provision in both Lesvos and Athens. We shift our attention to accommodation In chapter 8, including the multiplicity of accommodation provision from the widely critiqued poor camp infrastructures to private apartments in both Lesvos and Athens, and the similarities and differences between the two locations and the gradual moves towards greater carceral policies. In chapter 9 we focus specific attention on the developments following the Moria fire on September 8, 2020 showing how as this coincided with Covid-19 measures, carceral policies have become more entrenched through the construction of the Temporary Mytilene RIC.

Finally, in the conclusion we focus on the continuities and discontinuities in protection practices uncovered by our research. Here we pay particular attention to highlighting the ongoing interrelationship between the islands and the mainland in the everyday governing of protection, especially in relation to practices of ‘decongestion’ designed to address deep structural weaknesses in protection provision. We also examine the elimination of many backstage settings and services and explore practices of incarceration in more detail — all of which are ongoing in what our interlocutors in the humanitarian community have called a hostile environment.

Chapter 2: Understanding protection

This chapter focuses on how we understand protection in the context of migration governance, with a particular focus on protection in both its traditional legal form and as a practice intervening in the everyday lives of displaced people to provide them with basic needs. Thinking about protection as a practice means taking into account the local context of provision; therefore, we also introduce the recent scholarly work on protection in Greece and in doing so highlight the multi-faceted and dynamic nature of protection within the Greek context, on Lesbos and in Athens.

Today, the protection of refugees and migrants remains both a central principle in global migration governance and a continuing on-the-ground challenge. As the Global Compact on Migration (GCM) and the Global Compact on Refugees (GCR) make clear, protection is a multifaceted concern that includes the human rights of refugees and migrants, the rights of children to education, the saving of lives at risk, the delivery of humanitarian assistance and the condemnation of xenophobia. Therefore, protection is a malleable term, without a fixed meaning. Officially, the United Nations 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). IASC also affirms that “all humanitarian actors have a responsibility to place protection at the centre of humanitarian action” (IASC, 2013).

The Global Compacts show that the current protection frameworks, such as the 1951 Refugee Convention and the 1967 Protocol, are failing to address the complex needs of displaced people and suggest a more comprehensive response is needed, based on both new refugee response frameworks and the promotion of safe, orderly and regular migration. These new approaches suggest that the (primarily legal) framework of rights under International Humanitarian Law is being extended to embrace further protection principles concerned with safety, dignity, access to impartial assistance, recovery, and access to rights (see Figure 1), alongside a focus on the provision of basic needs such as water, sanitation and hygiene (WASH) facilities, accommodation, food and nutrition, and healthcare across a range of actors and multiple levels of governance including international organizations, states, municipalities, civil society and the private sector who engage in a number of practices in the name of ‘protection’.

Focusing on these actions and practices can help us to better understand what protection is, and most importantly looks like on the ground. Furthermore, studying these practices, in place and as they happen, can help us to think differently about the protection of displaced people. There are a number of frameworks that set out minimum standards for protection provision *in practice*. Chief amongst these are the Sphere Standards (2018), a comprehensive set of guidelines compiled by a consortium of humanitarian actors that provide practical guidelines around basic needs including WASH facilities, food and nutrition, accommodation and healthcare in a range of geographic and socio-political contexts.

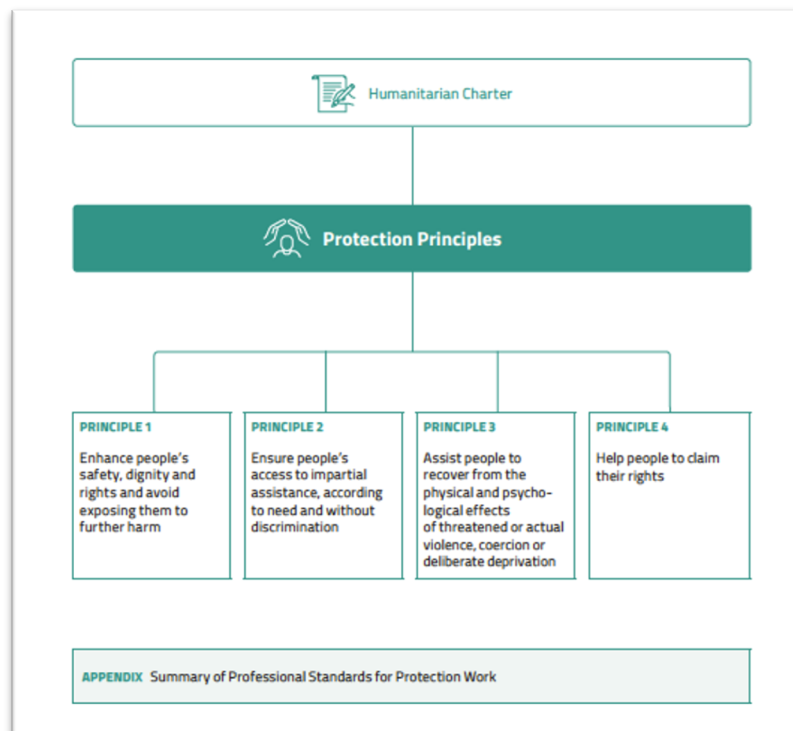


Figure 1 Sphere Protection Principles (Sphere, 2018: 34)

In doing this we are guided by work in critical humanitarianism studies where protection of life and protection from harm is understood as saving lives, ending suffering and upholding human dignity within what is known as the *humanitarian space* — understood as a trilemma where I/NGOs can operate free of governmental interference, an emergency zone where a global system of organizations respond to save lives, end suffering and uphold human dignity, and a site where people can claim protection (Hilhorst and Jansen, 2010). 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). Building on these instrumental concerns, a number of scholars have argued that protection in practice is concerned with both care *and* control (Agier, 2011; Ticktin, 2011). The simultaneous presence of care and control in protection relate both to instrumental concerns around preserving or restoring societal security (Reid-Henry, 2014) and everyday on-the-ground protection practices whereby care relies on, is made possible by and in turn produces forms of control including policing, mobility restrictions, and the collection and aggregation of data. All of this take place in camps, clinics, and hospitals, to name but a few sites (Pallister-Wilkins, 2018b). This coterminous presence of care and control in the practicing of protection is made more relevant in the context of Europe's borderlands, and Greek responses to displaced people as such responses cannot be understood separately from processes of border crossing and subsequent forms of control as earlier findings of ADMIGOV show (see Jeandesboz et al., 2020).

The multi-faceted nature of protection in the Greek context — with its different spatial registers, different actors, and varied practices — has been the focus of a range of scholarly work

responding to the place and role of Greece in the 'migration crisis' (see Pallister-Wilkins, 2016). This work has mapped the presence of protection concerns in reception and detention (Rozakou, 2012), the daily lives of border police (Pallister-Wilkins, 2015), the creation of new infrastructures such as the hotspots to govern both entry and the basic needs of displaced people (Pallister-Wilkins, 2020a; Vradis et al., 2019), the imposition of new technologies of assistance such as debit cards (Tazzioli, 2019), and forms of accommodation such as the IKEA Better Shelters (Pascucci, 2020). Others have carefully documented the role of different actors in the provision of protection, from mainstream humanitarian actors (Pallister-Wilkins, 2018) and security actors such as Frontex (Papada et al., 2020), alongside the growing presence and role of grassroots volunteers (Papataxiarchis, 2016a&b; Rozakou, 2017), and alternative spaces of protection provision such as social centres (Mitchell and Sparke, 2020). Particular practices of protection have also been the subject of study, including search and rescue at sea (Pallister-Wilkins, 2017) and the provision of healthcare (Pallister-Wilkins, 2019), alongside protection categories based on vulnerability assessments (Spathopoulou et al., 2020).

What much of this work on the humanitarian response in Greece points to, and in some instances actively engages with, are the structural failures and socio-political choices underpinning systemic protection needs and the masking of those structural failures and socio-political choices by humanitarian-based emergency responses (Cabot, 2016; Pallister-Wilkins, 2020a; Papada et al., 2020; Pascucci, 2020; Rozakou, 2017; Vradis et al., 2019). This work forms an important foundation for our analysis in this report where we aim to trace the everyday dynamics of protection on the ground, at different scales and across different times and spaces, showing how these dynamics occur within a wider policy field that is structural and importantly *political*. This focus on the political nature of protection is important to highlight, as misunderstandings around the apolitical, normative commitment of humanitarians are often misconstrued, leading to misconceptions that humanitarianism operates separately from, outside or above politics. Furthermore, highlighting the political structures within which protection operates is important for pushing beyond the exceptionalizing moves generated by frames of 'crisis' (see Jeandesboz and Pallister-Wilkins, 2016) — and finally because a focus on political structures are necessary for discussions of accountability.

Chapter 3: Methodological approach and research limitations: working under Covid-19

In this chapter we outline our methodological approach focused on detailed on-the-ground observation of protection as it is practiced as well the challenges of attempting such research under the limitations of Covid-19. Firstly we will outline our protection-in-practice approach. Secondly we discuss the types of data collection, including observations and interviews, that have been employed in both Lesvos and Athens and the wide variety of additional sources we draw on. Finally we discuss the limitations and challenges of doing research under Covid-19 that have led us to alter our methods over time.

Protection in practice

Through focusing on protection as it is actually practiced as opposed to protection on paper, i.e. theoretical/normative protection, we argue that protection is not *only* an abstract, formal principle, which has led to the production of a rich legal superstructure focusing on rights, or a technical problem to be fixed through the implementation of best-practice initiatives that address basic needs. Instead we consider protection as a combination of informal and formal practices focused on a wide range of functions/needs that we approach 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.

This understanding has led us to investigate how actors on the ground see protection needs in a variety of situations and to what extent the formal definitions of protection by official humanitarian actors meet the expectations of those in need, as well as how those expectations and needs vary across time and space (for more on this see our research design in chapter 4). 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 organizations, to transnational actors like the EU, state-level policies and practices and local responses.

Researching protection in practice

Members of our research team have been researching protection issues on Lesvos for a number of years. Combining this with intensive research in both Lesvos and Athens we have access to and have been able to compile data from a position of strength in depth.

This strength in depth means we have built up a considerable archive of primary data that is made up of extensive, long-term field research accompanied by deep knowledge of the field gained through being present in the community over a number of years. This field research is made up of observations of a number of key activities and sites where we can observe protection in practice including key stakeholder meetings and the dynamics of the hotspot. Specifically, on Lesvos this involved one month of participant observation inside Moria RIC (hotspot) as a

volunteer with the Psychosocial Support (PSS) team of an NGO, alongside systematic participation in Protection Working Groups (PWGs) and Inter-Agency Consultation Forums (IACFs) organized by UNHCR over 18 months both before and during the pandemic, as well as participation in a wide range of relevant activities and interactions with humanitarian workers and displaced people on the island.

In Athens, participation in working groups and coordination meetings included the monthly meetings of the Legal Aid Working Group and the UNHCR Inter-Agency Consultation Forum, as well as two IOM consultation meetings and a one-day Conference on Unidentified Minors organized by Arsis. While our long-running presence in Lesvos meant few difficulties in accessing such groups on the island, in Athens we faced difficulty in gaining access to the field and securing participation in working groups and other humanitarian forums. In the case of the UNHCR Inter-Agency Consultation Forum and the IOM meetings, participation had to be authorized by UNHCR, following a formal application and personal communication from one of our team. In the case of the Legal Aid Working Group, access was granted through the researcher's personal contacts. Due to our Athens data collection taking place during the Covid-19 pandemic, meetings were held online and recordings were made.

Alongside observations, interviews with key actors from across the spectrum were carried out at different time periods. Our interlocutors for the interviews were chosen after a very detailed mapping of the humanitarian scene on Lesvos and in Athens. 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, as well as a range of practitioner positions and roles within professional hierarchies and areas of operational intervention. On Lesvos we conducted 25 interviews in total, 13 of which were in person, 9 took place online and 3 via phone; 17 were with humanitarian workers, 1 with a volunteer, 1 with a doctor at the General Public Hospital of Mytilene, 1 with the Director of the RIC and 5 with asylum seekers. In Athens, a total 23 interviews were conducted online with humanitarian workers.

The main problem in terms of interviewing concerned the inaccessibility and unresponsiveness of humanitarian organizations and the limited availability of humanitarian workers. A formal letter of engagement was sent to all organizations of interest to the research, followed by an indicative interview schedule in order to inform them of the research and the specific topics we were interested in discussing with them. In several cases, we received no response at all and therefore sent a follow-up letter, to which we again received no response. In other cases, responses arrived a week or two later and interviews were set for an even later date, sometimes even two months after the initial communication. In most cases, interviews were arranged only after personal networks and contacts were mobilized. Indeed, in several cases it was not possible to identify relevant contact persons and details from organization websites and we again had to rely on personal communication in order to figure out who to address our request to. Nonetheless, the interviews themselves proceeded smoothly and respondents appeared happy to discuss their experiences and the problems arising in the field of protection. All interviews were conducted online and sound recordings were made. In several cases, group rather than personal interviews with different workers from the same organization were chosen.

This interview data is accompanied by the systematic and rigorous collection of primary and secondary sources of data including official documents, legal documents, laws and policies, statements of organizations, letters and responses from the Greek Ombudsman, audio-visual material published by journalists or the displaced themselves on social media, academic and press articles analysing the protection landscape and the particular Covid-19 emergency alongside the findings of other research projects, such as the H2020 RESPOND project, whose work we compliment and continue with ADMIGOV.

We feel it is important here to give special mention 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 Danish Refugee Council (DRC), Caritas Athens, Catholic Relief Services, Refugee Info, Arsis, DIOTIMA, Babel, the Legal Centre Lesvos, Médecins du Monde (MdM), Médecins Sans Frontières (MSF), Oxfam, the Hebrew Immigrant Aid Society (HIAS), the United Nations High Commission for Refugees (UNHCR), and Solidarity Now. Alongside this we have relied on and reviewed information published on UNHCR's *Reliefweb* portal related to displaced people in Greece from 2016 onwards. The importance of this data has only been amplified by the impact of the Covid-19 pandemic on data collection, especially in Athens, where fieldwork started later than in Lesvos. The particular impacts of Covid-19 on our methodology will be discussed in more specific detail in the next section.

Alongside these reports we have drawn on statistical and demographic data where it is available. It is necessary here to highlight the patchy nature of this data and the divergences in data collection practices across our field sites on Lesvos and in Athens. Statistical and demographic data was often unclear. First of all, different data sets are published by different organizations and agencies, and often these data sets do not match. Such sets include data published by the Ministry of Migration and Asylum, the Ministry of Defence, the police, UNHCR and IOM. In some cases, even data published by different agencies within the same Ministry do not match. In general, this data was not disaggregated as far as protection in Athens is concerned, which caused particular problems for our project. For the purposes of the research, it was decided, where available, to use UNHCR and IOM data on accommodation and Ministry of Migration and Asylum data on asylum. While we note the challenges of working with this data here, as a limitation of our research, such data discrepancies and gaps also have wider implications for the provision of protection, as access to or the curation of accurate figures forms a central component of the efficient provision of humanitarian services through the production and categorization of populations in need (see Bulley, 2014).

In reflecting further on our use of secondary information accessed through desktop research, such data can be described as patchy and uneven. For example, information published on humanitarian websites includes short descriptions of past and current projects, photo stories, press releases and, in general, does not provide a clear and coherent everyday picture of the work of the organization on the ground. It is important to recognize the curated and mediated nature of such information, since it is also used as a fundraising tool by many I/NGOs. Additionally, the statistical and demographic data published on such websites is often unclear.

The research impacts of Covid-19

It is undeniable that the Covid-19 pandemic has had a large impact on our research methodology and therefore our research as a whole. The pandemic and the subsequent lockdown, curfews and restrictions on movement across Europe generally and within Greece specifically coincided with what would have been our most intense on-the-ground ethnographic data collection period. This meant that we had to revise our initial plans of centring observations of practices on the ground, and increasingly rely on prior research and existing knowledge, as well as the types of desk research practices discussed above.

Our number one concern in undertaking research under Covid-19 has been the safety of our respondents, our researchers and our wider societies. In this regard a do-no-harm approach has guided all of our actions in the first instance, even in moments when on-the-ground ethnographic fieldwork might have been possible. This necessity to centre safety is compounded by our research focus on already vulnerable and marginalized communities.

Additionally the dynamics of the pandemic have added to the already heavy workload of our interlocutors in the humanitarian and volunteer communities with the result that we have not always been able to enjoy the access to these interlocutors that we otherwise would have. Though we would not have had it any other way, as the provision of services to those most in need in the pandemic takes precedence over our research desires in line with our do-no-harm approach, it is worth highlighting as an additional ethical/structural hurdle created by Covid-19.

We have been aided immensely by the ability to work using online communication methods for interviews and sensitizing discussions. However, access to such technologies is limited and some interviews and sensitizing discussions, especially with displaced people, were not possible using virtual conferencing tools due to poor internet/telecommunication connections. Additionally, access to such communication channels often comes at a monetary cost to our interlocutors and we found it unethical to expect those with few resources to shoulder such costs.

Chapter 4: Research design

In thinking about protection in practice in Greece we have crafted a research design that enables us to account for the diversity of practices and the important role that locality and location play in everyday, on-the-ground delivery. We focus on two main sites: Lesvos and Athens. These sites have been chosen as they represent key stages in the migratory journey to which protection practices respond. We call these key stages the frontstage and backstage, respectively. The frontstage is the island of Lesvos, one of the principal sites for entry into the European Union (see Jeandesboz et al., 2020), where border control intersects with protection concerns and practices as materialized in the Registration and Identification Centre (RIC), also known as a hotspot, on the island. Meanwhile the backstage in our research design is those facilities to which displaced people have access following certain admissibility procedures such as vulnerability assessments or the successful completion of their asylum claim (see Table 1). These are located in Athens, but also on Lesvos, for example in Mytilene, and other places in Greece. The backstage is therefore both a spatial and temporal designation.

Frontstage		Backstage	
Lesvos	Moria Registration and Identification Centre (RIC) Covid-19 Quarantine Sites (Megala Therma and Kara Tepe) Temporary Mytilene RIC (Moria 2.0)	Lesvos	Kara Tepe ESTIA Apartments, Mytilene PIKPA
		Athens	ESTIA Apartments Open Reception Facilities (also called sites and camps) Youth Shelters

Table 1 Frontstage/backstage locations

Along with a focus on the different spaces of the frontstage and backstage, our research design also considers three temporal periods:

1. pre-pandemic
2. pandemic
3. post-Moria fire

Considering protection practices in these time periods allows us to map the political changes brought about by the change in government, from SYRIZA to New Democracy, in 2019, the coming into effect of the new International Protection Act (4636/20) in January 2020 and the challenges of Covid-19 and its effects on protection provision, as well as the critical ongoing developments following the fire and subsequent closure of Moria RIC in September 2020.

Protection is multi-faceted, as discussed earlier in chapter 2. As such, we have chosen to focus on three important areas of protection provision that allow us to operationalize the protection principles of the Sphere Standards (Sphere, 2018: 36) through bottom-up ethnographic tracing and a focus on protection in practice as discussed in chapter 3. These three areas are:

1. legal protection
2. accommodation
3. healthcare

Incorporating these three areas of protection allows us to include the understanding of protection that is institutionalized through International Refugee Law and the global refugee regime while moving beyond legal understandings of protection to consider other areas — accommodation and healthcare — that are central to the well-being of displaced people.




Sphere Protection Principles			
<i>Principle 1</i>	<i>Principle 2</i>	<i>Principle 3</i>	<i>Principle 4</i>
Enhance people's safety, dignity and rights and avoid exposing them to further harm	Ensure people's access to impartial assistance, according to need and without discrimination	Assist people to recover from the physical and psychological effects of threatened or actual violence, coercion or deliberate deprivation	Help people to claim their rights
Legal protection		Accommodation	Healthcare
			
On-the-ground observation of protection practices			

Table 2 Combining protection principles and our on-the-ground research design

In an effort to translate our bottom-up research findings into protection indicators we interpret our findings in relation to the four principles of protection outlined in the Sphere Standards (see Table 2). At the end of each chapter on — legal protection, accommodation and healthcare — we summarise how our findings relate to the four protection principles, highlighting weaknesses and failures. In relating our findings to these principles we aim to indicate areas where protection practices can be improved.

Chapter 5: Historical background: A multiplicity of challenges at the frontstage and backstage

An in-depth understanding of the protection needs, challenges, and responses in the otherwise fluid social and political environment of Greece requires systematic historical and socio-political contextualization. This will allow us to distinguish the ephemeral from the medium-term and long-term and spot important continuities in the protection gaps and failures that are currently observed. For this purpose, we can distinguish two types of protection challenges and subsequent gaps: *systemic* and *conjunctural*. The systemic challenges relate, for example, to the long-term EU policies which are shaped around a mix of security and humanitarian concerns (Pallister-Wilkins 2017), as well as to structural conditions, for example the asylum, reception and accommodation infrastructures, that affect the capacity for protection. The conjunctural challenges are primarily (yet not exclusively) the product of significant historical events, such as the 2020 border crisis between Greece and Turkey or the Covid-19 pandemic, that have had a big impact on humanitarian actors as well as displaced people and, therefore, affect the provision of protection. In between the two categories are a sort of ‘cyclical challenges’: these are related to the ups and downs of the mobility between Mytilene and Athens of the displaced, who are exported from one place to the other in a chain reaction.

In this chapter we first give a brief account of policies in migration management and asylum and the governance of the so-called ‘refugee crisis’ since 2015–6, and then sketch the humanitarian landscape in the two sites under study, Mytilene and Athens. The biggest part of the chapter focuses on the pandemic conjuncture. We analyze the struggle over the Greek government’s attempts at restructuring migration management on Lesbos in the context of the pandemic before moving on to examine the impact of the border contestation between Greece and Turkey, and lastly reflecting on the impact of Covid-19.

The analysis of this unique combination of challenging circumstances is based on long-term field research in Lesbos, on field research in Athens during 2020 and the study of primary and secondary sources.

Medium-term developments in the context of protection: a brief overview

Developments in the context of protection after 2015 can be distinguished in two periods, depending on which political party has been in power. The general shape of the humanitarian landscape in each period depends primarily on the policies that have been applied by the particular government. Special circumstances, such as the 2020 border crisis between Greece and Turkey and the pandemic that broke out in the same year also played an important role.

During the SYRIZA-ANEL coalition government (2015–2019), a relatively open, welcoming policy was applied to displaced people, particularly during the first phase (summer 2015–spring 2016), when ‘solidarity to refugees’ was adopted by the government and turned into a patriotic concern (Papataxiarchis, 2016c). The functioning of the Asylum Service under the newly formed Ministry of Migration, the establishment of the humanitarian regime in autumn 2015, when Greece was declared to be in a state of humanitarian emergency, together with the emergence of many

grassroots initiatives (Rozakou, 2017) fostered the growth of an asylum-seeking culture for the first time in Greece.

However, after the EU-Turkey Statement in March 2016, which applied a geographical restriction and thus created an internal border, and the voting in of Law 4375/2016, which regulated the asylum process, we enter a phase of normalization and routinization of humanitarian governance, as the Greek state started gradually taking control of the humanitarian regime (Papataxiarchis, 2017). During this second phase (March 2016–July 2019), the management of the asylum-seeking population started facing major new challenges because of problems in the rather slow asylum process, resulting in long delays in the completion of asylum applications, large numbers of asylum seekers stuck in the RICs at the frontline and the strong local reactions both on the mainland and on the islands.

Overall, this was a period of innovation and experimentation. At the level of official policy, the application of the ‘hotspot’ approach (Kourachanis, 2018) by the EU in the frontstage spheres of reception and identification as well as the ESTIA accommodation programme at the backstage were among the most important innovations. At the unofficial level the many grassroots initiatives served as a source of inspiration and reproduction of the welcoming culture, as well as offering valuable services, particularly by covering the gaps in official protection.

With the election of the New Democracy (ND) government in 2019 came a major shift in policy. This new policy was informed by a new dogma, that of the ‘closed camp’, leading to the restructuring of the Aegean hotspots, as well as the prioritizing of ‘safety’ (primarily of Greek citizens), a more narrow understanding of asylum and a firmer policy of deterrence at sea and on the land borders (resulting in numerous allegations of pushbacks) aiming to curb flows and reduce the asylum seeker population in the country. This new policy applied a more restrictive approach to asylum, which is reflected in legislative initiatives such as the International Protection Act (IPA) in 2019 and its amendment in 2020 (see below). Consequently the process of granting international protection has become stricter in the hopes of reducing the numbers of actual asylum applicants and subsequently the number of human rights violations has increased.

The actual shaping of the ND policy was marked by two key events in 2020: the Greek-Turkey border crisis and the pandemic. The government used the border crisis with Turkey to ‘militarize’ the migration and refugee issue and justify the application of its new agenda on migration (Papataxiarchis, 2020). This major shift in official policy completed the reversal of the aforementioned welcoming culture at the grassroots level, particularly in the Aegean islands.

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 centre at Moria, Lesbos.
January 2015	SYRIZA wins the legislative election and forms a new government in coalition with ANEL.
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. Lesbos becomes a transit point for onward journeys of half a million displaced people, and 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 of the IRC and run in conjunction with UNHCR.
Autumn 2015–early 2016	Arrivals continue, and the humanitarian industry, both grassroots and international, becomes established on the island under the auspices of UNHCR.
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 Moria RIC.
2016-2019	The geographical restriction leads to severe overcrowding and worsening conditions on the island. There are a number of deaths in Moria RIC.
July 2019	New Democracy wins the parliamentary election and forms a new government.
January 2020	The new International Protection Act (4636/20) comes into effect. The migration management crisis in Lesbos: 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.
4 May 2020	End of first general lockdown
24 July 2020	The jurisdiction of the new ESTIA II accommodation programme passes from the UNHCR to the Greek government.
Summer 2020	Accommodation crisis in Athens.
September 2020	Destruction of Moria RIC by fire and establishment of new temporary Mytilene RIC in Kara Tepe
30 October 2020	Forced eviction of PIKPA

Table 3 Timeline of key events

Mytilene and Athens in the medium term

Since 2015–6 Mytilene/Lesvos and Athens have been the two main centres of humanitarian management in Greece. Mytilene is the capital of the Aegean frontstage because it has been the gateway into Europe for hundreds of thousands of displaced people and the site of the largest

hotspot. Athens is the capital of the backstage since, after 2016, it is here that the bulk of displaced people have eventually settled after being granted vulnerability status or offered asylum. Both places have a large number of actors operating in the humanitarian field in various official and unofficial capacities. The mobility of humanitarian actors and displaced people between the two places intensified after 2015, thus blurring the lines of separation between frontstage and backstage. In fact, Mytilene developed its own backstage, and therefore a more complete and internally diversified humanitarian landscape than Athens. Both sites have been affected by major changes in government policy on reception, asylum and asylum-seeker accommodation, yet the humanitarian scene of Lesvos has proven to be more exposed to the negative impact of these changes.

At the demographic level, Mytilene and Athens have been communicating vessels from the very start. People moved between the two places in both directions depending on circumstances. During the 'long summer of migration' in 2015, large numbers of volunteers and activists moved to the Aegean frontline, forming important initiatives that filled the huge gaps in humanitarian assistance. After March 2016 many returned to Athens where they supported various unofficial initiatives in humanitarian assistance and, particularly, in accommodation. The mobility of asylum seekers, on the other hand, was diachronically oriented to Athens and varied in numbers depending on the speed of the asylum process and the strategic handling of criteria such as vulnerability that allowed the internal borders to be legitimately crossed.

The comparison of the humanitarian landscape in both places suggests important similarities. Because Lesvos (like other frontline islands) has acted as a 'buffer zone' for Athens (and the rest of the mainland) since 2016, it has developed a certain duality in its humanitarian landscape, combining frontstage with backstage characteristics. So, in both Mytilene and Athens there is a developed humanitarian infrastructure, involving a combination of non-state and state facilities (reception and accommodation structures, hospitals, schools, etc.) run by a wide range of non-governmental and state actors. This infrastructure forms the basis of the humanitarian regime and is administered by a network of working groups operating under the coordination of UNHCR.

In both places there is a tripartite accommodation system that combines camps, official urban residential structures (apartments, facilities for unaccompanied minors etc.) and unofficial accommodation initiatives (occupied hotels and residences, private houses offering hospitality etc.). The implementation of the UNHCR-run ESTIA programme, which provided families of asylum seekers and those categorized as vulnerable with accommodation in rented urban apartments and cash assistance (see below), played an important role in shaping the backstage and facilitating the integration of the displaced in the urban milieu. This has been particularly important in Athens, a key site for piloting integration policies for recognised refugees.

The mix of the available types of residence has varied both between the two places and over time. In Mytilene, the vast majority of displaced people have resided in Moria RIC and the municipal camp of Kara Tepe, while a relatively small number have lived in a special camp known as 'PIKPA' run by an NGO (Lesvos Solidarity) for vulnerable people, as well as in 'structures', hostels for unaccompanied minors (managed by NGOs) and ESTIA apartments managed by the NGO Iliaktida (Papataxiarchis 2017). In the wider metropolitan area of Athens camps have also prevailed. These include the Long-Term Accommodation Centre of Eleonas, the five open camps

in Schisto, Skaramagas, Elefsina, Lavrio and Malakasa and the closed camp in New Malakasa (which started operating in March 2020). They have been constructed by the army with the help of UNHCR and major international organizations. In Athens, the successful implementation of the ESTIA programme has resulted in a more balanced distribution of displaced people in camps and urban residences. Besides the 7 official camps in the wider metropolitan area of Athens there are shelters for unaccompanied minors run by major NGOs. However, what particularly distinguished Athens after 2016 was its unofficial humanitarian sector — the myriad of small and medium-scale unofficial initiatives in accommodation, food provision, education and social space provision. Most of them had been concentrated in the wider area around Exarcheia, Patision Avenue and between Omonoia, Victoria and Kypseli squares. Among them have been big squats (Kotronaki 2018), such as the ‘City Plaza’ hotel and ‘Notara’, or well-known social spaces and informal education venues, such as the ‘Steki Metanaston’.

Mytilene and Athens in the 2019–2020 pandemic conjuncture: failed restructurings

The application of the restrictive agenda of the ND government, including the restructuring of the hotspots in the frontline Aegean islands and the revision of the ESTIA accommodation programme in both Athens and Mytilene (see chapter 8) following the coming into force of the new IPA, was mediated by a dual crisis around the border and health. The two crises erupted almost simultaneously during the first quarter of 2020. 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 Lesbos was significantly reduced (see Papataxiarchis, 2020).

The border crisis between Greece and Turkey that started at the end of February 2020 first focused on the north-eastern region of Evros (in Thrace), but soon spread across the maritime borders with Turkey. Meanwhile, the pandemic in Greece was officially confirmed on February 26, 2020. This health crisis has been felt everywhere, yet as far as its impact on displaced people is concerned, it has been greater in peripheral regions, such as Lesbos, with weaker medical infrastructures.

The restructuring of the hotspots initially faced serious obstacles because of strong local opposition.¹ The government’s plan included closing Moria RIC and the constructing a new RIC in the mountainous range of Lepetymnos near the northern shores of Lesbos. Yet this underestimated the impact that the dramatic change in the demography of the displaced population and the subsequent further deterioration of living conditions in Moria RIC had on the local populations as well as on the displaced people themselves.

During 2019 irregular ‘entries’ to Lesbos increased significantly in comparison to previous years. For example, sea arrivals to Greece increased from 2,075 in November 2018 to 8,306 in November 2019 (UNHCR, 2019). On the other hand, ‘exits’ from the islands (in the form of transfers to the mainland, voluntary returns or returns to Turkey) did not increase. Overall, the general pattern of displaced people resident on the island did not radically change, apart from the government’s

¹ For a chronicle of these events, see Observatory of the Refugee and Migration Crisis in the Aegean (2020a).

closure of alternative structures of self-organized residence. According to official police data, on February 1, 2020 there were 21,708 displaced people residing in Lesvos who were distributed as follows: 19,505 in Lesvos RIC, 1,185 in the municipal camp of Kara Tepe, 691 in apartments administered by UNHCR and its partner NGOs (e.g. Iliaktida), 76 in special structures, 113 under arrest and 140 in accommodation reserved explicitly for minors and other vulnerable categories of people.

Given the historical fixity of the accommodation infrastructures on the island, the ‘surplus’ population accumulated mostly in the RIC² where they were first taken for registration. Consequently the population of the RIC (see Figure 2) reached levels well beyond its official capacity of 2,840 (as of February 1, 2020). In a short period of time, the newcomers expanded the unofficial perimeters of the RIC, building makeshift shelters further and further into the surrounding olive groves and consolidating this hotspot as what we could call the first ‘camp city’ in Europe (Karathanasis, 2020). The living conditions of those in and around Moria 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.

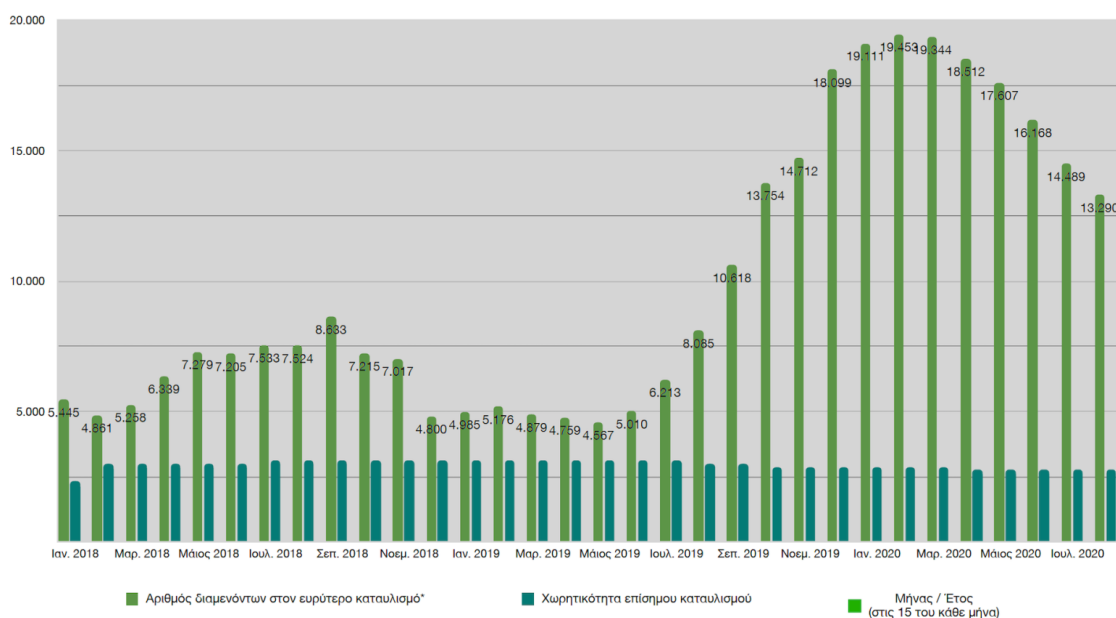


Figure 2 Population of asylum seekers in Moria RIC, 2018-2020 ©Karathanasis, 2020 (with data from: <https://infocrisis.gov.gr/category/pliroforiaka-stoixeia>)

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 miscalculated the ‘compassion fatigue’ of the local population and underestimated the strong local opposition. Therefore, its attempt to enforce the making of the new camp with the help of riot police, brought especially from Athens for this purpose, failed completely. After violent clashes with locals, the

² The number of residents in the hotspot increased, from 10,618 in September 2019 to 19,495 in February 2020 (see Figure 2).

riot police were forced to retreat and eventually left the island. Following this, the project to build a new RIC was suspended.

The border contestation in Lesbos

In late February 2020, the Turkish government used displaced people living in Turkey as a tool in order to exert pressure upon Greece and the EU more generally by removing border checks in the Evros region on its border with Greece.³ In response the Greek government strengthened their border closures and reacted with increasing violence 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 had 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 has been de facto under question.

When the Turkish government removed border checks at the Evros border, the protests against the Greek government in Lesbos took a xenophobic turn. 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 far-right xenophobes built road blocks and attacked both the displaced people and foreign humanitarian workers (including the staff of UNHCR and other major NGOs). Furthermore, 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), with those newly arrived on the northern shores forbidden from crossing municipal boundaries in order to access registration facilities at Moria 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 Eurorelief (Eurorelief, 2020) officially withdrew staff and/or volunteers, with these events having a catastrophic impact on 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 on Lesbos (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

³ 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 (http://admigov.eu/upload/Ustubici_Karadag_2020_Turkey_Interim_Report.pdf).

the islands as ‘shocking and shameful.’ He spoke of the ‘increasingly desperate situation of refugees and migrants in reception centres in the Aegean islands.’⁴

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 6). However, neither this measure nor the restrictions on interstate travel, which soon followed because of the pandemic, managed to totally stop the mobility of displaced people across the Aegean.

The pandemic

Covid-19’s arrival in Greece occurred in the middle of the aforementioned events. Therefore, particularly in Lesvos, local pandemic management was mediated and negatively affected by the structural, social and political problems that had been generated during the previous months (and indeed those accumulated over 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 Turkey and Lesvos (see Table 6). Perhaps equally effective in curtailing mobility has been the highly controversial practice of ‘pushbacks’ in the Aegean. The first incidents were reported in spring 2020 and since then NGOs and journalists have recorded tens of incidents, all of which have been consistently denied by the Port Authorities and the Greek government (see below). There is little doubt that the new ways of patrolling in the Greek-Turkish maritime border in the Aegean, justified by an increased national awareness against ‘invaders’, have contributed to the considerable reduction of irregular entries to the islands.

There was a sharp decline in the number of displaced people who arrived in Lesvos, from 4,315 (UNHCR, 2020g, 2020h) in the two-month period from January to February 2020, to 1,363 (see Table 6) in the 4-month period (March 2020–June 2020) under study,⁵ yet there was not a complete halt even during the general Greek lockdown. It is important to note that from May 25, 2020,⁶ 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 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 vulnerability. A total number of 7,477 refugees and asylum seekers left Lesvos to go to mainland Greece between February 1 and June 30, 2020 (see Table 6). 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

⁴ 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’ (UNHCR, 2020a).

⁵ To be more specific, from the beginning of the general quarantine starting February 26, 2020 until the end of June 2020, 1972 travellers irregularly entered Lesvos (see table 6).

⁶ Greek Ministry of Health press conference, 19 May 2020: https://www.youtube.com/watch?v=9J2zRz5X_GE

progress in the various fields of protection, particularly because a number of protection challenges were exported from Mytilene to Athens. Importantly, the Covid-19 travel ban also negatively affected planned transfers of unaccompanied minors to other EU countries.

On the social and political levels, 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 commonplace. The official policy of general lockdown (popularized in the slogan ‘we stay at home’), which was implemented on top of 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 8).

The policy of camp quarantine, which has applied throughout the period under discussion here and has been renewed on a fortnightly 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 (Ethnos, 2020). As 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 8). 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.

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. Consequently, 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.

The destruction of Moria RIC by fire in September 2020 and its replacement by the Temporary Mytilene RIC (see below) was the climax of this prolonged period of humanitarian discontent.

Athens in the 2020 pandemic conjuncture

The humanitarian landscape of Athens remained to a certain degree stable throughout the period 2016–2019. The camps in the wider metropolitan area of Athens hold a population within the margins of their capacity. The ESTIA programme, on the other hand, was successful in dispersing the vulnerable part of the asylum-seeking population into the neighbourhoods of Athens without any significant reactions from the locals.

Yet from early summer 2020 onwards, when the new IPA and its amendment came into force, the humanitarian situation in Athens became reminiscent of the emergency of 2015–6.

The revision of the ESTIA programme after it came under the jurisdiction of the Greek government resulted in a major accommodation challenge and eventually crisis. From May 2020 the government enforced the first mandatory ESTIA exits affecting, till August, more than 8,000

people. Many recognized refugees faced eviction from the apartments and were forced to find refuge in open spaces such as Victoria Square. Others were evicted from open camps.

The large rise in internal mobility of asylum seekers, who got international protection, from Mytilene and the rest of the hotspot islands to Athens increased the demand for accommodation in the Greek capital. As the unofficial spaces of accommodation were dramatically reduced because of their closure by the government, many among the newcomers ended up destitute on the streets. Therefore Athens faced the challenge of displaced people's homelessness amid the pandemic.

In summary

A number of points emerge out of this brief overview. First, in summer 2019 a major change in reception and asylum policies towards security at the expense of humanitarian assistance and rights took place. Second, the new policies had a big impact on the course of the two major 'experiments' in humanitarian governance that had started in the previous period: the hotspots and the ESTIA accommodation programme. The hotspots were set in a process of restructuring that fuelled a new round of contestation between local communities and the government, generating a new set of protection challenges, while the ESTIA programme came under the jurisdiction of the government, which limited its scope in a period of increased demand for accommodation in Athens because of many arrivals from the Aegean Islands in summer 2020. Third, as the refugee issue became militarized by the government, the backlash against displaced people and humanitarian workers damaged the humanitarian regime and disabled it, just at the time as it was confronting the pandemic. Fourth, the new policies also sharpened the differentiation between frontstage and backstage. This was particularly visible in Lesbos where the Mytilene backstage was gradually abolished. Fifth, during this period there has been a dramatic decline in unofficial initiatives at the backstage because of a general assault on the informal sector of humanitarian governance by the government.

Overall, the recent pandemic period has been very volatile as far as displaced people in Greece are concerned. The government has pursued its agenda during the pandemic and used both the border and the health crises to legitimize practices and arrangements that are controversial from the perspective of human rights and international law. As becomes clear in this report, this strategy has contributed to the reproduction of old protection challenges and the production of new ones.

Chapter 6: Legal protection

In this chapter we explore the dynamics of and changes to legal protection before and during the pandemic in the frontstage and backstage. This allows us to take account of the spaces and times of protection and their relations to the on-the-ground application of and access to legal protection as well as the role of divergent legal protection bureaucracies in access to legal protection. We begin by discussing the asylum system and legal protection both before and after the Greek International Protection Act in 2020. We covered a lot of this ground in our interim report (Pallister-Wilkins et al., 2020), but we reproduce it here as it is important to understand how changes to the law have had detrimental impacts on already precarious legal protections. Following this we zoom in on the impacts of the new legal framework in the frontstage of Lesbos. We also take time to address reports of pushbacks and argue that these stand in the way of access to legal protection. We document a specific pushback case that is illustrative of a number of reported pushbacks.

Following this we move on to discuss the backstage of Athens that has a particular relationship to legal protection measures following the 2016 EU-Turkey Statement and the geographic restrictions in the Aegean Islands, while also being subject to the legal implications of the IPA. In our research we found that access to legal protection has some particular characteristics in the context of Athens that result from the city being at the backstage of entry into Greece, while asylum applicants are — for the most part — vulnerable cases moved from the frontstage of the Aegean Islands, where legal protection measures are administratively located within the RICs and the EU hotspot system. The particular bureaucratic landscape of legal protection in Athens and the Attica region results in a more fragmented provision of services and therefore a greater number of problems identified in our research.

The Greek asylum system and legislation prior to the 2019 International Protection Act

This subchapter briefly presents the legal frameworks governing international protection in Greece and the particular instruments such as the EU-Turkey Statement and infrastructures such as the Regional Asylum Directorate and Regional Asylum Offices (RAOs) used for managing asylum claims. It provides a short description of the laws and EU directives underpinning the Greek Asylum Service, Law 4375/2016, which came into effect shortly after the EU-Turkey Statement in March 2016 and the new International Protection Act, Law 4636/2019, along with its amendment that brought into effect major changes in the management of displaced people, particularly in border areas of Greece, as well as in procedures concerning access to asylum applications and appeals.

The international protection system in Greece has undergone a number of reforms in the past decade. The above-mentioned reforms mostly reflect the asylum application procedure and the establishment of the Asylum Service as an independent service, as part of the Ministry of Citizens Protection (2013) and not as part of the Greek police's Aliens' Department. The foundation of the Asylum Service occurred because of Greece's need to comply with legally binding EU directives. For the foundation of the Greek Asylum Service, the 2008/115/EK European Directive was implemented under Greek Law 3907/2011. Following its creation in 2013 the Asylum Service later

became part of the Ministry of Migration and Asylum under the SYRIZA government. Up until the establishment of the Asylum Service, all asylum applications were submitted in a “first instance” procedure at police departments.

From 2016-2019, the Asylum Service operated under Law 4375/2016. This law was criticized by a number of NGOs active in the field of refugees’ rights as it established the legal grounds for the implementation of the EU-Turkey Statement (Art. 55, 56, 60) (GCR, 2016a). In particular it introduced the “border fast-track procedure” (Art. 51, par. 1), which was applied to cases of applicants subjected to the EU-Turkey Statement, i.e. applicants who arrived on the Greek Eastern Aegean islands after March 20, 2016 and lodged applications at the Regional Asylum Office (RAO) of Lesbos, Chios, Samos, Leros, Rhodes, and Kos (GCR, 2016b :20). Vulnerable and Dublin (family reunification) cases were exempt from this procedure and were referred to the mainland where their claims were processed according to the regular procedure. According to Art 14, par. 8,

As vulnerable groups shall be considered for the purposes of this law: a) Unaccompanied minors, b) Persons who have a disability or suffering from an incurable or serious illness, c) The elderly, d) Women in pregnancy or having recently given birth, e) Single parents with minor children, f) Victims of torture, rape or other serious forms of psychological, physical or sexual violence or exploitation, persons with a post-traumatic disorder, in particularly survivors and relatives of victims of ship-wrecks, g) Victims of trafficking in human beings. (Hellenic Law, 2016)

Additionally, 4375/2016 was the first law that regulated the establishment and function of hotspots on the Eastern Aegean islands and the procedures taking place therein along with the Reception and Identification Service (RIS) (GCR, 2016b: 24).

The law stipulated that all persons during identification procedures would be restricted without an individual assessment:

Third-country nationals or stateless persons entering the Reception and identification Centre, are subject to the procedures set out in Article 9; they shall be placed under a status of restriction of liberty by decision of the Manager of the Centre, to be issued within three (3) days of their arrival. If, upon expiry of the three days, the above procedures have not been completed, the Manager of the Centre may, without prejudice to article 46 below which shall apply accordingly, decide to extend the restriction of the freedom of the abovementioned persons until the completion of these procedures and for a period not exceeding twenty-five (25) days from their entry into the Centre. (Art. 14, par. 2, Hellenic Law 2016)

According to legal aid actors, this regulation reforms the open reception facilities in places of de facto detention:

In practice, the implementation of the Law 4375/2016 led to the overpopulation of reception facilities in the Eastern Aegean islands (Art. 41 par.1: on geographical restriction) which has resulted in a steady deterioration of living conditions. Moreover, the Regional Asylum Offices (RAO) have been understaffed and therefore incapable of responding to the number of asylum applications. This fact resulted in a backlog of

pending cases and meant that displaced people have had to spend much longer times residing in the poor conditions of the Reception and Identification Centres and without proper assessment of needs and vulnerabilities. (GCR, 2016b: 26).

The Regional Asylum Directorate and Regional Asylum Offices

Applications for international protection are examined by Regional Asylum Directorates and Independent Units. The Regional Asylum Directorate of Attica began its operation on June 7, 2013 and its jurisdiction includes the whole of the national territory, except those areas of local jurisdiction covered by the Regional Asylum Offices of Northern and Southern Evros, Lesvos and Rhodes. The Regional Directorate of Attica includes 3 Regional Asylum Offices (RAO Attica, RAO Alimos, RAO Piraeus) and 5 Independent Units (Amygdaleza Unit, Nikaia Unit, Fast-track Unit, Pakistan Unit, Criminal Detainees Unit, Relocation Unit).⁷

The mandate of RAOs calls for:

- a) the taking of fingerprints of applicants for international protection;
- b) the receipt and examination of applications for international protection in the first instance;
- c) the receipt of appeals and their transmission to the Board of Appeal;
- d) informing applicants for international protection of the examination process of their applications, as well as their rights and obligations;
- e) supplying applicants for international protection as well as beneficiaries of international protection with the legal and travel documents required;
- f) facilitating applicants with regard to reception conditions in cooperation with other co-competent bodies;
- g) the exercise of any other responsibilities conferred on them by law. However, different units have more specific competences, such as: Amygdaleza Unit for applicants in administrative detention, Nikaia Unit for issuing asylum decisions, Pakistan Unit for applicants from Pakistan, Criminal Detainees Unit for applicants in criminal detention, Relocation Unit for beneficiaries of international protection applying for relocation.

Between 2013, when the Regional Asylum Directorate of Attica started working, up to and including 2016, when the geographical restrictions following the EU-Turkey Statement took effect, it was the main asylum application hub, amassing a total of 40,082 applications (approx. 50% of the Greek total of 78,485), 20,205 of which were filed in 2016. Since 2017, there has been a sharp decline in the number of applications, amounting to approximately 15,000 per year on average (Ministry of Migration and Asylum, 2020). In 2020, a further reduction to 9,224 applications has been observed (Ministry of Migration and Asylum, 2021b).

⁷ For more info, see the website of the Ministry of Migration and Asylum: <https://migration.gov.gr/gas/dioikisi/>

	2013	2014	2015	2016	2017	2018	2019	2020	Jan 2021	Total to date
RAO Attica*	4,398	6,357	7,830	14,141	8,838	8,375	7,988	4,407	453	92,848
RAO Pireaus	n/a	n/a	n/a	2,472	3,973	2,053	2,579	1,575	116	12,668
RAO Alimos	n/a	n/a	n/a	3,141	3,258	2,571	3,080	1,949	189	14,188
Amygdaleza	98	606	588	451	1,544	1,901	2,130	1,293	99	7,710
Total Attica (% of total country)	4,496 (93% of 4,814)	6,963 (73% of 9,431)	8,418 (63% of 13,187)	20,205 (40% of 51,053)	17,613 (30% of 58,637)	14,900 (22% of 66,963)	15,777 (20% of 77,287)	9,224 (22% of 40,559)	857 (41% of 2054)	98,453 (34% of 283,426)

Table 4 Asylum applications, Regional Asylum Directorate for Attica, 2013-2021 (Ministry of Migration and Asylum, 2020a)

The new International Protection Act 4636/2019

The new law on International Protection and other Regulations 4636/2019, referred to hereafter as the IPA (International Protection Act), came into force on January 1, 2020 when it replaced the previous law introduced by the SYRIZA government, 4375/2016.⁸ The IPA was amended further in May 2020 with a new bill, 4686/2020, entitled “Improvement of migration legislation” (Hellenic Law, 2020). The IPA and its amendment have faced significant criticism from UNHCR and a large number of international organizations and local NGOs that advocate for the rights of asylum seekers and refugees, who argue that it is *punitive* and *violates EU and international law* in relation to a number of regulations.

Among other regulations, the IPA and its amendment legislate for the following:

- 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) of the IPA:

- The Asylum Service shall take a first instance decision within 7 days.
- The deadline for submitting an appeal against a negative decision is 10 days.

⁸ The IPA was also discussed in the Admigov interim report “Protection in Lesvos during Covid-19: A critical failure” <http://admigov.eu/new/protection-in-lesvos-during-covid-19-a-critical-failure/30> . We draw on and reproduce much of the same information regarding the IPA here.

- 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, 2020a).
- “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, 2020a).
- 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 ΠΑΑΥΠΑ (ΠΑΑΥΠΑ)-Temporary Aliens Provisional Insurance and Healthcare Number (Art. 55).

We argue in this report that the IPA has led to a growth in the protection gap by excluding certain people — those with PTSD, shipwreck survivors, and postnatal women — from being categorized as vulnerable, as mentioned above. This reduction in the categories of vulnerability deprives people of access to proper psychological and medical assessments in a number of instances. According to the previous law, vulnerable categories were subject to the regular asylum procedure and 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 support 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 & Oxfam, 2020).

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 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 Refugee Support Aegean, “the above-mentioned situation results in an ineffective access to remedy” (RSA, 2020: 9).⁹

Alongside these protection gaps since February 2020, the Asylum Service stopped publishing its monthly statistics, an interruption which, along with other reporting delays, has been flagged by NGOs and Members of Parliament as leading to “a need for regular and transparent information” (RSA, 2021). According to the latest published statistics by the Asylum Service (Feb. 2020), at the beginning of 2020 there were 87,461 unexamined first order asylum applications. It is noteworthy that this information has not been updated since then. Other statistics published by the Ministry of Migration and Asylum do not refer to pending applications, but only to new ones.

Legal protection in Lesbos

This subchapter explores the impacts of the new IPA on access to legal protection in Lesbos specifically. Here we elaborate on the protection gaps created by the IPA in more detail while showing how the IPA coming into effect combined with measures designed to tackle the threat of Covid-19 exacerbated these protection gaps further.

Shortly after the implementation of the new IPA, the measures aimed at limiting Covid-19 transmission impacted the situation on the ground in Lesbos in terms of access to asylum procedures as well as other services provided at camps and RICs. The implementation of the new law coinciding with the pandemic measures caused considerable delays in the asylum process, frustration over the procedures and insecurity around the outcome of cases among legal aid actors and displaced people.

- On March 11, the Asylum Service, under the Emergency Legislative Decree (A' 11/03/2020. α.φ. 55), suspended all operations that required in-person interaction (interviews, renewals of applicants' cards etc.). Employees of the Asylum Service only conducted administrative procedures including the issuance of pending decisions.
- On March 12, Moria RIS (Registration and Identification Service) informed all NGOs active in Moria that, in compliance with the directions of the Ministry's RIS, they must cease all

⁹ According to a UNHCR statement, "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).

indoor activities. A few days later with the implementation of the curfew in Greece most of the NGOs stopped entering Moria and started working remotely via phone or internet.

- On March 21, according to the Common Ministerial Decision Δ1 α/ΓΠ.οικ. 20030/2020 (Common Ministerial Decision, 2020) restriction of movement was applied in all Reception and Identification Centres (RICs) in Greece, until April 23. The decision was prolonged eleven times, until October 12. All prolongations since July 17 have included not only RICs but all camp-like facilities. Restriction of movement is still implemented in RICs and camp-like settings.

The Regional Asylum Office in Lesvos resumed its operations on May 18, 2020 with many pending cases due to the postponement of person-to-person services, while interviews restarted on June 3. On September 3, the service suspended its operation again due to the first Covid-19 case inside Moria RIC, until September 9 when the premises at the RIC were affected by the fire that destroyed Moria RIC. We return to the fire and its aftermath in detail in Chapter 9.

The challenges regarding legal protection during the pandemic are mostly linked to the suspension of the operation of the RAO and the difficulties in accessing legal aid provided by I/NGOs due to the restrictions on movement as well as the failure to transmit valid and punctual information on new appointments with the service (Protection Working Group Minutes, 02/06/2020). A common issue among displaced people without a geographical restriction was their inability to travel to the mainland because their cards had expired despite the Joint Ministerial Decision providing for the automatic extension of their validity (Protection Working Group Minutes, 14/07/2020).

Additionally, several problems occurred due to the implementation of the regulations of the new IPA as UNHCR and legal aid NGOs were still trying to understand how these are interpreted in practice. A representative example is the Registry lawyers, eight in number, that are appointed by the Asylum Service to support asylum applicants after first instance rejection. (In accordance with the new IPA, applicants need a lawyer in order to make an appeal). However, they are working remotely from Athens and can by no means respond to the needs of the current number of displaced people in Lesvos. Furthermore, as mentioned in the Protection Working Group, legal NGOs have raised concerns about the non-assignment of Registry lawyers for all rejected cases (Protection Working Group Minutes, 11/08/2020).

Finally, on the aspect of discriminatory policies and human rights, legal aid actors expressed their concerns about the restriction of movement particularly targeting Moria RIC residents, as it leads to a number of issues linked with their asylum applications and their access to adequate and effective legal interventions for each particular case. In addition to this, pandemic measures have resulted in even longer delays and unclear guidelines on the operation of other services such as the issuance of resident permits and travel documents for those granted asylum. The above-described dysfunctions have compounded pre-existing bureaucratic bottlenecks (e.g. non-issuance of tax numbers, the inability to access/open a bank account etc.), leading to bigger gaps in the provision of protection services that also interact with access to health and accommodation and hinder integration to the Greek society (Ibid). These issues will be discussed in greater detail later in this report.

Pushbacks preventing access to legal protection

An ongoing issue of concern in Lesvos that has grave repercussions for the ability of displaced people to access legal protection has been the regular reports of pushbacks by Greek authorities. Human Rights Watch have reported on redacted emails from the European Border and Coastguard Agency (Frontex) that shows the Hellenic Coast Guard “gave orders in March [2020] to a Danish patrol boat taking part in the Frontex-run Operation Poseidon to push people back into Turkish waters” (Human Rights Watch, 2020). Though these reports related to operations off the Aegean island of Kos, in our research we have encountered information from rescue NGOs concerning similar pushbacks occurring off Lesvos.

One rescue NGO worker in an interview with us was keen to stress that these NGOs have evidence that pushbacks are taking place, but that they are afraid of speaking on such issues more publicly due to the wider climate of criminalization that has been an issue impacting humanitarian protection more widely in Lesvos and the rest of Greece for the past few years.¹⁰ In this interview the NGO rescuer spoke to a number of trends: beatings, the confiscation of mobile phones, and the use of life rafts to leave people adrift at sea to be rescued by the Turkish Coast Guard Command. Alongside this our interviewee suggested that “there are a lot of pieces missing from the pushbacks picture because what we need in order to create the whole picture is what journalists do” (Interview with NGO rescuer, 16/02/2021). Another of our interlocutors, a local fisherman and active member of an unofficial first reception initiative, witnessed a similar incident of a clear violation of the international principles governing search and rescue off the northern shores of Lesvos on August 11, 2020 (Interview with local fisherman, member of unofficial initiative in north Lesvos, 18/03/2021).¹¹ The incident concerned a boat with around 30 displaced people that was approximately 0.8km from the Greek shores when it was attacked with live ammunition by a Hellenic Coast Guard vessel. The Greek boat fired at the dinghy to try and prevent it reaching the shore. After the people on the boat successfully came ashore there was a new round of attack, meaning the new arrivals were forced to run up the hill and disperse frightened into the woods, abandoning their few belongings on the beach.

With the need to cross-check and with the justified fear of the rescue NGOs about speaking out in mind, we now present a particular illustrative case in which events are documented by pushback victims themselves, the British Broadcasting Corporation (BBC) and the Turkish Coast Guard Command, and have been verified by the BBC through their published report. This illustrative case confirms the trends mentioned by our interviewee and provides concrete evidence of the existence of pushbacks and the involvement of the Hellenic Coast Guard in them.

The case in question, reported by the BBC (Kallergis, 2020) on December 12, 2020 concerns the claims of 16-year-old Jeancy Kimbenga that he was pushed back from Lesvos three times. The BBC has been able to chronicle one particular case of a pushback in such detail because on

¹⁰ This interview took place in Greek. We will not be naming those we spoke to, or the organizations they work for due to their fear of criminalization.

¹¹ This interview took place in Greek. We will not be naming the respondent in this case for fear of reprisals and criminalization.

Kimbenga's third attempt to reach Lesbos on November 29, 2020, he decided to document his journey with the hope that evidence of him arriving on Greek territory would prevent him from being sent back to Turkey without the possibility of lodging an asylum claim. Photos taken by the group Kimbenga was travelling with confirm that they landed in the southeast of Lesbos (ibid.). These photos have been verified by the BBC as being Lesbos, and ADMIGOV researchers who know Lesbos are also able to confirm, like the BBC, using Google Street View imagery that the pictures are taken in the village of Agrilia Kratigou in the southeast of the island.



Figure 3 Photos taken by the group Jeancy Kimbenga was travelling with show they arrived in Lesbos. Here they are seen walking through Agrilia Kratigou, verified by the BBC using Google Street View (Kallergis, 2020)

In addition, as also reported by the BBC, a colleague from the University of the Aegean, Kostas Theodorou, confirms meeting members of the group while he was out cycling with his wife. Meanwhile, Jeancy Kimbenga reports that the group were met by members of the Hellenic Coast Guard before being put on a bus with the rest of the group where they were then told they would be taken to a quarantine facility due to Covid-19 (ibid.).



Figure 4 Photographs of Hellenic Coast Guard vehicles taken by Jeancy Kimbenga with number plates blurred out and published by the BBC in their report (Kallergis, 2020)

Following this the group were driven for a few hours to a small port in the north of the island where they were met by masked men in balaclavas. Kimbenga recorded footage of this encounter on his phone where the BBC reports he can be heard saying: “they dressed up like ninja[s], they want to make us get on a boat and send us back to Turkey” (Ibid). Kimbenga alleges that Greek officers then took peoples’ phones, beat them heavily and forced them, in his words, onto “a big coastguard boat with something like a cannon in the front side” that then took them out to sea whereupon, like in other reports of pushbacks, the group were forced onto life rafts and left to drift towards Turkish territorial waters (Ibid). The BBC reports that at 2:40am on November 30 the Turkish Coast Guard rescued 13 people from a life raft off the coast of Ayvacık. The Turkish Coast Guard have confirmed that they rescued 13 people from a life raft on November 30, 2020 near Ayvacık (Turkish Coast Guard Command, 2020).



Figure 5 The photo released by the Turkish Coast Guard Command documenting the rescue of 13 people off the coast of Ayvacık. The woman in the red sweater seen in the centre of the picture was photographed the previous day in Lesbos (Turkish Coast Guard Command, 2020).

One of those rescued was the woman pictured in Figure 6, who our colleague from the University of the Aegean, Kostas Theodorou confirmed to the BBC was one of the group he met the previous day in the southeast of the island (ibid.).



Figure 6 The woman in the red sweater photographed by Kostas Theodorou and published by the BBC was also photographed disembarking a Turkish Coast Guard vessel in a photo released by the Turkish Coast Guard (see Figure 5) and as reported by the BBC (Kallergis, 2020)

These reports of pushbacks from rescue NGOs and reported in the media are now accompanied by the referral of a pushback case to the European Court of Human Rights in which it is alleged

that two unaccompanied minors in Samos were first detained when registering for asylum, then driven to the port, placed onto a Hellenic Coast Guard vessel in handcuffs, with their phones and personal belongings confiscated before being driven out to sea and abandoned and set adrift in a life raft with no means of propulsion (Wood, 2021). As can be seen, this case referred to the European Court of Human Rights, the case recorded by Jeancy Kimbenga and reported by the BBC, and the reports of rescue NGOs all follow a similar pattern.

For us these reports of pushbacks have serious repercussions for legal protection, as they mean that displaced people have been prevented from claiming asylum — as alleged in the case referred to the European Court of Human Rights — which is a fundamental human right. When combined with Greece's attempts to suspend asylum claims in the earlier part of 2020, such actions are of serious concern for the protection of displaced people, migrants and refugees, but also for the European Charter of Fundamental Rights.

Access to asylum in the Athenian backstage

A series of chronic and more recent problems render access to asylum in the first degree very difficult for refugees wishing to apply for international protection in Greece, not only in Lesvos as discussed but also in the mainland and Attica. Over the past year, following the Greek-Turkey border crisis, the changes introduced by the new IPA and the impact of the pandemic on the operational capacity of the Asylum Service, and the public sector more generally, the situation has deteriorated to the extent that access to asylum has become a hit and miss process.

Based on the summary Information Update for 2020 published by the Ministry of Migration and Asylum (MMA) in January 2021 (Ministry of Migration and Asylum, 2021b), a large chunk of the backlog of pending first order decisions was tackled in March and April 2020 during the shutdown of asylum operations due to the March suspension and the April lockdown. Thus of the 126,181 pending decisions at the beginning of 2020, 22,757 were processed during the hiatus. The accelerated decision rate (approx. 6,000/month in contrast to approx. 3,000/month in 2019) continued for the rest of the year, bringing the pending number down to 78,229. The increase, which according to MMA statistics comes to 62%, at one level addresses the need to shorten waiting times for asylum seekers — an issue which Greece had already been called out for and the government promised to tackle, also through the new IPA.

At the same time, the issuance of decisions has allowed the government to step up exits from official accommodation facilities (camps and apartments), which began at the end of May, just over a month after tackling the decision backlog and in accordance with the 30-day exit deadline stipulated in the IPA. In theory, this frees up space for transfers of asylum seekers from the islands to the mainland. As is argued in chapter 8 of this report, which is on accommodation, such space can only be understood as virtual, since in effect a large number of recognized refugees refuse to leave protected accommodation as they will otherwise end up destitute. Even if they do leave the camps, they often return, as they are given no means of subsistence of their own. In this sense, issuance of asylum decisions does not lead to accommodation decongestion. It does, however, allow refugees to apply for travel documents enabling them to leave the country — something which a large number choose to do and is considered to be the government's underlying

objective (Interviews with GCR, 03/12/2020; Arsis, 08/12/2020; DIOTIMA (2), 18/12/2020; Babel, 04/02/2021; MSF 09/12/2020).

In the summer and autumn of 2020, a number of reports were published concerning breaches in asylum seekers' and refugees' right to protection. GCR (2020c), GCR & Oxfam (2020), HIAS (2020), RSA & PRO ASYL (2020), Amnesty International (2020a), Refugees International (Fox and Cone, 2020; Panayotatos, 2020), WeMoveEurope & Oxfam (De Brauw et al., 2020) and Global Detention Project, Red Line Project & GCR (2020) all drew attention to the unfavourable, if not questionable, changes to the asylum procedure introduced by the new IPA, as well as to chronic problems. In addition, reports on the impact of Covid-19 on migration in Europe, including Greece (Meer and Villegas, 2020; PICUM, August 2020; Mixed Migration Centre, November 2020; EASO, December 2020), also flag up serious infringements on asylum seekers' rights (e.g. extended lockdown in camps, inadequate medical protection, lack of information and access to online services, delayed renewal of asylum cards and PAYPA numbers, inaccessibility of the Asylum Service).

Among the chronic problems are the lack of interpretation services and asylum personnel. A lack of interpreters leads to inadequate registration capacity and longer waiting periods for asylum interviews. At present, despite the growing registration backlog for asylum seekers who wish to apply for international protection, even existing interpretation services are not sustained. For example, on February 22, 2021, the NGO METAdrasi, specializing in interpretation, announced "the suspension of provision of interpretation at the offices of the Asylum Service, due to a 9-month long delay in the payment of the dues" (METAdrasi, 2021a). Understaffing of the Asylum Service, especially of caseworkers and legal representatives, leads to longer waiting periods for asylum interviews and insufficient, or non-existent, legal support in the appeals process (Interview with Solidarity Now 1, 09/12/2020; Legal Aid Working Group Minutes, 25/11/2020, 13/01/2021, 03/02/2021). In spite of the accelerated procedures foreseen by the new IPA, there is a shortage of trained personnel to go through asylum applications expeditiously, and some interviews are scheduled as far ahead as 2024 (Asylum Service case officer interview, 18/11/2021; GCR, 2020a).

More recent problems include the significant pressure exerted by the Ministry on the Asylum Service to process as many cases as quickly as possible, leading to a rapid and sometimes not thorough examination of applications and subsequent rejections (Interviews with Solidarity Now (1), 09/12/2020; DIOTIMA (2), 18/12/2020). In addition, the suspension or restriction of operations of the Regional Asylum Offices in Attica, due to the pandemic and the transfer of Piraeus headquarters during lockdown, have led to inaccessibility and lack of communication and information on the part of the Asylum Service towards both asylum seekers and their legal representatives (Legal Aid Working Group Minutes, 16/12/2020, 13/01/2021), resulting in prolonged insecurity for all, further destitution for unregistered asylum seekers without accommodation, as well as a failure to meet critical deadlines in cases of scheduled Dublin transfers of unaccompanied minors (UAM). Added to these problems is the observed lack of coordination between Regional Asylum Offices in Attica and the inconsistent application of the registration and application procedures foreseen by law (Legal Aid Working Group Minutes, 13/01/2021, 03/02/2021). Significantly, the operational and administrative problems observed in the running of the different asylum procedures feed into the structural undermining of asylum seekers' rights built into the new IPA regulations.

Through our bottom-up approach, which meant we attended legal aid working groups in Athens between November 2020 and February 2021, we heard about a number of problems impeding asylum seekers' fair and unhindered access to various asylum procedures. These can be divided into twelve substantive areas and are elaborated on in more detail below, where we narrate how these issues were discussed in the legal aid working groups.

Problems with registrations and applications:

- Self-registration is problematic, as the procedure (e.g. fingerprints, issuance of trifold¹²) cannot be completed. Many vulnerable asylum seekers supporting themselves on their own are unable to access the procedure. Asylum seekers who arrived in March 2020 and were detained have been hosted in Malakasa since summer 2020. They are trying to self-register, but not all RAOs in Attica accept them. Asylum seekers from Turkey have been waiting for over a year to self-register. The Alimos RAO legalised the applicants' signatures during the registration procedure, while the Piraeus RAO registered applicants without legalising their signature. Both these RAOs require asylum seekers to provide a certificate of residence to proceed with registering an asylum claim. Piraeus RAO informed legal aid representatives that without proof of residency the asylum seeker will be considered as not cooperating with the authorities. This practice is not based on legal regulations and should be reported to the Greek Ombudsman.
- Emergency registration for vulnerable cases only works for those with obvious or recognised vulnerabilities but not for survivors of gender-based violence (GBV). In one case, the registration interview was scheduled for 1.5 years down the line. Alimos RAO schedules 13 registrations per day but in fact only conducts 7 and in the case of families with several members there are not enough slots to register them at the same time. Thus, asylum seekers (e.g. single women, men) become vulnerable because they cannot register an asylum claim, but they are not considered vulnerable and cannot request prioritization of registration. Without registration they do not have access to shelter, so more vulnerability ensues. The same applies for unhoused asylum seekers; in one case an asylum seeker managed to get self-registered online and was given an appointment to complete the registration procedure (fingerprints and documentation) after six months, while without housing.
- Unregistered beneficiaries living in mainland camps who have not yet filed an asylum claim or expressed their will to do so (pre-asylum claim) are referred by camp managers to RICs or Police authorities to be identified. For example, the Serres camp manager sent 30 people to Fylakio RIC in Evros (many hours away from Athens in the northeast of Greece, close to the border with Turkey), and the asylum seekers had to pay the transport costs themselves. Why are mobile units not used? Unregistered asylum seekers in Malakasa have no access to reception services and the camp manager does not want to send them to Fylakio RIC (located halfway across the country). They also cannot be transferred to a police station due to Covid-19 regulations that allow only 4 people in the station. Amygdaleza pre-removal detention centre has also reached full capacity due to

¹² An asylum applicant's documentation is referred to as a/the "trifold" by legal professionals and asylum service workers.

Covid-19 measures. Site managers do not want to host unregistered refugees in the camp, and prefer to refer them to the police; this amounts to detention.

- Regional asylum offices do not react uniformly to online applications. Some RAOs are asking for emails to be sent as well. Alimos RAO does not see the online applications on its system and requires emails with a printout of the application and authorisation. Attica RAO (Katechaki) asks for the original authorisation to be sent by post as well. Appointments for asylum seekers from camps have been re-scheduled sooner than those from ESTIA apartments even though they applied at the same time.

Problems with interviews:

- Asylum seekers are invited for interviews one day, or even just a matter of hours before their interview is scheduled. RAOs on the mainland invite applicants over the phone.

Problems with appeals:

- There are delays in the assignment of lawyers. For example, in one case, an application was submitted online on 14/11/20, the case was assigned to a lawyer on 19/11/20, and the deadline for submission of appeal was 2 days later.
- Registry lawyers have been assigned cases not prior to the appeal (as set out by law), but only after the applicant filed an appeal, which was missing crucial elements.
- Even if lawyers submit the appeal on time, it is considered timed out if applicants cannot present themselves at the RAO to sign the submission. Later, the Secretary General of MMA issued a circular that if applicants fail to appear at their review date their application is not automatically rejected.
- There is no coordination between RIS and Asylum authorities; asylum authorities are not informed in time of RIS decisions.
- Between November 2020 and February 2021 Alimos RAO has not assigned any legal aid cases.
- Registry lawyers do not have access to statistical data.
- No assistance is provided by RAOs for the actual meetings between applicants and lawyers. Meetings through Skype do not respect confidentiality.

Problems of communication with the Asylum Service:

- Piraeus RAO does not respond to vulnerable cases, and does not answer emails or phone calls from asylum seekers. Generally, the operation is chaotic. More than ten staff have resigned, others have been moved.
- Furthermore, online requests for copies of asylum files are not answered, but in-person requests are not accepted.

Problems with Dublin procedure:

- Piraeus RAO did not inform one applicant returned to Greece under the Dublin procedure that asylum had been granted and their trifold had been issued.
- Alimos RAO has prioritised UK reunification claims by UAM, but there are too many requests. Meanwhile, Piraeus RAO has not responded, and Nikaia RAO refused to register relocation claims and was forced to do so only after the intervention of the Special

Secretary for the Protection of UAM, after they had been reported to the Children's Ombudsman.

- Non-UK cases have been given registration appointments at Alimos RAO for April 2021.

Problems with applicants from camps:

- Some camp managers during lockdown do not assist applicants with submitting an appeal, and do not legalize applicants' authorisation and signatures. Site managers are not aware of their roles and responsibilities.

Problems with renewals of trifolds and PAYYPA cards:

- Renewal in camps is not always possible because the online system is not updated. RIS staff are not familiar with the documents issued by the Asylum Service.
- Renewals for urban populations were suspended in November 2020, so planned appointments have had to be rescheduled.
- New plastic asylum documentation does not mention place of residence or expiration date, which is confusing for applicants and legal representatives. The date of the asylum interview is handed to applicants on a separate piece of paper, which is often lost.
- When the trifold expires, PAYYPA is no longer recognized by the system. When a trifold cannot be renewed PAYYPA is no longer valid.
- Some banks close applicants' bank accounts when the trifold expires, though this is not a uniform practice.

Registration:

For new asylum seekers, registration of wishing to claim asylum in Greece is a prerequisite for submitting an asylum application. Depending on how asylum seekers enter Greek territory, they have to undergo a different registration procedure. If arriving on the islands, registration takes place in the RIC. If arriving over the land border, registration can take place at Fylakio RIC in Evros, following the border procedure, or, if detained at border police stations, following the detention procedure. In all other cases, where asylum seekers have/wish to self-register, they have to do it via a Skype-based appointment system. The system was already malfunctioning in previous years (GCR, 2020a). In addition, not all asylum seekers had internet access, or could use the Skype application on their mobile phones. Currently, the Skype platform provides access to different language groups for one or two hours per week on different days, at a designated time slot. The platform is largely inaccessible and asylum seekers have to try for months to get an appointment (Legal Aid Working Group email list). Moreover, as the Skype interview requires video communication and visual contact in order to have one's photo taken, a poor internet connection can lead to the interruption of the call, in which case the person has to start from scratch. These problems were confirmed by an Asylum Service case officer we interviewed (18/11/2020), who commented that, "new registrations are processed daily via Skype at set times per language group; the time slots are short, there's only one channel and most people can't even get online."

Next, registered asylum seekers attempting to file an asylum application may be requested to submit an official proof of residence — it is inconsistent, as it happens in some but not all cases. For those persons not living in official accommodation schemes (ESTIA programme or camps), such proof may be very hard or impossible to obtain, since they may be living with friends or relatives without a

rental contract, or in undetermined and clandestine circumstances, or may even be homeless. This newly introduced certificate requirement introduces an exclusionary factor in the asylum application process without legal grounds and, in fact, prohibits the most physically vulnerable and precarious asylum seekers from filing an application and receiving protection. In addition, in those cases where an application is filed via a legal representative, the asylum seeker is required to procure an official authorization, which is signed and stamped by a public authority. Notwithstanding the fact that obtaining such an authorization has been tremendously problematic during the extended lockdown period, during which public services have been closed and mobility restricted, there are many cases where the legal representative and the asylum seeker are not in the same place and so cannot exchange documents.

Interviews and Decisions:

As indicated by an asylum officer we interviewed, a number of problems arise in relation to interviews, which accounts for the large backlog for the Asylum Service and the often inordinately long waiting period for asylum seekers. First, there are problems with securing interpreters for the interviews,¹³ which have to be conducted in person, unless due to the availability of the interpreter it is only possible via Skype. But Skype is not favoured as many crucial observations cannot take place over Skype. There is also a shortage of trained personnel to go through asylum applications expeditiously. For example, some interviews in the Pakistan Unit are scheduled as far ahead as 2024, which means that displaced people will be waiting for 3–4 years in insecurity, unable to plan ahead.

Nonetheless, interviews follow established international protocols, are evidence-based and fair and there is no discrimination, as shown by the overall 40% rate of approvals, which corresponds to the average EU rate. At the same time, taking into consideration that a large number of Syrian asylum seekers are returned to Turkey, who would otherwise be granted asylum in Greece, the rate should be higher, indicating that the majority of people arriving in Greece in the last few years can indeed substantiate an asylum claim (and are not “bogus” refugees). A similar point is also raised in the September 2020 report by RSA & PRO ASYL (2020), which argues that the actual recognition rate, as reported in EUROSTAT, is in fact higher than the rate given by the government in its recent Information Updates, indicating that persons claiming asylum in Greece have cause to be and are indeed recognized. At the same time, the asylum officer interviewed criticized the lack of legal migration pathways, which often leads to (unsuccessful) asylum applications by people who manifestly cannot claim international protection and know they will not get it (e.g. young, male Pakistani asylum seekers who it is believed have not faced persecution in Pakistan).

At the same time, however, legal representatives and asylum seekers themselves¹⁴ report difficulty accessing an interview appointment, especially during the pandemic. Cancelled or missed appointments are almost impossible to reschedule, and there is a lack of interpreters at the scheduled appointments. Altogether, the inaccessibility of the Asylum Service, especially but not only during lockdown periods, exacerbates asylum seekers’ insecurity and frustration.

¹³ For example, in the 24/02/2021 Legal Aid Working Group, a lack of Bengali interpreters was raised.

¹⁴ As reported in the press (Aggelidis, 2021), a frustrated asylum seeker broke out at the RAO Piraeus after repeated appointment cancellations.

Moreover, under the strict regulations and time frame established by the new IPA, delays have serious repercussions on the status, rights and protection of the asylum seeker.

Receipt of Decisions:

There is a problem with receiving asylum decisions, both in camps and in ESTIA apartments (where no name is on the bell), as well as for people whose residence is not known. This concerns both first and second order decisions. In some cases, for asylum seekers who have moved from the islands, decisions have been sent to island RICs even though they have declared their new address, and the decisions have either got lost or people are informed informally by Asylum Service personnel on their mobile phones (Legal Aid Working Group 24/02/2021). In the context of the 30-day deadline for appeals foreseen in the new IPA, not being able to receive the decision in a timely manner can have serious consequences for asylum seekers wishing to file an appeal. Moreover, as both cash benefits and ESTIA accommodation, as well as PAYYPA numbers, are automatically revoked upon issuance of a first order decision, asylum seekers who are not informed can face a sudden cancellation of services, including access to critical medical care, without warning.

Appeals:

As set out in the new IPA, asylum seekers whose claims are rejected have 30 days to appeal the decisions (Art. 92). They are required to compose the appeal in Greek, using accurate legal terminology, and if any of the requirements are missing their appeals are considered inadmissible:

These stipulations make professional legal assistance essential in most, if not all, cases. (...) An additional hurdle is that after receiving a negative decision and submitting an appeal, asylum seekers must produce an additional and separate application to prevent their immediate deportation while the appeal is being considered. Because asylum seekers lack access to legal aid and information, they may be confused about or unaware of this requirement. If they fail to comply, they may be returned to Turkey or to their countries of origin prematurely. Even if the appeals committee grants the person asylum, he or she already might have been returned. (Fox and Cone, 2020: 18)

As the Greek Council for Refugees (GCR) points out, “there is a problem of time and process, as well as the costs of lawyers” (Interview with GCR, 03/12/2020). There are not enough lawyers provided free of charge by the Asylum Service, they have very big caseloads, and they may be given asylum seekers' files very late in the process, leaving them hardly any time to study and prepare a well-founded appeal. Failing legal provisions have dire consequences, since “second order appeals rarely overturn first order decisions; the rate is about 3%, compared to 20% in other EU countries. This means that judges are less favourably inclined to grant asylum than trained asylum officers” (Ibid). This highlights another serious change in the new IPA that involves the composition of the Appeals Committee, which is now made up of three judges, leaving out the UNHCR expert foreseen in the previous law. Apart from not being required to have experience in the field of International Refugee Law, and regardless of their ideological position, they get paid per case, and thus may be motivated to get through as many cases as possible.

Dublin cases:

Along with most other asylum procedures, Dublin transfers have also been stalled (Legal Aid Working Group, 13/01/2021). For example, during the lockdown period last Christmas, while the Piraeus RAO was being moved to new headquarters, at least two cases were reported by legal aid advisors where asylum applicants — minors to be transferred to the UK for reunification under a non-deferrable Brexit cutoff date — missed the January 1 deadline and thereby also lost their right to relocation to the UK. Non-UK cases were rescheduled for appraisal in April 2021 at Alimos RAO.

Detention in the Athenian backstage

Administrative detentions can last up to 18 months, are legally questionable and should be reported (interview with GCR, 03/12/2020). At present no specific data has been published by the police; in fact, a lack of information from the police is observed more generally. GCR has voiced growing concern about the rise in administrative detention observed in practice (Interview with GCR, 03/12/2020). As several human rights organizations and NGOs have reported (e.g. Amnesty International, 2020; Global Detention Project Red Line Project & GCR, 2020; RSA & PRO ASYL, 2020), refugees arriving in Greece during the period of (unlawful) asylum suspension (March–April 2020) were not able to register an application and were thus subjected to administrative detention, as in the case of the refugees that arrived in Lesvos in March and were detained on the Rhodos navy vessel, before being transferred to the Malakasa camp, where they have been waiting to register ever since. Apart from new arrivals, many asylum seekers are unwittingly at risk of detention because, as described above, the Skype protocol for registering new applications is extremely dysfunctional, if not prohibitive. In addition, the risk of detention and/or deportation arises for people who break the geographic restrictions and move to Athens without completing the application process on the islands, as according to the IPA they lose their status as asylum seekers. Together with the “prevalence of the ‘safe third country’ rule for all asylum applicants” foreseen in the new Pact on Migration and Asylum launched in September 2020, which basically extends the island border throughout the territory, an increase in deportability rulings, deportations and pushbacks is expected. Indeed, according to the latest 4Mi Snapshot, research conducted among Afghan refugees in Greece indicates a close to 80% increase in perceived arbitrary arrest and deportation risk since the beginning of Covid-19, along with a 75% perceived heightened risk of deportation (Mixed Migration Centre, 2020; GCR & Oxfam, 2020).

In November 2020, GCR submitted a Letter to the European Court of Human Rights, reporting on the enforcement of administrative detention of recognized refugees and recipients of subsidiary protection for reasons of “public order”:

Specifically and in accordance with the practice followed, recognized beneficiaries of international protection are detained for alleged public order reasons and at the same time the police suggest to the Asylum Service the revocation of the international protection status. The submission of a proposal by the police authorities to revoke the regime does not legitimize the imposed detention measure, as the Asylum Service and then the Appeals Committees remain the only competent authorities to decide whether or not to revoke the international protection regime, in the context of specific procedure

and guarantees provided for by national law. In addition, as far as the cases known to GCR are concerned, to date the relevant requests for revocation of the granted status submitted by the police have been rejected by the competent decision-making authorities, which have considered that there are no grounds for revocation of the status of international protection. (...) On 30/11/2020, the APS filed an appeal before the European Court of Human Rights (ECHR) on behalf of a recognized refugee, who is being held in a detention center for more than four months, in the context of the above-mentioned practice. The Hellenic Refugee Council calls on the competent authorities to immediately end the illegal administrative practice of detaining recognized refugees and beneficiaries of subsidiary protection, and emphasizes that this practice lacks a legal basis and is in direct conflict with the relevant provisions of national and EU law (GCR, 2020b).

Legal protection: in summary

Summing up, we would argue that a progressive disorganization of the asylum system is gradually happening, as was pointedly commented on during an Athenian Legal Aid Working Group meeting in January 2021. This disorganization impacts both the frontstage in Lesvos and backstage in Athens.

As observed in both Lesvos and Athens, the government has suspended or restricted operations of the Asylum Service because of the pandemic and subsequent lockdowns. For example, caseworkers can only go to the office a couple of days a week, while the rest of the time they work from home. When not at the office, they cannot access the computer system, so they cannot officially review files or receive and respond to emails. At the same time, the deadlines for asylum seekers, as per legal provisions, still apply. Since the Asylum Service is not processing applications in time, it means that asylum seekers can lose their place in the various queues (to submit an application, to get an interview, to get an appeal, to be transferred). In each of these queues, if they lose their place they have to start the process again, which can mean waiting for several months, if not more. For example, they may have to go through the registration process via Skype appointment again, which can result in trying for several months to access Skype, or if their interview appointments are cancelled, they may have to wait for several months for a new appointment. If they miss transfer deadlines in the Dublin system, their transfers can either be delayed or, in the case of Brexit, cancelled. Another example is the case of appeals, which have to be filed by a lawyer within one month of the issuance of the decision. A formally appointed lawyer is supposed to be provided by the Asylum Service. However, the Lawyer Registry of the Asylum Service is not yet organized and in some regional asylum offices no lawyers are appointed; or, if they are appointed, it is done at the very last minute, one or two days before the appeal is due, in which case, they do not have the time to properly prepare the appeal because they have no time to review the applicant's file or talk to them. This means that the appeal that is filed is not properly prepared and will not be as helpful to the asylum seeker as it could/should be. In the above and other cases, contact with the Asylum Service is very haphazard; they do not respond to emails or telephone calls, or only do so after a very long time.

In the meantime, it is unclear what happens as far as their living conditions are concerned. Christine Wollard from the European Council on Refugees and Exiles (ECRE) talks of the absence

of safe and hygienic living conditions during these prolonged periods of waiting, and their compounding by prolonged quarantine measures or camp closures (see the next chapter) leading to heightened tensions and increased vulnerability (Stuber, 2021). For example, Malakasa camp has been hosting unregistered refugees since March 2020. Living conditions there have been reported as very problematic and unhealthy (e.g. lack of winterized tents, lack of food, lack of sanitation). The Greek government does not take responsibility for any part of this dysfunction; it appears to just be letting the situation deteriorate and become unmanageable. While it covers its tracks legally (e.g. issuing circulars, ministerial decisions, decrees), it does not change the rules for beneficiaries. The dysfunction is then attributed to a chronically “problematic” administration. In the meantime, there is no one to hold the government accountable because civil society organizations and advocacy groups have been systematically discredited in public opinion.

If we return to the four principles of protection:

1. Enhance people’s safety, dignity and rights and avoid exposing them to further harm
2. Ensure people’s access to impartial assistance, according to need and without discrimination
3. Assist people to recover from the physical and psychological effects of threatened or actual violence, coercion or deliberate deprivation
4. Help people to claim their rights.

and consider them in relation to legal protection we can see that serious gaps emerge especially where the ability to claim rights is linked so tightly to being able to access other assistance such as accommodation and healthcare, which form a fundamental part of being able to live in dignity and to recover from physical and psychological harm. The pandemic has of course had serious repercussions on people's ability to claim their rights as the Asylum Service was suspended during the lockdown.

Chapter 7: Healthcare

In this chapter we explore access to healthcare in Lesvos and Athens. We show how access to healthcare is governed through bureaucratic mechanisms such as a valid social security number and card known today as the AMKA number/card. We introduce some of the key actors, both state and non-state, who are responsible or who have stepped in to fill protection gaps in healthcare access. We also show how the pandemic along with the new IPA has further reduced already limited access, and how healthcare measures relating to pandemic controls have been incorporated into wider control measures aimed at reducing the mobility of and confining displaced people. We addressed some of these issues in our interim report that focused on Lesvos (Pallister-Wilkins et al., 2020); these are reproduced here in this report as well, alongside a study of healthcare in Athens which we find to be severely limited by its relationship to wider protection mechanisms and the lack of provision of interpreting services. The chapter is structured as follows: first, we discuss healthcare provision and access in non-pandemic times and reflect on the impact of the new IPA on healthcare on a national scale before zooming in to focus on the specifics of the Lesvos frontstage and the Athenian backstage. Second, we explore the impacts of the pandemic on healthcare. Here we discuss the general impacts of the pandemic response including international and national public health measures before moving on to look at the impacts of the pandemic on Lesvos and Athens specifically. In doing this we discuss the effects of Covid-19 measures on what we call the vulnerability-mobility nexus governing movement from the island to the mainland, and the particular concerns around mental health that Covid-19 measures have had on displaced people in Athens.

Healthcare in non-pandemic times

A crucial prerequisite for asylum seekers' and refugees' access to any public healthcare service in Greece is registration and application for international protection, in the case of new asylum seekers, or possession of a valid social security card (PAYYPA and/or AMKA card), for people already in the asylum system and recognized refugees.¹⁵ The AMKA card offers free medical care in public hospitals and public local healthcare units as well as access to medication (for both short-term and chronic conditions) with no charges or at a very reduced fee. The AMKA number is also necessary for other transactions with public services such as the provision of unemployment card, access to employment, pensions etc.

Asylum applicants could also apply for and be provided with an AMKA card by showing their asylum applicant card to a Citizens' Service Centre (ΚΕΠ). This regulation was implemented through the circular 31547/9662/2018 (Tax Heaven, 2018) based on the 4375/2016 (Ministry of Migration and Asylum, 2016) legal provisions voted for by the SYRIZA government. Under the same law, the primary health and vulnerability assessment was carried out at the Registration and Identification Centres (RIC) such as Moria by the Hellenic Centre for Disease Control and Prevention (ΚΕΕΛΠΝΟ,) later called the National Public Health Organization (ΕΟΔΥ/ΕΟΔΥ).

¹⁵ For a concise analysis of the structure of healthcare protection in Greece and the right to health, see Bitter (2020).

However, asylum seekers whose asylum claims have been rejected automatically lose access to healthcare and social security provision, regardless of whether they have filed an appeal or not, and in spite of the fact that they may be unable to leave the country. Thus, provision of healthcare is determined by a displaced person's status and is not available to everyone arriving and remaining in the country.

Secondly, as highlighted by all our respondent NGOs specializing in physical/mental healthcare (Interviews with Babel, 04/02/2021; MdM, 01/03/2021; Praksis, 25/02/2021; DIOTIMA (1), 11/12/2021), access to appropriate and adequate shelter and accommodation is of paramount importance in supporting asylum seekers' and refugees' physical and mental health. More often than not, inability to obtain accommodation, resulting in homelessness or other kinds of harsh and abusive living circumstances, or living in overcrowded, unsanitary and hazardous conditions in camps (e.g. Malakasa camp, Schisto camp), exacerbates already existing health vulnerabilities and causes severe mental health strain on asylum seekers (Interviews with Praksis, 25/02/2021; Danish Refugee Council, 19/01/2021). In fact, practitioners in the field observe a clear deterioration of asylum seekers' health once they have been in the country for a while (Interview with MdM 01/03/2021).

Settlement in urban housing, whether in small units or individual apartments, rather than seclusion in camps outside the main venues of local life, would be the best type of accommodation, as far as developing healthcare services in line with the prospect of asylum seekers' and refugees' integration goes. Moreover, a community-based healthcare model, rather than a strictly problem-oriented one, would be more effective in the long run, as asylum seekers' and refugees' needs are often linked to serious trauma, both physical and psychological, that requires long-term treatment. Even though a large part of the displaced people's population is relatively young and not suffering from serious illness, without healthcare for the vulnerable sections of this population there is no prospect of improvement. In addition, such a model would also facilitate better adjustment of all parties, as well as enhance wellbeing in local communities (Interviews with Babel, 04/02/2021; MdM, 01/03/2021). Indeed, the development of a socially inclusive healthcare approach in all medical and mental health services provided by our respondents is quite obvious, in the sense that the clinics and day centres they run essentially function as social hubs and not just medical facilities (Interviews with Babel 04/02/2021; MdM, 01/03/2021; Praksis, 25/02/2021).

Thirdly, in terms of mental health in particular, our interlocutors at the NGO Babel strongly advocate for the necessity of adopting a holistic wellbeing approach, rather than a medical one. In other words, it is necessary to enhance the overall wellbeing of asylum seekers and refugees, and of the communities in which they live, in order to address the material causes of mental health problems, rather than pathologize and stigmatize individual persons or even whole populations (Interview with Babel, 04/02/2021; Babel Day Centre, 2019; Hiam, Gionakis et al., 2019; Papadopoulos, Gionakis, 2018). For asylum seekers and refugees in Greece, in the context of dislocation (or even multiple dislocations), indefinite waiting for the asylum process to be completed, and living in high risk, often violent, conditions, mental health is excessively burdened (Interviews with Babel, 04/02/2021; MdM, 01/03/2021), though not always properly diagnosed and treated.

In the urban context, this affects mostly displaced people who are undocumented and homeless, including very often young, single men (Interview with Praksis, 25/02/2021 on single men from Pakistan) and young, single mothers (Interview with DIOTIMA (2), 18/12/2020; Babel, 04/02/2021), as well as those who have been evicted or had their asylum application rejected and who also end up homeless (Interviews with Babel, 04/02/2021; MdM, 01/03/2021). Indeed, these days, people who seek help at the Babel or Praksis day centres are more often than not looking for a place to spend the night, as well as food, a place to shower, diapers or baby food, and personal hygiene items. In most cases, it is necessary to deal with such immediate, pressing needs first, before pursuing mental health interventions. A valid social security card (PAYYPA or AMKA) is required in order to get prescription medication or be hospitalized, which again leaves people without documents uncovered. NGOs such as Babel and Praksis try to maintain a donations-based reserve pharmacy for such cases. Obviously, however valuable they are, solidarity initiatives cannot address the extent or the roots of the problem. Moreover, organizations in the field of mental health cannot support sustainable services due to a lack of or piecemeal funding; projects finish and services are discontinued.¹⁶ Indeed, organizations complain that in order to secure medication or treatment for beneficiaries they end up having to enlist the help of medical professionals on a personal basis, as a favour (Interview with Praksis, 25/02/20).

An important aspect that contributes to an overall sense of insecurity, as flagged up by Babel, is lack of information — in a language displaced people can understand — on the asylum process, on how and where to access services, on how to deal with the authorities, on how long one will remain in a particular place, etc. Providing adequate information is the first step in establishing communication and trust with asylum seekers and refugees, especially the more vulnerable ones. To this purpose, Babel was instrumental in setting up the Refugee.Info website in Greece, a project that “aims to help refugees in Greece access services and exercise their rights” and provides up-to-date information in five key languages (Refugee Info, 2020).

An integral part of healthcare provision, along with medical services, is the availability of, and access to, interpretation. As with other aspects of the protection web that asylum seekers and refugees are entitled to, interpretation is a prerequisite for proper communication, especially concerning medical problems. While NGOs we talked to try to provide interpretation in situ, such services are not systematically available in public healthcare facilities such as hospitals, which leads to extremely long waiting periods for displaced people trying to get medical appointments in hospital departments.

For asylum seekers and refugees living in camps, health problems arise from the overcrowded and unsanitary conditions they face over lengthy periods of time. Common among these problems are various dermatological conditions and bacterial infections, such as staphylococcus among children, which are very difficult to treat given the lack of proper hygiene and thus tend to become endemic (Interview with MdM, 01/03/2021). Mental health problems are also known to reach critical levels, often resulting in people self-medicating through drugs or alcohols in the absence of proper treatment. Indeed, more often than not, mental health problems in camps are

¹⁶ For example, in July 2020, the mental health clinic run by the Municipality of Athens did not have the necessary funds to continue its services (MHPSS WG Minutes).

treated as security (e.g. aggression, violence, self-harm) rather than health issues (Interview with DRC, 19/01/2021). Overall, medical services in camps are sketchy and inconsistent and do not suffice for the large number of people hosted there (Interview with MdM, 01/03/2021 and DRC, op. cit.).

At this point, we would like highlight that health emerges as a deeply political and not just a service provision issue; one which reveals more clearly the devaluation of displaced people in the current socio-political environment. Of course, supporting and enhancing health is linked to establishing and safeguarding a comprehensive protection regime for asylum seekers and refugees. It is the lack of healthcare that indicates a serious lack of concern for this population, and points to their overall abjection and marginalization, which in turn impacts very negatively on their physical and mental health, and their prospects for some kind of social inclusion. According to Nikos Gionakis, Director of Babel Day Centre, asylum seekers and refugees are treated with a carceral logic: institutionalization, stigmatization, exclusion. “In Kara Tepe-Mavrovouni we basically see the return of Leros. Leros lives on in Kara Tepe. This is made worse with the pandemic” (Interview with Babel, 04/02/2021).¹⁷

The impacts of the IPA on healthcare

The New Democracy government that came to power on July 7, 2019 repealed the circular that had simplified the provision of AMKA numbers to asylum applicants. As a result, the provision of the numbers was frozen, as a new circular was expected. However, instead of the expected new circular, the government voted for the new International Protection Act 4636/2019. Under this Act, the AMKA provision was replaced with the Temporary Aliens Provisional Insurance and Healthcare Number (ΠΑΑΥΠΑ-ΡΑΑΥΡΑ) that gives access to public healthcare system. This was the only article of the Act that would be brought into force immediately (01/11/2019), while the rest of the regulations were planned to come into force in 01/01/2020. However, in practice, the procedure started 9 months later. As we reported in ADMIGOV Interim report:

...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. (Pallister-Wilkins et al., 2020: 23)

During this 9-month period, during which people remained without access to healthcare and medication, the Union of Greek Hospital Doctors (ΟΕΝΓΕ) decided to continue treating people at

¹⁷ He is referring to the infamous asylum for the ‘Mentally Ill and Disabled’ that ran on the island of Leros between 1957 and 1990 and was closed down after Greek and international reports of serious human rights violations.

the hospitals regardless of their legal and insurance status, declaring that they would remain faithful to their duty as doctors (EFSYN, 2019).

Healthcare in Lesbos in non-pandemic times

In Lesbos healthcare access relies on the presence of NGOs. Inside Moria RIC, the NGOs providing medical services are Médecins du Monde (MdM), Boat Refugee Foundation (BRF), Kitrinos and Health Point Foundation (dentists). Outside of Moria RIC, MSF runs a paediatric and reproduction health clinic and they also run a mental health clinic in the city of Mytilene. In addition to the impact of the IPA on access to the public health system, pre-existing structural factors have serious impacts on health conditions of Moria RIC residents and their ability to access healthcare services; namely the policy of geographical restriction and the living conditions inside the RIC.

The Union of Greek Hospital Doctors, MSF and other I/NGOs providing healthcare have highlighted the problematic situation of access, in particular delays and obstacles to the lifting of geographical restrictions (EU-Turkey Statement) and concerning medical cases that could not be diagnosed or treated at Lesbos' public hospital, Vostanio.

In an MSF press release from January 2020, Dr Hilde Vochten, the NGO's medical coordinator in Greece, said: "We see many children suffering from medical conditions, such as diabetes, asthma and heart disease, who are forced to live in tents, in abysmal, unhygienic conditions, with no access to the specialized medical care and medication they need [...] MSF is in discussions with the Greek authorities in order to transfer children to the mainland for urgent medical care, but despite the fact that some children were screened, none have been transferred yet" (cited in MSF, 2020a).

At the same time, MSF, which as mentioned also runs a mental health clinic in Mytilene, together with other protection actors such as DIOTIMA (which specializes in dealing with sexual- and gender-based violence, SGBV), reported increased numbers of mental health cases, linked to the living conditions in Moria RIC, or medical cases resulting from sexual violence. MSF characterizes the situation thus:

the scale of the needs for mental healthcare and the severity of patients' conditions have overwhelmed the capacity of mental health services on the islands. Between June and September [2017], an average of six to seven new patients per week arrived at MSF's clinic on Lesbos in acute need of mental health consultations following suicide attempts, incidents of self-harm, or psychotic episodes. A 50 percent increase in the number of patients to our clinic compared to the previous trimester was also reported. (MSF, 2017)

DIOTIMA stressed that when they started their project, there were more than 80 pending SGBV cases and that 5-10 new cases were referred to them per week. They report that there are significant risks of women being sexually victimized not only in their country of origin and during their journey, but also inside the RIC (DIOTIMA, 2018).

The situation has further deteriorated as a result of the pandemic. Specific measures and standards put in place by the government due to the outbreak of Covid-19 have affected the ability of humanitarian actors to engage in the field and consequently impacted displaced

people's access to healthcare. These are discussed in more detail below and draw on findings from our interim report *Protection in Lesvos during Covid-19: A critical failure* (Pallister-Wilkins et al., 2020).

Access to and provision of healthcare in the Athenian backstage

For asylum seekers and refugees in Athens, healthcare may be provided through the public health system, but like elsewhere relies on the issuance of an AMKA card. In situations where public medical services are unavailable or inaccessible, medical and mental health services are provided by I/NGOs and humanitarian organizations.

Public health system

Apart from such administrative dysfunctions, our interlocutors (interviews with Babel, 04/02/2021; Praksis, 25/02/2021; DIOTIMA (1), 11/12/2020; DIOTIMA (2), 18/12/2020; ADDMA, 10/11/2020; MdM, 01/03/2021; GCR, 03/12/2020; Arsis, 08/12/2020) stressed that overall access to healthcare within the public health system is problematic. Long waiting periods for appointments are the norm. Anecdotally, GCR has supported cases of pregnant women in Athens who ended up giving birth without ever having seen a doctor (Interview with GCR, op. cit.). In addition, lack of interpreters in public hospitals and the refusal of doctors to treat patients in English or without an official interpreter again results in very long waiting periods for medical appointments (Interview with Arsis, op. cit.). The problem is particularly pronounced in the field of mental health, where services are very limited and insufficient even for the local population (Interviews with Babel, 04/02/2021; Praksis, 25/02/2021; MdM, 01/03/2021). Interpretation services in Arabic and Farsi are provided by the NGO METAdrasi in 4 hospitals in the Athens area (METAdrasi, 2021b).

For asylum seekers residing in ESTIA apartments, help with getting medical appointments, or even securing interpretation, is provided by NGO caseworkers. Unregistered asylum seekers or refugees who no longer have recourse to PAYYPA end up seeking help from NGOs who run medical clinics or day care centres. In Athens, the main organizations are MdM, who run a Polyclinic and Pharmacy, including a Dentist, as well as a Homeless Shelter, MSF, who run a Primary Healthcare Centre, Praksis, who run a Day Clinic and Social Pharmacy, and Babel, who run a Day Centre for mental health. The Primary Health Clinics of the Municipality of Athens are another port of call. In addition, other NGOs and solidarity initiatives, including Arsis, Solidarity Now, DIOTIMA, EPAPSY, GCR, Human Rights 360 and the Network for Child's Rights run some psychosocial support groups, community centres, maternity groups and empowerment groups, and also offer counselling.¹⁸

For asylum seekers residing in camps, access to healthcare is more difficult, since in addition to limited appointments, there is the added problem of getting from the camp to the hospital in question, especially where public transportation is not available. Within camps, healthcare is provided by EODY with support from humanitarian organizations. Terre des Hommes (for UAM)

¹⁸ This list is indicative, not exhaustive. For up-to-date information on such services, see Refugee Info (<https://www.refugee.info/greece>) and the Athens Coordination Center for Migrant and Refugee issues (<https://www.accmr.gr/en/news/953-covid-19-service-mapping-nov-2020.html?art=1>).

and DRC are present in Schisto, Skaramagas and Lavrio; Solidarity Now (for UAM), IOM, ADDMA and GCR are in Eleonas. In Malakasa and New Malakasa, healthcare services are provided by IOM-EODY and IOM-Hellenic Red Cross, respectively (see Table 5). Meanwhile EODY operates “emergency health centres” in camps, delivering basic medical interventions and annual vaccinations for children.

Camp	Protection Actor	Healthcare Actor(s)	Doctor on site	Distance to nearest Health Facility	Distance to nearest Pharmacy	Public Transport & Distance to Athens	Population with AMKA
Eleonas	ADDMA	EODY	yes	3 km	1 km	Subway, bus - 3.5 km	no data
Elefsina	IOM	EODY	yes	7 km	5 km	Bus - 20 km	92.57%
Lavrio	DRC	EODY & Navy	yes	5.4 km	4.8 km	Intercity bus - 70 km	67.24%
Skaramagas	DRC	EODY & Navy	yes	9.8 km	6 km	Bus - 13 km	60.40%
Schisto	DRC	EODY & Air Force	yes	7.1 km	5.5 km	Bus - 18 km	no data
Malakasa	IOM	EODY	yes	10.6 km	1.8 km	No - 40 km	61.14%
New Malakasa	IOM	Hellenic Red Cross	yes	7 km	4 km	No - 40 km	18.80%

Table 5 Healthcare provision and access in camps in Attica

Philos programme

EODY units (mobile and in camps) and general protocols for refugee healthcare were established through the “PHILOS – Emergency health response to refugee crisis” programme, which began in 2015 with an ISF (Internal Security Fund) grant and is coordinated by the Ministry of Health. Since 2017, funding has been provided by AMIF (Asylum, Migration and Integration Fund) and the programme has expanded from the mainland to the Aegean Islands.

For the successful implementation of the programme, a number of health professionals has been recruited such as medical doctors, nurses, midwives, social workers, drivers/rescuers, as well as scientific and administrative personnel. (...) The programme PHILOS introduces a comprehensive approach regarding the provision of health services to refugee’s population and also reinforces the capacity of National Health System to respond to the extra demand of health services as a whole. (National Public Health Organization, 2021)

According to the information provided by EODY, the main objectives of the programme are: a) the further reinforcement of the capacity of the public health system and the enhancement of the epidemiological surveillance structures struggling with the stranded migrant population, b) the provision of on-site healthcare and psychological services to the target population through coordinated and well-targeted operational actions, c) the strengthening of the National Health System taskforce, the primary health structures and EKAB (National Centre for Emergency Care), accompanied by a system of recording for hospitalization of and health services provided to nationals of third countries.

PHILOS was meant to introduce medical and epidemiological protocols for developing healthcare interventions for the refugee population, as well as recruiting and training medical staff, psychologists, midwives, caseworkers, interpreters and cultural mediators (Tsilimigaki, 2018). According to the EODY-AMIF contract published online (05/07/2019), the current phase runs from April 2019 to December 2021 with a budget of €50 million (co-funded by AMIF up to €37.5 million), is implemented by EODY and is supposed to reach 60,000 beneficiaries (Ministry of Finance & AMIF, 2019). While it has an ambitious outlook, various implementation problems and political controversies have continuously plagued the programme and, according to MdM, it has struggled to perform (Interview with MdM, 01/03/20). In general, all NGOs and humanitarian organizations we interviewed, while committed to providing healthcare to displaced people, especially the most vulnerable, criticized the lack of an organized, targeted and sustainable state healthcare plan. Indeed, though they have taken up the role of emergency health service providers in the absence of adequate public services, they did not welcome supplanting the state in the provision of basic healthcare.

The general impact of Covid-19 on healthcare

On March 11, 2020, the World Health Organization (WHO) declared the Covid-19 outbreak a pandemic (WHO, 2020a). 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 healthcare for those exposed. The Sphere Standards, for example, highlight the importance of applying a holistic humanitarian approach to fighting 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).

The UN Inter-Agency Standing Committee, formed to strengthen humanitarian assistance, together with WHO, the International Federation of the Red Cross (IFRC), and the International Organization for Migration (IOM) set certain objectives in an interim guidance report for humanitarian provision during 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 optimized 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 called 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 healthcare 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) stressed the importance of environmental factors in the transmission of the virus, recalling several cases in camp settings, including one case which led to hundreds more in a very short time period (the Ellwangen reception centre in Germany where cases of Covid-19 reportedly rose from 7 to 259 in one week), and suggesting measures to decongest camps when physical distance and risk-containment measures cannot be applied and maintained (ECDC, 2020). Moreover the ECDC has warned against the implementation of mass quarantine in reception and detention centres as an unproven measure in preventing transmission among residents, as well as being discriminatory and aimed at protecting mainly the general population, arguing that it is counterproductive, 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 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. In a separate report, WHO has called 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 healthcare must be included in the Covid-19 programmes, national health systems, policies and planning to ensure essential services” (WHO, 2020b: 2).

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. Amongst these there have been specific orders directed at the Registration and Identification Centres and other camp-like settings for displaced people. These measures generally followed the directions of the EODY, with the view that the slogan “We Stay At Home” could be applied as

“You Stay In The Camps” (CNN, 2020). By proposing this, the Minister of Migration and Asylum appeared to underestimate the problems with living conditions and the increased needs of displaced people residing in the camps.

The impacts of Covid-19 on healthcare in Lesvos

The impact of Covid-19 on healthcare access in Lesvos is intertwined with the wider protection regime. The measures affecting people in camps and reception facilities included NGOs being informed that they must cease all indoor activities which created working difficulties for those offering healthcare, while the Common Ministerial Decision (Δ1 α/ΓΠ.οικ. 20030/2020) of March 21, 2020 restricted movement across all the RICs and camps in Greece, including Moria. With these more general closures linked to the pandemic, special health units were also established ostensibly to treat any case of Covid-19 and to conduct health screening for all RIC staff (UNHCR, 2020).

As part of these special measures, 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. This was supported by staff, volunteers, and equipment from a number of NGOs and UNHCR. However, while the MRA was operational there was no provision for an isolation area for confirmed cases. 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 conjunction with the hospital in Mytilene, EODY and UNHCR built a new in-patient clinic, outside Moria, to operate as an isolation area both for confirmed or suspected cases pending results of the PCR test. Alongside these efforts to create specific Covid-19 related spaces and services, actors maintained efforts to “safeguard the essentials” during the lockdown, 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 explained:

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. (Interview with Stella M, humanitarian worker, 10/07/2020)

The poor and overcrowded conditions of Moria, which had been widely condemned, therefore heightened the risks posed by Covid-19 and required additional measures to protect health including on-the-ground emergency measures (e.g. the aforementioned new clinic under the auspices of MSF, which is used to operating in emergency medical conditions) and other non-medical interventions (including removing people from the immediate, presumed site of harm).

The vulnerability-mobility nexus under Covid-19

One of the impacts of Covid-19 on protection on Lesvos has been the role of vulnerability assessments in facilitating mobility off the island. Vulnerability assessments have played an

important role in governing mobility towards the mainland following the imposition of the geographic restriction as part of the EU-Turkey Statement in 2016. Those with particular medical vulnerabilities that require medical assistance not available on the island are eligible for transfer to mainland Greece prior to a decision on their asylum application. This has seen the establishment of what we call a vulnerability-mobility nexus where people in restricted categories of recognized and diagnosed medical vulnerabilities are granted access to mobility rights within Greek territory. This vulnerability-mobility nexus has important implications for how medical diagnoses and the provision of and access to healthcare govern and condition freedoms, as well as the ability of asylum seekers to exercise their mobility rights, and ties humanitarian protection tightly into Greek and wider European migration governance practices.

Under Covid-19 protocols mobility restrictions were imposed on the Greek population as a whole with the imposition of, as we have seen, the Common Ministerial Decision (Δ1 α/ΓΠ.οικ. 20030/2020) of March 21, 2020 that restricted movement for all RICs in Greece, until April 23, 2020 with the decision being prolonged until the time of writing (March 2021). However, from figures we have compiled via data from UNHCR and the Ministry for Citizen Protection (see Table 6), we can see how departures from Lesvos have continued in large numbers during the general, nationwide lockdown, as those with medical vulnerabilities that placed them at greater risk of Covid-19, such as the immunocompromised, have been transferred out of the RIC — as said, seen as an architecture of risk due to its poor and overcrowded conditions — and/or off the island.

Month Arrival/Departure	Arrivals	Departures
February	609	1405
March	852	1904
April	39	571
May	227	1212
June	245	2385
July	285	2470
August	346	1783
September	59	1237
October	51	1725
November	78	262
December	192	123

Table 6 Lesvos departures and arrivals by month, during lockdown February-December 2020 compiled from <https://infocrisis.gov.gr/category/pliroforiaka-stoixeia/> and <https://data2.unhcr.org/en/situations/mediterranean/location/5179>

Healthcare during Covid-19 in the Athenian backstage

Since the start of the Covid-19 pandemic in Greece in February 2020, a series of lockdowns have been enforced affecting asylum seekers and refugees living in both urban areas and camps. Information on the pandemic, as well as on preventative measures, is published regularly by UNHCR and Refugee.Info, as well as by individual NGOs and the Municipality of Athens.¹⁹ In addition, UNHCR's Communication with Communities Working Group initiated a series of Covid-19 targeted multi-language communications online, and via WhatsApp, Helpline, Facebook, radio adverts, and YouTube videos.²⁰

For those living in urban areas, measures affecting the rest of the population, including restrictions of movement and of access to services, apply as well. For the refugee population, however, this has involved the added difficulty of being unable to access key services that are vital for their subsistence. Among these we note the Asylum Service, for registering and filing an application for international protection or an appeal, as well as renewing one's Asylum Applicant's Card and PAYPA or AMKA ID; medical services, shelters and community centres; psychosocial and educational services; as well as public services for the issuance of tax IDs, bank accounts, and other legal documents necessary for refugees' access to legal support, accommodation and health protection.

¹⁹ For relevant webpages, see: <https://www.refugee.info/greece/coronavirus-emergency-in-greece?language=en>; <https://mdmgreece.gr/en/category/publications/informative-material/>; <https://praxis.gr/covid/>; <https://www.accmr.gr/en/news/845-measures-of-the-city-of-athens-to-protect-public-health.html?art=1> [All accessed 14/03/2021]

²⁰ See for example: <https://help.unhcr.org/greece/coronavirus/>; <https://help.unhcr.org/greece/coronavirus/athens/>

For the refugee population living in camps, a further series of stricter and more securitized measures have been enforced, starting with a total lockdown announced on March 17, 2020. During this lockdown residents were not allowed to leave the camps, unless for emergencies, and most services within camps were suspended as access by NGOs was prohibited. While general restrictive measures were gradually lifted from May 4 onwards, certain camps, including Malakasa in the Attica region, remained closed with repeated lockdown extensions until July 7. Further camp lockdown measures were reintroduced at the end of August. In addition, different mainland camps with Covid-19 cases were periodically placed under lockdown, including in the Attica region, the camps of Eleonas, Schisto and Malakasa in September, and Skaramagas in October 2020 (Ministry of Migration and Asylum, 2021c). In effect, camps have been operationally transformed into closed centres with limited and surveilled entry and exit and curtailed services.

The government's overall pandemic containment strategy for the asylum seeker and refugee population was outlined in the AGNODIKI plan (GOVGR, 2020; Ministry of Migration and Asylum, 2020d), which adopted a suppression-based rather than prevention-based approach, in spite of recommendations by humanitarian NGOs such as MdM to the contrary (MdM, 2020a,b). The impact of lockdown on camp residents has been profoundly negative and a rise in (gender-based) violence and mental health problems has been observed. Moreover, Covid-19 testing and treatment in camps has been reported to be insufficient. As recent research pre-published in *The Lancet* argues:

Our data quantitatively shows the greater risk of Covid-19 infection among migrant populations residing in substandard living conditions. (...) Despite calls for inclusion of migrants in the Covid-19 response from multi-laterals such as WHO, UNHCR, ECDC and IOM, and academic organisations such as Lancet Migration, Greek authorities have consistently failed to integrate migrants into national prevention and response plans and disease surveillance systems, and no coherent medical response plans have been put in place in any of the island RICs. After nine months, the Greek authorities have not established an effective and comprehensive testing and contact tracing system for migrants in Greece, despite having a functioning system for the general population. It is our view that the inadequate testing and the absence of contact tracing in migrant reception facilities has led to an underestimation of the true incidence rate amongst the migrant population. Greek authorities face serious challenges in collecting and presenting timely and comprehensive data on the development of the epidemic in the country, and the lack of data on clinical outcomes in migrants specifically in Greece (specifically hospitalizations and deaths) needs urgently rectifying, though this is a reported issue in several European countries at the current time.

We identified high levels of Covid-19 transmission among migrants in reception facilities in Greece. The risk of infection among these enclosed population groups has been significantly higher than the general population of Greece, and risk increases as living conditions deteriorate. These data have immediate implications for policy and practice. Strategies are now needed to ensure refugee and asylum seeker populations are included in national response plans to reduce transmission in at-risk groups for Covid-19, alongside inclusion in plans for Covid-19 vaccine roll out. (Kondilis et al. 2021: 8-9)

Mental health and Covid-19

Overall, living in Greece has had a negative impact on displaced people's mental health. For example, previous research on the impact of containment on displaced people's mental health in the case of Lesbos has highlighted that “the mistrust and loneliness generated by harsh reception and living conditions, the precarious situation linked to peoples' legal status combined with this unfriendly social environment, the loss of independence across the system and the constant reliance on others are results of EU policies, and political responsibility must be assumed” (Episkopou et al. 2019: 12). A recent study by IRC (2020), also focusing on Lesbos, has elaborated the effects of containment during the pandemic, allowing for a comparative view on mental health at different conjunctures. In spite of their specificity, findings confirm research conducted among humanitarian stakeholders providing healthcare for refugees in Greece (Joseph et al. 2020) that altogether, over time and across locations, mental health has proven to be one of the most challenging issues to address. As previously noted, mental healthcare requires a culturally sensitive and holistic approach that tackles survival and wellbeing needs (Papadopoulos and Gionakis, 2018; Babel Day Centre, 2019). In dealing with the psycho-social impact of the pandemic, the increase of insecurity, isolation and stigmatization pose further challenges (Gionakis et al., 2020; Babel Day Centre, 2020).

Indeed, since the start of the Covid-19 public health crisis in Greece in February-March 2020, mental health organizations as well as organizations involved in the implementation of the ESTIA programme have noted extensive suffering from depression and PTSD among the refugee population, leading to loss of functioning and motivation, as well as extensive use of psychotropic drugs. This corresponds to a perceived increase in the risk of domestic violence and sexual exploitation, as reported in a survey conducted with Afghan refugees (Mixed Migration Centre, 2020), as well as by the NGO DIOTIMA that works with women asylum seekers (Interviews with DIOTIMA, 11/12/2020 and 18/12/2020). It is also confirmed by the surge of requests for help recorded by organizations running day centres or drop-in centres, the operation of which has also been affected by lockdown measures.²¹ Some psychological support services are provided remotely, but face-to-face or group meetings and social events have been necessarily discontinued, leaving a social interaction gap. Most organizations report growing precarity and homelessness among UAM and this population appears to be the most adversely affected by the pandemic, including having no access to free Covid-19 testing (MHPSS Working Group Minutes September 2020 - February 2021).

Finally, regarding Covid-19 vaccinations for asylum seekers and refugees, despite promises by the Ministry of Health that they will be included in the “national Covid-19 response”, concerns have been expressed as to whether vaccines will be available for persons without a PAYYPA or AMKA, or for those who are homeless, since the vaccination plan is organized through social security registers (Georgiopolou, 2021). As reported in the Inter-Agency Consultation Forum, information on vaccination is still not readily available to refugees.

²¹ For example, as reported by Babel day centre, Human Rights 360 day centre, GCR day centre, Praksis day centre (MHPSS WG Minutes, July 2020, September 2020, and onwards), a large number of requests involved accommodation.

Healthcare : in summary

To summarize our healthcare findings, we have seen how access to healthcare is inextricably dependent on governmental forms of recognition through the asylum procedure and by extension the bureaucratic and material manifestation of this recognition through the provision of a PAYYPA/AMKA number and documentation or card. Alongside this we have seen how access to healthcare, especially in the Athenian context, is influenced by accommodation in camp settings isolated from the existing Greek health infrastructure, making patient access dependent on unreliable transport. In addition, questions of access include a relational dependency with interpretation services which are in short supply. Both medical personnel and patients rely on the presence of interpreters to ensure adequate and safe care.

Staying with access to care we have seen that mental healthcare remains a serious concern and one in which we can detect a serious protection gap. While the mobility-vulnerability nexus recognizes certain chronic illnesses as eligible for a lifting of the geographic restriction to enable healthcare access, in the case of mental health such vulnerabilities are not recognized. It is also important to understand the dynamic of mental health and its interlinkages with other aspects of protection and failures therein. From our research it is clear that mental health is negatively affected by delays to and uncertainty around the asylum procedure and by the poor living conditions on Lesvos.

The pandemic has placed the issue of healthcare centre stage. It has expanded the population at risk of illness, casting the net to potentially include the entire displaced population, while magnifying the importance of medical humanitarian organizations capable of providing the professional expertise and infrastructures necessary for responding to a pandemic of this kind. While specific steps have been taken to protect at-risk groups from Covid-19, these have relied on existing diagnoses and are limited to specific illnesses considered to heighten risks, such as those that affect the immune system. This has had the effect of invisibilizing long-term chronic illnesses and the ongoing struggles of accessing necessary care.

In thinking about healthcare in relation to the four principles of protection outlined in the Sphere Standards, namely:

1. Enhance people's safety, dignity and rights and avoid exposing them to further harm
2. Ensure people's access to impartial assistance, according to need and without discrimination
3. Assist people to recover from the physical and psychological effects of threatened or actual violence, coercion or deliberate deprivation
4. Help people to claim their rights

we can detect some serious weaknesses, whereby people are exposed to further harm, denied access to assistance, and are not aided in recovering from physical and psychological traumas.

Chapter 8: Accommodation

In this chapter we discuss the variety of accommodation options in the frontstage and backstage of Lesvos and Athens before and during the pandemic. In so doing we show how accommodation provision is multi-faceted, ranging from poorly constructed and actively harmful camp spaces to private apartments, and intersects with other protection concerns. In addition, access to particular forms of accommodation is intertwined with identified vulnerabilities and has been significantly impacted by the Covid-19 pandemic. We begin our discussion with a reflection on the general provision of accommodation and particular schemes such as the ESTIA programme that operates in the backstages of Lesvos and Athens as a step out of emergency accommodation in camps and towards integration. Then we move on to a discussion of the specificities of accommodation provision in the frontstage and backstage. In Lesvos we focus our discussions on accommodation provision pre-pandemic, paying particular attention to the long-running poor conditions in Moria RIC. Following this we show how the pandemic has increased the risks of camp living and subsequently increased the demand for non-camp accommodation, such as that offered by the ESTIA programme on the island, while in contrast seeing the creation of separate quarantine facilities for new arrivals. We then move to a discussion of Athens' complex accommodation provision made up of a combination of dispersed camps and apartments, as well as unofficial solidarity initiatives that have been around for many years but have been targeted by the New Democracy government since it came to power in 2019. As much of the accommodation provision in Athens is run by the ESTIA programme discussed earlier in the chapter, in this section we focus in detail on the particularities of the Athenian Open Reception Facilities in both pre-pandemic and pandemic periods.

Accommodation in non-pandemic times

Accommodation is a basic part of protection and comes under the Reception Conditions set out in L4540/2018 and the new IPA, which stipulate that “the responsible authority for the reception of asylum seekers in cooperation with competent government agencies, international organizations and certified social actors shall ensure the provision of reception conditions.” These conditions must “secure an adequate standard of living for asylum seekers that ensures their subsistence and promotes their physical and mental health, based on the respect of human dignity” (Former Article 17, par. 1 of L4540/2018, and now Article 55(1) IPA L4636/2019). As per the same article, “the same standard of living is guaranteed for asylum seekers in detention. Special care is provided for those with special reception needs” (GCR, 2020c). This sub-chapter focuses in detail on the ESTIA programme, the so-called flagship accommodation programme that is thought to intersect with and aid integration efforts. The information presented here is general in nature as ESTIA is a national programme.

Development of the ESTIA Programme

The ESTIA Programme was introduced as an innovative flagship initiative for the accommodation of asylum seekers in the heart of the urban milieu, in order to facilitate their integration into local societies. Developed over a period of 5 years, starting in 2016, the programme spread to 14 cities on the mainland, including Athens, and 7 islands in the Eastern Aegean including Lesvos (UNHCR, 2020f).

In July 2017, a year and a half after it was launched, the rental scheme which had been run as a pilot project was included in the flagship ESTIA: Emergency Support to Integration and Accommodation Programme funded by DG ECHO, aiming to provide urban accommodation and cash assistance (GCR, 2020d). On July 27, 2017, the Commissioner for Humanitarian Aid and Crisis Management Christos Stylianides said:

Today we are opening a new chapter in the lives of refugees in Greece. Our new funding is a game changer on how we deliver aid to improve people's lives. The aim of these new projects is to get refugees out of the camps and into everyday accommodation and help them have more secure and normal lives. Together with our humanitarian partners and the national authorities, we are committed to helping the most vulnerable refugees and fulfilling our humanitarian duty in the move towards a more cost-effective response (cited in European Commission, 2017).

The rebranding of the programme corresponded to a reorientation from providing a short-term accommodation fix for relocation candidates, which had proven indefinitely stalled,²² to a more long-term solution that would allow asylum seekers and refugees a better chance at integration (Kourachanis, 2018; Papatzani, 2020). As noted in the official bulletin issued monthly by UNHCR since September 2017,²³ under the ESTIA programme, the accommodation scheme would provide rented housing, as well as interpretation, legal and social support services.²⁴ The programme would remain under UNHCR management and would be implemented in collaboration with local partners, which included Greek and international NGOs already active in the humanitarian field (e.g. PRAKSIS, SolidarityNow, Arsis, Nostos, CRS, METAdrasi) as well as local municipalities hosting asylum seekers and refugees (including Athens, Thessaloniki, Trikala, Livadia, Larissa, Karditsa, Tripoli, Piraeus and Heraklion). Partners were required to fulfil the quality specifications foreseen in a Joint Ministerial Decision signed in April 2016 (JMD 11.1/5042/2016).

Pursuant to L4540/2018 and under the terms specified by Ministerial Decision 6382/19,²⁵ the ESTIA programme consisted of: a) financial assistance for basic needs, b) urban accommodation in private housing – including apartments, houses, hotels and other buildings leased for this

²² As noted in the Greek Ombudsman's Review Report "Relocation Revisited: The Greek Case," 2019 (<https://www.synigoros.gr/resources/relocation-synopsi--2.pdf>), the relocation programme officially ended on September 26, 2017 with very little success due to the restrictive interpretation of asylum eligibility and Member States' lack of response.

²³ Official UNHCR Bulletins currently include an "Accommodation Update" issued at the end of each month (starting September 2017), two weekly reports on "ESTIA accommodation capacity" (starting June 2018, replacing the "Weekly Accommodation Update") and "ESTIA population breakdown" (starting September 2019). In addition, a "Cash Assistance" update is issued monthly (starting October 2017).

²⁴ According to UNHCR, "the Accommodation Scheme provides rented housing to vulnerable asylum-seekers and refugees in Greece. Urban accommodation helps restore a sense of normalcy and provides better access to services, including education and health. People are additionally supported by social workers and interpreters who help them access medical services, employment, language courses and recreational activities." (UNHCR, 2020i)

²⁵ As specified in Article 2, Ministerial Decision 6382/19 (FEK B '853/12.03.2019), "The programme aims to secure an adequate subsistence level for asylum seekers through the provision of financial aid and, where appropriate, safe accommodation and support services, in accordance to their needs and in view of the integrated provision of material reception conditions within the meaning of the Union law." (Ministerial Decision, 2019).

purpose, and c) accommodation support services. Individual apartments, which constituted the majority of ESTIA accommodation units, could include up to six placements each, which were allocated to beneficiaries according to eligibility, family size and other “matching” criteria.²⁶ The programme was funded by DG HOME/AMIF and implemented by the UNHCR and its partners. Services provided included: a) apartment management, b) support with formal needs (specifically medical needs, social security registration, tax registration, opening a bank account, registration with OAED, Asylum Service), c) psychological support, where necessary and d) interpretation. All communication should be provided in a language beneficiaries would be able to understand. Upon entering the accommodation scheme, beneficiaries signed an agreement concerning the proper use of the apartment, proper conduct, and timely exit. As defined in MD6382/19, articles 8 and 9, the provisions of the programme ended automatically 30 days after receipt of a second order negative decision, or six months after receipt of recognition (Ministerial Decision, 2019). In exceptional circumstances, such as advanced pregnancy, recent birth, in relation to school attendance, or for health or humanitarian reasons, exit could be further postponed upon the recommendation of the implementation partner, until proper accommodation was secured.

The ESTIA programme also provided asylum seekers with monthly cash assistance (benefits), intended to support them in more autonomous living. Cash benefits were expected to cover food, personal expenses, clothing, telecommunications, transportation and basic school and medical needs. Beneficiaries of cash assistance included all registered adult asylum seekers and their family members, except for persons in detention. Monthly benefits were calculated on the basis of type of accommodation provision. In self-catered accommodation the benefit ranged between 150 euros per single beneficiary per month to 550 euros per 7-member family, whereas in catered accommodation, it was between 90 and 330 euros accordingly (MD6382/19, article 3). Benefits were administered through a pre-paid bank card renewable every month at specific centres, upon proof of eligibility. “The value of the transfer [was] based upon the Minimum Expenditure Basket defined by the Cash Working Group in agreement with the Greek Government. It is set below the amount given to vulnerable Greek families by the social protection system” (UNHCR 2017).

Between July 2017 and June 2020, the ESTIA programme was managed exclusively by UNHCR. At the end of 2018, as the Emergency Support Mechanism came to an end, EU funding for the programme was transferred from DG ECHO to DG HOME (AMIF). In 2019, the ESTIA programme's AMIF budget amounted to €190 million, and involved 25,000 urban accommodation placements and 90,000 cash recipients throughout Greece. The 2019 AMIF budget was increased from previous years, and in line with the continuing expansion of the programme, from €139 million, 22,000 accommodation placements and 22,000 cash recipients in 2017, to €167.5 million, 27,000 accommodation placements and 60,000 cash recipients in 2018. Though funding was lower in 2020 than in 2019, namely €175 million, the number of accommodation placements (25,500) and cash recipients (92,000) were higher (ESTIA, 2020). Athens accounted for approximately 55% of the overall placements, housing on average about 11,000 persons per month, and a little of 30%

²⁶ For example, single co-residents were matched according to gender, age and nationality criteria in order to secure the best possible fit and avoid conflicts or other unacceptable behaviour.

of the overall cash recipients, amounting to approximately 33,000 beneficiaries per month (UNHCR, 2020j).

The ESTIA II Programme

On July 24, 2020, a memorandum was signed between UNHCR and the Ministry of Migration and Asylum for the gradual transfer of management of the programme, renamed ESTIA II, to be completed by the end of the year, as part of Greece's responsibility as an EU Member State. UNHCR Representative in Greece, Philippe Leclerc, commented that "Greece's reception capacity must be strengthened and ESTIA, a programme which has helped almost 70,000 vulnerable people to live in safe and dignified conditions in apartments during the last five years, should be sustained as the preferred type of accommodation in non-emergency situations [...] Ensuring the viability, efficiency and quality of this exemplary programme, should be our common goal, as it has proven to enable a successful 'living together' between refugees and local communities across Greece" (cited in UNHCR, 2020b).

Prior to the memorandum of transfer, the Greek government issued three Executive Decisions regulating the ESTIA II programme, introducing important changes. The Joint Ministerial Decision 21210/14.07.2020 set out the Terms of Implementation of ESTIA II. Under article 1b, the managing entity is the Directorate for the Protection of Asylum Seekers of the Ministry of Migration and Asylum (Joint Ministerial Decision, 2020c). Article 6 set the cost per placement per day at €7.66 for new apartments and €6.19 for existing units, to cover all expenses, including apartment cost (rent, utilities, repairs) and support services (transportation to the Asylum Service, assistance with legal and administrative procedures, psychosocial support, interpretation) foreseen by the ESTIA II Framework of Operation defined in Ministerial Decision 13221/30.03.2020, article 5 (Ministerial Decision, 2020a). Should beneficiaries not exit in a timely manner according to the Terms of Provision set out in Ministerial Decision 13348/02.04.2020 (Ministerial Decision, 2020b), the cost of maintaining the placement is no longer an eligible expense and will not be funded (JMD 21210/2020, article 11, par. 4). The new exit deadline set by Ministerial Decision 13348/20, article 5, is 30 days upon receiving an asylum decision, whether negative or positive. In case of serious illness, advanced pregnancy, or vulnerable UAM transitioning to adulthood, an extension of one, two or three months can be granted upon decision of the relevant Reception Authority. Exit from the programme also means termination of cash benefits, which, as of June 2020, were also reduced. According to a report by Refugees International, "new rules took effect in September 2020 that reduce cash allowances for individuals staying in camps where food is provided [from 90 euros per month to 75 euros]. Beginning in December 2020 or January 2021, cash beneficiaries will also be limited to withdrawing just 20 percent of assistance in cash form — the remaining 80 percent must be spent in stores or online" (Panayotatos, 2020).

Implementation and management of the ESTIA programme

At the end of December 2020, ESTIA II provided 28,148 placements, 59% of which had been transitioned from UNCHR to MMA. UNHCR's partners included the following NGOs and municipalities who took the following percentage of placements: Arsis (6%), Intersos (3%), Omnes (1%), Perichoresis (1%), Praksis (15%), Solidarity Now (5%), and the Municipalities of Athens (6%), Thessaloniki (3%), Trikala (1%), Livadia (2%), Larissa (1%), Nea Philadelphia (1%),

Karditsa (2%), Tripoli (1%), Pireaus (1%) Tilos (1%) and a consortium in Crete (5%). MMA's partners included NGOs CRS (9%), Hopeland (4%), ICDS (1%), Iliaktida, who run the ESTIA programme in Lesvos (5%), Nostos (22%), SSA (1%), YCE (3%) and the Municipality of Katerini (2%), as well as Arsis and Praksis, which are also UNHCR partners.

The majority (86%) of ESTIA II beneficiaries come from Syria, Afghanistan, Iraq, Iran and the DRC. Most are families, on average with 4 members, and have at least one vulnerability that qualifies them for the scheme (11% serious medical condition, 3% single parent, 4% child at risk). Approximately one third of the beneficiaries (6,931) are recognized refugees.

Among other issues, the reduction of daily placement costs, the extremely short exit deadline, along with the passing on of the cost of overstaying residents from the ESTIA II programme to the implementing partners raised serious concerns about the successful implementation of the programme (Perichoresis, 2020). Concerning "the Government's recent revision of certain terms and requirements for the implementation of ESTIA II," UNCHR noted in July that "while some of these revisions do aim to facilitate a timely transition without risking to close down accommodation places, UNHCR is concerned that the significant reduction in the funding of the new programme may have an impact both on the quality of the services provided but also on the ability of the partners to correspond to and fulfil the prescribed requirements" (UNHCR, 2020b).

Subsequently, certain NGOs, notably Solidarity Now, decided to end their collaboration with the programme (Georgiopolou, 2020). In addition, in October 2020, reports appeared in the press that the Ministry had opportunistically sub-contracted accommodation services to political allies, as in the case of the Agios Demetrios Municipality's newly founded non-profit organization "Hopeland" (TVXS, 2020a), which warranted a Parliamentary Question by MP George Kaminis to the Minister of Migration Notis Mytarakis on October 19 (Airetos, 2020), and a letter to the Anti-Corruption Commission of the European Parliament by MEP Stelios Kouloglou, regarding the potential mismanagement of European funds (Kouloglou, 2020). Serious criticism was expressed regarding the government's clientelistic allocation of ESTIA II funds to completely inexperienced partners, while engaging at the same time in a systematic denigration of NGOs and organizations that had been long active in the humanitarian field.

The transfer of management from UNHCR to MMA, under the terms set by MMA's new regulations for ESTIA II, is considered to essentially "shrink the programme to simply a housing service, which does not take into consideration asylum seekers' increased needs", as Director of Solidarity Now, Antigone Lyberaki, points out (Georgiopolou, 2020). This view was shared by other leading programme partners we interviewed (Arsis, Athens Municipality, IRC), which were worried about the viability of their collaboration, especially were they to continue providing individualised social support to beneficiaries. Athens Municipality, a founding partner with significant input into the design and development of ESTIA, was considering reorganising its services to meet the challenge of a more limited budget. Rather than assigning apartments to caseworkers for individually assisting residents, it is looking into setting up a centralised "socio-hub" which beneficiaries themselves will visit to seek out the help they require.

As things stand, individual partners can determine whether they restructure their services and whether they strictly enforce the 30-day exit rule, or allow beneficiaries more time to figure out their next steps. Thus, Arsis and Athens Municipality, for example, have chosen not to evict

residents. Other ESTIA II partners are reported as having enforcing the exit rule, however (MHPSS Working Group meeting). Apart from the severe problems this causes beneficiaries who may end up on the street, the lack of coherence in the provision of support, as well as in the allocation of responsibility for upholding human rights principles and refugee law, leads to serious shortcomings in protection.

Access to the programme: entry and exit

The ESTIA programme represents the optimum in official asylum seeker accommodation in Greece. Compared to the overcrowded, often appalling, situations in camps, it provides both better living conditions and individualised social support, as well as immersion into the urban context. The eligibility criteria for entering the programme are: a) recognised vulnerabilities (as defined in L4375/2016 and L4540/2018 and adjusted in the new IPA), and b) UAM transitioning to adulthood with recognised vulnerabilities, or in formal education or training. For beneficiaries, establishing vulnerability becomes a means by which they can enter or remain in the programme. As pointed out by NGO Arsis, pregnancies can often serve as a family's or individual's "ticket" to better accommodation. Thus, vulnerability ends up becoming an "asset" for securing more adequate protection.

Up until May 2020, exits from ESTIA, even though foreseen in MD 6382/2019, were not strictly enforced in practice. Rather, partners remained flexible in allowing beneficiaries to overstay their exit deadline until they could either secure alternative housing or leave the country, thus unofficially extending protection to recognised refugees in light of the lack of a sustained integration programme. However, even in 2019, several partners were anticipating a future crisis once evictions started taking place (Arsis, 08/12/2020; Municipality of Athens (ADDMA), 10/11/2020; Solidarity Now (2), 02/02/2021).

The first mandatory ESTIA II exits were enforced in late May–early June 2020 on those already overstaying the previous 6-month extension, and exits of people on 30-day extensions would start in July. Between May and August 2020, 8,385 people were affected: 3,379 had exited, 664 had been extended as serious medical cases, and the remaining 4,342 individuals refused to leave. While the majority of exits were non-compliant, a number ended up destitute on the streets. In November, physical exits from ESTIA were suspended due to the national lockdown that started at the beginning of the month (JMD 71342/07.11.2020), but those affected were included in the December exit notices (PWG December update).

In theory, recognized refugees are eligible to access the HELIOS project run by IOM, which provides subsidized housing during the first six months of transition to independent living (IOM Greece, 2021). However, strict prerequisites for enrolment in the programme, which many beneficiaries cannot meet, along with fears that they will thereby be forced to remain in Greece, have prevented them from joining it. Forced exits along with a lack of alternatives result in escalating homelessness among recognized refugees. According to the latest UNHCR communique and Human Rights Watch, by the end of 2020, 11,000 people were at risk (Cosse, 2020).²⁷

²⁷ See also Amnesty International (2020b), Greek Ombudsman (2020), InfoMigrants (2020).

Support and/to Integration

Pursuant to its inception as “Emergency Support to Integration and Accommodation,” ESTIA services were organised around a comprehensive support structure, including an apartment manager, a caseworker and an interpreter. This so-called “triplet” (ADDMA interview, 10/11/2020) was intended to help address asylum seekers’ housing, legal, social and health needs, while also facilitating integration in their urban surroundings;²⁸ indeed, relationships with caseworkers became a significant part of the success of the programme (Interviews with Arsis, 08/12/2020; Selim, 16/02/2021). However, as several NGOs have repeatedly highlighted, no *concrete* integration measures (e.g. language classes, vocational training, community engagement) were undertaken and social support focused mainly on helping asylum seekers to navigate a confounding Greek bureaucracy and public health system (IRC, 20/11/202; Arsis, 08/12/2020; DIOTIMA (1), 11/12/2020; SolidarityNow (2), 02/02/2021; Inter-Agency Consultation Forum, 18/11/2020). For example, caseworkers found themselves spending most of their time trying to book appointments or address pressing needs, rather than focusing on beneficiaries’ long-term outlook and overall wellbeing (Interview with Arsis, 08/12/2020).

Parallel to the stricter ESTIA II regulations, the notion of mobilising asylum seekers towards assuming a more “active” and agentic role in fashioning a new life in Greece has gained ground over the past year (ADDMA, Caritas, IRC interviews), especially in relation to the prospect of joining HELIOS after exiting ESTIA. The IOM-managed integration project HELIOS, which aims to facilitate the transition of recognised refugees towards independent living through a series of targeted multi-focal and multi-level interventions built around the five pillars of accommodation, education, training, employment and community building is engineered around a system of rewards and penalties supposed to motivate and “responsibilise” refugees. However, as previous and current research highlights (Kourachanis, 2018; Papatzani, ongoing), one of the ESTIA programme’s main problems was precisely a lack of systematic pre-integration interventions resulting in low integration trajectories for its beneficiaries, meaning that people are not sufficiently prepared to enter the HELIOS programme. As Kourachanis indicated in relation to ESTIA:

The programme was designed by supranational actors and is being implemented by municipalities and NGOs. The state has little involvement in a social intervention aimed at a population with increased social needs. As a result of the state withdrawal from tackling the phenomenon of extreme poverty, all social integration actions are voluntarily fulfilled by non-state actors. (...) Such residual state intervention coupled with the non-provision of compulsory actions for social integration (...) lead to a type of social intervention that simply aims at providing better housing conditions. (2018: 227-228)

One of our interlocutors, the Head of Advocacy for the NGO Solidarity Now and former Vice-Mayor for Migration of the Municipality of Athens, Lefteris Papagiannakis, points out that rather than attributing the shortcomings of the programme to the beneficiaries themselves, as is common in the current government’s rhetoric, integration of refugees needs to be addressed as

²⁸ As a case in point, the UNHCR’s monthly “Accommodation Update” contains short “success” stories of how asylum seekers and refugees have benefited from the programme and managed to start a new life in their respective placements (see for example UNHRC, 2020i)

a wider societal and political challenge (Papagiannakis, 2021). He asserts that “the government does not have a coherent and concerted integration policy or strategy but relies on short-term fixes through projects and ad hoc interventions by third parties and civil society” (Interview with Solidarity Now (2), 02/02/2021). This is not by chance, since it is not part of the government’s policies to actually enable integration but rather to unofficially deter refugees and asylum seekers from either coming to or settling in Greece. Such observations have been echoed by most of our respondents (Interviews with DIOTIMA (1), 11/12/2020; DRC, 19/01/2021; GCR, 02/12/2020; IRC, 20/11/2020; MSF, 09/12/2020; Javed, 30/01/2021; Solidarity Now (2) 02/02/2021). Indeed, the asylum seekers we interviewed indicated that they were waiting for their papers to leave, and caseworkers commented as well that most recognised refugees who have left ESTIA have eventually also left the country. In fact, willingly or not, the period of residency in ESTIA is basically spent waiting for the asylum process and the various complicated bureaucratic procedures to move ahead, rather than in preparation for next steps towards integration (Interviews with Arsis, 08/12/2020; Bahar, 11/02/2020). In September 2020, the IRC issued a report with recommendations for the pre-introduction phase (IRC, 2020) and the Migration Policy Group (MPG) published “The European benchmark for refugee integration: A comparative analysis of the National Integration Evaluation Mechanism in 14 EU countries. Summary Report” (NIEM, 2020).

It is worth pointing out that, even as UNHCR is gradually receding from its large-scale involvement in the administration of refugee protection following the end of its mandate within the 2016-2018 EU emergency support mechanism, and responsibility is being handed over to the Greek government, the next phase towards consolidating refugee governance in Greece is again designed and coordinated by an “expert” international agency. In fact, the IOM, apart from “training” refugees through the HELIOS project, is also meant to transfer know-how and administrative infrastructure (e.g. record-keeping, mapping, databases etc.) for local capacity building (IOM HELIOS Consultation Forum, 16/12/2020). In this respect, there is a striking disjuncture between plans set out in consultation sessions between the IOM and partner NGOs and the actual situation on the ground as discussed amongst practitioners (e.g. Legal Aid Working Group, MHPSS WG), especially as regards the operational capacity of key asylum and public sector agencies, including the Asylum Service, health and welfare services, and the police, as well as the lack of coordination between them.

Accommodation in Lesbos

Accommodation in Lesbos is characterized by a combination of camp and non-camp settings, the latter of which include those run by the ESTIA programme. Accommodation in Lesbos has been greatly impacted by the introduction of public health measures designed to manage the threat of Covid-19. As a result in this sub-chapter we discuss accommodation in Lesbos in the pre-pandemic and pandemic periods. This allows us to account for the particular measures introduced to prevent the spread of Covid-19 while showing how such measures have further consolidated already poor living conditions and attempts by the New Democracy government to implement a closed camp policy on the island.

Accommodation in Lesvos pre-pandemic

During 2015, displaced people on Lesvos were accommodated temporarily in unofficial living quarters at Skala Sykamnias around what was known as the “Platanos” area and at the so-called “Stage 2” area above the village on the road from Skala Sykamnias to Sykamnia and south towards Moria RIC and Mytilene. In April 2015, the Kara Tepe camp started hosting people under the administration of the Municipality of Mytilene with a maximum capacity at that time of 1,300 people (Ministry of Citizen Protection, 2021). During this time, prior to the closure of the Balkan route and the implementation of the EU-Turkey Statement in March 2016, Lesvos was a transit space meaning these camps hosted people only temporarily and Moria and Kara Tepe were operating as Registration and Identification Centers (RICs) only (Greek Ombudsman, 2015). Alongside these official transit accommodation spaces, there were independent initiatives such as the “Altogether Village” who coordinated solidarity actions at the former PIKPA children’s camp where people also resided. Later on, PIKPA was granted permission to operate by the Municipality, and some of the participants founded an NGO called “Lesvos Solidarity” which operated inside PIPKA until October 2020 with a capacity to accommodate 100 people and a shelter for 30 unaccompanied minors (for more information see ADMIGOV WP4 Interim report, Pallister-Wilkins et al., 2020).

Prior to its closure, newly arrived displaced people could spend some hours, and sometimes stay overnight, at the Stage 2 space at Skala Sykaminias while waiting for their transfer to and registration at Moria RIC. Other spaces offering similar temporary overnight accommodation between arrival and registration included the MSF-run transit space at Mantamados, located between Skala Sykaminias and Moria (see Pallister-Wilkins, 2018). Even during this time the number of residents in Moria far exceeded the Ministry of Citizen Protection’s officially recorded capacity of 2,757, later revised to 2,840 (Pallister- Wilkins et al., 2020).

In 2016 the so-called “winterization” plan started to be implemented. The plan included the transfer of vulnerable people from the open camps, chosen by UNHCR based on vulnerability criteria, to houses, buildings or hotels rented by UNHCR (under the ESTIA programme) or IOM, as well as the reform and winterization of some camps. These upgrades mainly consisted of replacing tents with ISO boxes equipped with heating/air conditioning units. The allocation of people to non-camp accommodation was based on social criteria such as age, family status, victims of torture, LGBTQIA+ etc., and also legal procedures such as those who were deemed eligible for the “Relocation Scheme”, family reunification/Dublin cases and asylum applicants in Greece.

Accommodation in Moria was divided into four areas inside the fences of the official camp: the Pre-removal Detention Center (PRO.KE.KA), the “general population” lodges, the safe zone for young unaccompanied minors, and sections A, B, C and D for women traveling alone and older unaccompanied minors. Meanwhile, the ‘Olive Grove’ or ‘Jungle’ extended outside the official boundaries of Moria providing temporary and makeshift accommodation for those not provided with accommodation inside the fences of the RIC (see Pallister-Wilkins, 2020b).

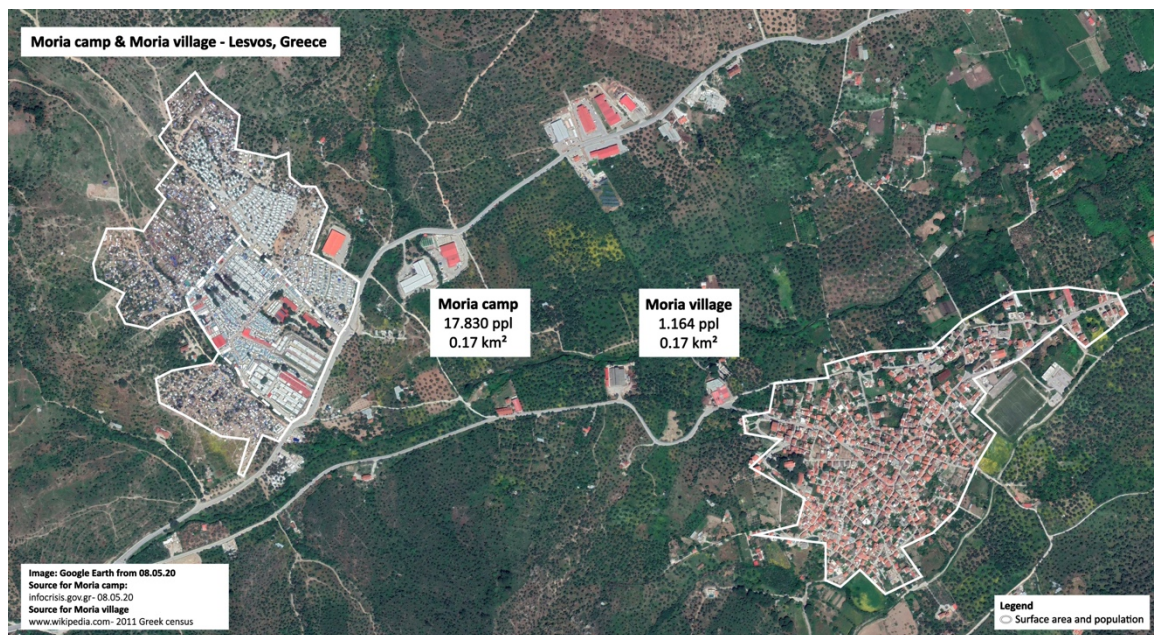


Figure 7 Population density of Moria RIC and Moria village in comparative perspective ©Cédric Fettouche <https://mega.nz/folder/uloXCIZQ#VOI2IVSSPOPYwPtJbc2Pow>

As is now well known, Moria faced considerable problems with overpopulation (see Figure 7). This has led to a number of problems including overcrowding, a lack of safety and security and a lack of adequate WASH (Water, Sanitation and Hygiene) facilities. Alongside this, over the years Moria expanded beyond its official fenced area into the surrounding olive groves, hence the name “Olive Grove” or “Jungle” for these informal satellite settlements surrounding the RIC. The areas beyond the fence were divided into zones 6 to 12 with some of these areas being officially rented by NGOs, such as Movement On The Ground, from local landowners, meaning these areas were managed, and services provided. However not all of Lesvos RIC’s overspill was erected on rented land or monitored by NGOs. There were more recent expansions with no spatial planning and no service provision. These zones (see Figure 8) were characterized by very poor, improvised shelters and a lack of basic services such as electricity, heating, and WASH facilities (Pallister-Wilkins et al., 2020). The lack of services in the Olive Grove was exacerbated by NGO employees not being allowed to officially enter the space, while the police refused to patrol and guard the area leading to heightened insecurity especially for women at risk of sexual- and gender-based violence. Due to these living conditions, Moria RIC was labelled as a living hell (Chapman, 2020).



Figure 8 Makeshift shelter in the 'Olive Grove', Moria July 2019 ©Polly Pallister-Wilkins

Kara Tepe, on the other hand, maintained a strict capacity limit with a plan to host vulnerable families and other vulnerable people. Accommodation arrangements inside Kara Tepe fulfilled the Sphere Standards (Sphere Standards, 2018) and the active involvement of local NGOs ensured that the environment in the camp was very different from that of Moria. Alongside these camp spaces, the UNHCR through the ESTIA programme, implemented by the local NGO Iliaktida, provided accommodation to 744 individuals in houses in Mytilene.²⁹ Furthermore 8 shelters were established for unaccompanied boys and 1 for unaccompanied girls managed by the same NGO (Iliaktida, 2012). Together with informal 'structures' of education, recreation and sociality the apartments and the shelters constituted important spaces of symbiosis with the local population (Papataxiarchis, 2017).

To sum up, in mapping the accommodation provision in Lesvos before the pandemic, between 2015 and early 2020, we can trace a number of changes as transit was replaced with containment under geographical restriction, but also a continuity in inadequate living conditions. This accommodation provision faced changes under the 2019 IPA which aimed to create:

Open Temporary Accommodation Structures for third-country nationals or stateless persons who enter, or reside in, the country without complying with the legal formalities...within Reception and Identification Centres, Open Temporary Reception Structures and Open Temporary Accommodation Structures separate areas shall be set up for third-country nationals or stateless persons belonging to vulnerable groups. (Ministry of Migration and Asylum, 2016)

²⁹ Information from the "Protection Working Group" chaired by UNHCR at Mytilene 3/12/2020

Accommodation in Lesvos during the pandemic

Accommodation arrangements for displaced people during the pandemic have seen a number of changes and challenges on several levels, both in frontstage and backstage settings, relating to measures designed to confront the pandemic and protect displaced people and the general population of the island alike. Alongside this the Emergency Legislative Decree that suspended the right to submit asylum claims for those who entered Greece in March 2020 resulted in the confinement of people in several places such as on the coast where they disembarked or at the Port of Mytilene. The situation on the coast was criticized in a number of reports, since the only provisions were food and some other basic items such as blankets and summer tents. Furthermore, several I/NGOs were denied access to assess and provide legal and medical assistance (Papataxiarchis, 2020).

This situation created a new temporary set of accommodation arrangements for newcomers that were later consolidated and amplified by the pandemic response as people that arrived after March 2020, and thus had the right to submit asylum claims, were also kept for two weeks in quarantine on the coast prior to their transfer to Moria RIC. These ad hoc quarantine practices, where new arrivals were detained by the police and Hellenic Coast Guard in a blurring between quarantine and detention, lasted for two months until the beginning of May 2020 when two official quarantine and isolation areas for new arrivals were built.



Figure 9 Megala Therma, IRC Camp, May 2016 ©Polly Pallister-Wilkins

The situation was later resolved with the construction of a quarantine camp at “Megala Therma” on May 8, 2020, in the location of the former International Rescue Committee transit camp (see Figure 9). Displaced people arriving on the north shores of the island would be quarantined there for two weeks prior to their transfer to Moria RIC. Those arriving in the south of the island in the Mytilene municipality were quarantined at the Port of Mytilene until June 1, 2020 when a quarantine area was made operational inside Kara Tepe.

These two quarantine areas continue to operate as temporary accommodation solutions for new arrivals under very different standards. The living conditions at Megala Therma are extremely poor with only summer tents, few WASH facilities and no showers — and the WASH facilities that are present are shared between confirmed Covid-19 confirmed cases and non-cases. It was only in the January 2021 Inter-Agency Consultancy Forum that UNHCR reported they were able to provide lighting using solar lamps and the IRC reported that they were working on improving the general camp infrastructure (IACF Minutes, January 2021). The lack of separation between confirmed and non-cases extends to the placing of new arrivals together with those who have already been in quarantine for days, which exacerbates the possibility of transmission and undermines the purpose of quarantine. Furthermore, I/NGOs are prevented from accessing the camp, meaning EODY staff are the only personnel visiting the camp in order to conduct tests. MSF repeatedly asked for access, but were repeatedly denied; eventually, in January 2021, they managed to negotiate access to the camp once a week to carry out medical assessments (Ibid).

Meanwhile Kara Tepe's quarantine area operates under very different standards. It is a fenced area inside the camp, guarded by the police, with ISO boxes and ready access to WASH facilities. People arriving at Kara Tepe quarantine area are assessed by the MdM team for both medical and psychosocial needs. Social workers inform new arrivals about the reasons and the duration of their confinement as well as about procedural next steps. In Kara Tepe confirmed Covid-19 cases are isolated in separate ISO boxes. At the end of the two weeks, quarantine peopled are tested again for Covid-19, and if they have a negative result are transferred to the RIC.

At the start of the pandemic in Greece in mid-March 2020, 19,344 people resided in Moria RIC, almost 7 times its official capacity of 2,840 places. This overpopulation along with the inadequate facilities created enormous problems even before the pandemic, as we have already discussed. Numerous reports from I/NGOs underline the lack of services and facilities, the lack of electricity and running water and the increased number of violent incidents, along with mental health concerns exacerbated by the poor conditions (GCR, 2020; MSF, 2020). Covid-19 was therefore an added burden faced by Moria RIC residents and humanitarian workers alike, and highlighted and exacerbated long-running structural failures to provide protection in line with the Sphere Standards.

In an effort to protect people at high risk of Covid-19 such as the elderly or the immunocompromised, UNHCR created a vulnerability list to govern the transfer of vulnerable cases and their families outside the RIC to safer accommodation settings such as houses or hotels on the island or on the mainland. According to UNHCR, 1,139 out of 1,832 registered vulnerable people were transferred out of the RIC from the beginning of April 2020 until the end of August 2020 (Inter-Agency Coordination Forum Minutes, 8/9/2020). As already discussed, this meant that mobility around and off the island increased during the pandemic, due to a combination of medical vulnerabilities, and once the Asylum Service started issuing positive decisions on older cases or on new cases that under the new IPA 4636/19 could be completed without interviews.

For those who remained in Moria, and despite the efforts of I/NGOs and refugee initiatives to improve the situation, living conditions worsened due to restrictions on mobility imposed on the RIC to prevent the spread of Covid-19 between the general and displaced persons population, because these meant that people could not access their monthly financial assistance in cash.

Measures keeping people in the camp meant that people could not access ATMs in the city of Mytilene and thus could not withdraw cash to buy food and other essentials not provided at the RIC. This resulted in people being able to only use their cards at point-of-sale machines and thus in one small shop outside the camp. As mentioned in our earlier interim report:

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 (Pallister-Wilkins et al., 2020: 42).

As one of our interviewees, Salim H, a displaced person seeking asylum, made clear, “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” (cited in Pallister-Wilkins et al., 2020: 42).

Moving to the backstage settings away from the camps, displaced people residing in their accommodation did not experience the same challenges as those in Moria RIC. The most challenging part of the pandemic for all backstage settings was the suspension of social interaction in everyday life with the suspension of educational and recreational activities and the difficulty in gaining access to legal aid actors and asylum procedures.

Although the ESTIA apartments were used during the pandemic to accommodate vulnerable people from Moria RIC at high risk of Covid-19, thereby changing the profile of the people Iliaktida (the managing NGO) was used to hosting, the pandemic appears, from our research, to have impacted the existing residents only in as far as they were subject to general regulations regarding the lockdown. Of course this meant a change in their living conditions with outside trips being limited and regulated under general lockdown regulations requiring authorization via SMS. But residents of the ESTIA programme were not subject to additional controls, or exclusive measures based on their immigration/citizenship status.

On the other hand, Kara Tepe stopped accepting vulnerable people from Moria RIC following a decision by the Mayor of Mytilene. This meant that Kara Tepe kept strictly to its accommodation capacity of 1,300 places. Furthermore, until July 2020 Kara Tepe was excluded from restrictions on movement placed on camps, meaning its residents could enter and exit the camp in accordance with the same regulations governing the general Greek population. PIKPA followed a similar pattern, continuing to host 100 of the most vulnerable. However Lesbos Solidarity, the NGO responsible for PIKPA, was faced with the challenge of providing and operating a shelter for unaccompanied minors amidst the pandemic. The shelter opened in April and operated smoothly until the announcement of the closure of PIKPA on October 30, 2020 by which time the unaccompanied minors had been transferred to the mainland ahead of the eviction (Lesbos Solidarity, 2020; Amnesty International, 2020).

In conclusion, there are large disparities in accommodation arrangements during the pandemic between the frontstage and backstage settings, with quarantine and detention in the frontstage settings that have tied Covid-19 restrictions to accommodation type, which is in turn linked to both legal status and vulnerability. Meanwhile backstage settings, residence of which is determined by legal status and vulnerability, were included within regular pandemic responses enacted at the national level meaning these contexts were not 'singled out' for special measures.

Accommodation in the Athenian backstage

The Covid-19 pandemic has had different effects on accommodation provision in Athens than on Lesbos. Therefore we focus our attention in this sub-chapter on the particularities of Athens, including unofficial accommodation provision that has done much to fill the gaps left by failures in official accommodation services. Many of the programmes running in Athens are national-level programmes such as the ESTIA programme and as such were discussed earlier in this chapter. This sub-chapter is structured as follows: we begin by discussing the categories of official accommodation before briefly introducing the history of unofficial accommodation in Athens provided by solidarity initiatives. Following this we discuss the specificities of open reception facilities in the pre-pandemic and pandemic periods.

In Athens, asylum seeker accommodation falls into two categories: official accommodation for registered asylum seekers and self-accommodation for either registered or unregistered asylum seekers. Registered asylum seekers, whether in official accommodation or self-accommodation, also receive monthly subsidies; unregistered persons do not.

The official accommodation scheme includes the following types:

- a) urban accommodation in rented apartments for vulnerable categories of asylum seekers and those registered for relocation;
- b) accommodation in Open Reception Facilities (camps);
- c) accommodation in Safe Zones (in camps), semi-independent living (SIL) apartments, and youth shelters for UAM.

Self-accommodation can include any number of arrangements: from independent living for those few who can afford it, often by working as interpreters for humanitarian NGOs and organizations,³⁰ to shared living in various, usually substandard, conditions, such as overcrowded apartments, or in exploitative situations. In addition, both registered and unregistered asylum seekers can end up destitute on the streets, either due to evictions from the official accommodation and subsidy scheme once they receive an asylum decision (positive or negative), or due to an inability to register an asylum application and subsequent exclusion from Reception provisions (Mobile Info Team, 2021). The situation has been particularly critical for UAM.

³⁰ For example, Bahar recounted in an interview on 11/02/2021 that she and her husband lived in Eleonas for a year, where conditions were terrible. As soon as she started working as an interpreter with NGO Melissa and her husband got work too, they rented an apartment in Keratsini.

The National Center for Social Solidarity (EKKA)—the Greek government agency responsible for child protection—reports that 3,492 UAC are living outside of the RICs. Some of these UAC live in apartments with others or in squats. Others survive in the streets, especially in Athens. A large number live in the squalid and unsafe overflow areas outside of the RICs. These children tend to move frequently between different types of accommodation. (Cone, 2020: 27)

Evictions have also taken place from ESTIA accommodation. Between June and September 2020, in the midst of the pandemic, recognised refugees evicted from their ESTIA apartments under the ESTIA exit scheme were forced to live outside in Victoria Square in Athens. They were subsequently transferred to Eleonas and Schisto camps, pending access to the HELIOS integration project or having the chance to leave the country (Protection Working Group September Update, 2020). In November 2020, physical exits from ESTIA were suspended due to the lockdown that started at the beginning of the month (JMD 71342/07.11.2020), but those affected were included in the December exit notices (Protection Working Group December Update, 2020).

In the past, unofficial “solidarity” initiatives were able to support a number of refugees. Dating back to the 2015-16 refugee crisis, when thousands of destitute refugees were living outside in central Athens, in Victoria Square and Pedion tou Areos park (autumn 2015), a number of housing squats were organised in and around the city centre as part of the wider solidarity movement that emerged. In 2016, they formed the “Coordination of Refugee Squats”, which included City Plaza, Notara 26, Oniro, Spirou Trikoupi, Arahovis, 5th School, Jasmin School and Acarchon 22. The most notable of these was the refugee accommodation and solidarity space City Plaza, a self-organized collective in the occupied City Plaza hotel in Victoria Square (Lafazani, 2017, 2018). The squat began in April 2016, a month after the EU-Turkey statement was signed, at a time when “the housing issue was very pressing. The refugees who had arrived in Athens were either homeless or were being housed in the awful camps of Elliniko, Malakasa, or the port of Piraeus, while hundreds of people slept in tents or cardboard boxes in city streets and squares” (Refugee Accommodation and Solidarity Space City Plaza, 2019). It was run as a self-organised “Economic and Political Refugee Solidarity Initiative” that ended in July 2019, after repeated eviction threats by the newly elected New Democracy government. In the course of its 36-month operation, City Plaza hosted over 2,500 refugees and was one of the most important housing spaces in the centre of the city, which “managed, in a difficult neighbourhood, until recently patrolled by Neo-Nazis, to brighten the formerly dark corner ..., by giving it the character of security truly valued by those from below: the security of dignified housing, community, solidarity, and vitality of the people selflessly fighting for better lives” (Ibid). In 2019, following forced government evictions, most squats were closed down.

The last remaining squat, Notara 26 in the neighbourhood of Exarcheia (Community Notara 26, 2020a; Refugee/Migrant Notara 26 Squat, 2021), which started in September 2015 “when a group of people, with ideals and politics of self-organization, collective action, and solidarity were moved to occupy an empty public building in the city's downtown and to create a place of shelter and safety for thousands of refugees who were abandoned in the streets of Athens” (Community Notara 26, 2020b), had hosted over 9,000 people by September 2019 (King and Manoussaki-Adamopoulou, 2019). Importantly, squats offered shelter, support, and a social network to

asylum seekers and refugees trying to figure out the next step of their journey (Interview with Selim, 16/02/2021).³¹

Open Reception Facilities in the Athenian backstage in the pre-pandemic period

At the same time as the urban accommodation scheme was being rolled out, in late 2015–early 2016, the Greek government under its commitment to the European Commission to increase reception capacity to 30,000 places (European Commission, 2016) proceeded to set up Open Reception Facilities for asylum seekers on the mainland, including in the wider Athens area. The army was called upon to provide sites and infrastructure for the new camps,³² with substantial help from UNHCR and other international organizations (IOM, MSF, Oxfam, Danish Refugee Council, Norwegian Refugee Council) (Pavanello, 2018). Initially, cooperation with municipalities was strained and, in several instances, local populations reacted strongly to refugee settlement in their area.³³ Between 2016 and 2020, 32 camps were set up on the mainland, 7 of which were in Attica: Schisto, Skaramagas, Elefsina, Lavrio and Malakasa that all opened in 2016 (GCR, 2016), a closed camp in New Malakasa from March 2020 (JMD 51 & 52/12.03.2020), alongside Eleonas camp, which had been established as a Long-Term Accommodation Centre in August 2015 (JMD 3/5262/18.09.2015).

Camp populations fluctuate significantly at different moments in time, both between camps and within any single camp (see Figure 10). Already in 2016, the European Commission stated that “it is of utmost importance that the Greek authorities provide more exact data on the reception capacity and a comprehensive and continuously updated needs assessment in terms of total reception capacity and the nature of that capacity” (European Commission, 2016: 6). In fact, the actual number of residents cannot be accurately determined, given that at any given point, camps can be stretched beyond capacity limits, hosting registered and unregistered asylum seekers and recognised refugees who have nowhere else to stay (Interview with DRC 19/01/2021; Inter-Agency Consultation Forum, 03/03/2021; Legal Aid WG, 24/02/2021). In general, Attica camps operate at over the maximum capacity most of the time, as can be observed in the monthly Site Management Updates issued by IOM (SMS Factsheets, 2020).

It is worth noting that the European Commission’s recommendation cited above “called upon the authorities to ensure sustainable and undisrupted operation of open reception facilities and provision of services that meet adequate standards. It strongly invited the authorities to pursue their efforts, regarding the living conditions of asylum seekers generally and unaccompanied

³¹ Selim arrived in Samos from Syria (via Turkey) in October 2016, lived in Vathy RIC for two months, got very sick and was admitted to hospital, then lived for 10 months in an ESTIA apartment in Samos, but got three negative asylum decisions due to the “third safe country” clause. He then managed to leave for Athens, where he stayed for 10 months in Notara squat, until he managed to get to Belgium, where he was granted asylum.

³² On January 30, 2016, the Ministry of Defence was commissioned with providing two camps, in Sindos (Thessaloniki) and in Schisto (Piraeus), each with a capacity of 1500 people (UNHCR, 2016).

³³ Local protests have recurred over the years and have usually coincided with new arrivals or government plans to extend existing facilities (Racist Violence Recording Network, 2019). For example, on March 15, 2020, locals gathered at Oropos harbour to protest the disembarkation of 700 asylum seekers that arrived after March 1, and were detained in a navy vessel, who were to be hosted in the New Malakasa closed camp set up by the army. Locals claimed that “democracy has been obliterated.” (In.gr, 2020)

minors in particular” (European Commission, 2016:4). Nonetheless, living conditions in camps are more often than not substandard and do not provide adequate protection (Kourachanis 2018b; Interview with DRC, 19/01/2021). In Attica specifically, the camps of Eleonas, Schisto, Skaramagas and Malakasa have often been in the spotlight for their squalid and dangerous conditions.³⁴

As foreseen in L4375/2016, Open Reception Facilities are under the jurisdiction of the General Secretariat for Reception of the Ministry of Migration and Asylum. Since August 2016, the IOM has been responsible for assisting the MMA in the management of mainland sites under the Site Management Support (SMS) programme, funded and coordinated initially in collaboration with the EU Civil Protection and Humanitarian Aid mechanism, and then with the AMIF from June 2018 onwards (IOM Greece, 2017). The SMS programme provides legal and interpretation services, informal education, social and medical support and capacity building. In addition, it operates a UAM Safe Zone in some camps. IOM partners include Greek and international NGOs and organizations: UNICEF, Danish Refugee Council, Arbeiter Samariter Bund (ASB), Municipality of Athens (ADDMA), ARSIS, Greek Council for Refugees, METAdrasi, Zeuxis, Elix, Terre des Hommes and others (IOM Greece, 2020). Apart from IOM, the Danish Refugee Council is also offering Site Management Support in 9 mainland camps, including Schisto, Lavrio and Skaramagas (Danish Refugee Council, 2020).

Below, we reproduce a map of Open Reception Facilities in Attica (Voutsina, 2019:8):

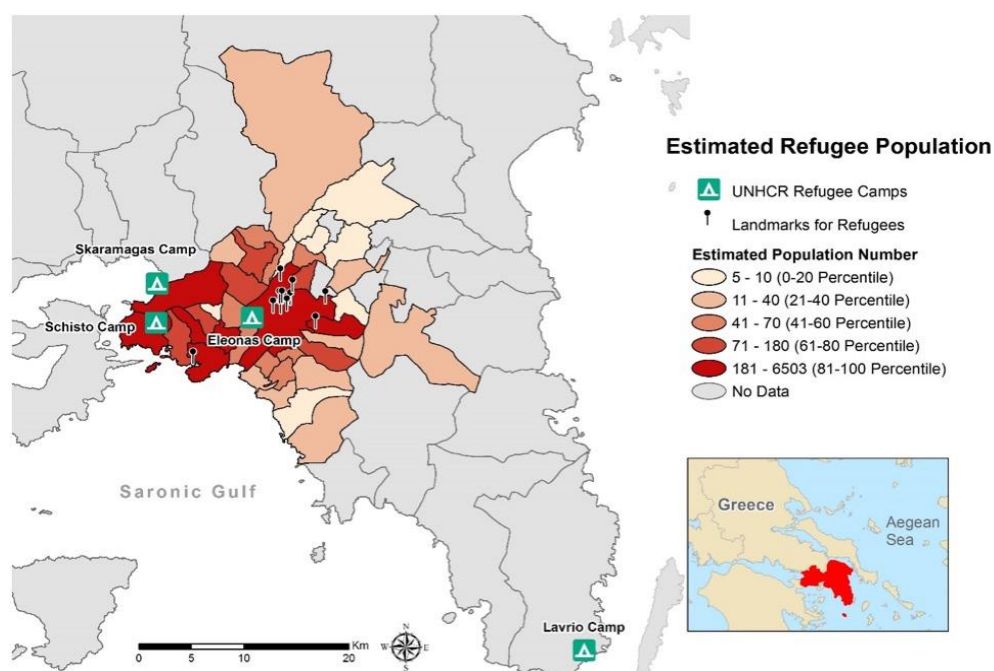


Figure 10 Estimated refugee population Athens, © Jifan Wang <https://refugees-in-towns.squarespace.com/all-reports/athens>

³⁴ Every year, numerous reports and complaints have drawn attention to bad living conditions in Attica camps. In 2020, severe problems emerged due to overcrowding and extended lockdowns. Indicatively, see RSA & PRO ASYL (2021), Report on the New Malakasa Camp.

Open Reception Facilities in the pandemic period

Up until 2020, camps operated without an official legal status, except for Eleonas and Schisto in Attica and Diavata in Thessaloniki (Koulocheris, 2017). The legal establishment of Temporary Open Reception Facilities for applicants of international protection was first instituted by Joint Ministerial Decision 2945/23.03.2020. Site Administrators for mainland camps were appointed by Ministerial Decision 4512/19.05.2020, but even though a formal selection procedure was announced, it was carried out in a hasty and non-transparent manner, warranting questions in Parliament by the opposition (SYRIZA, 2020). Indeed, as the Head of Mission of DRC in Greece commented:

Even though there are new operational guidelines in place, implementation is always context and person specific. Each administrator interprets guidelines per inclination, often not with asylum seekers' best interests in mind. There are power politics in everything. A dynamic of entitlement vs. the sub-class of migrants. Basically, there is no protection system, only a patchwork of programs (Interview with DRC, 19/01/2021).

Open reception camps in Attica include Eleonas, Elefsina, Lavrio, Schisto, Skaramagas, Malakasa and New Malakasa. Living conditions range from difficult to appalling. Eleonas camp faces chronic overcrowding, even though services are more stable and long-term residents live in containers. As one of the few camps close to the city centre and accessible via public transportation, Eleonas serves as a ready location for homeless asylum seekers and refugees in Athens. In 2020, a large number of evicted refugees and unregistered asylum seekers living in Victoria Square during the summer headed to Eleonas, or were transferred by the authorities there, where they were put up in tents since the camp was already full (PWG September update; Global Detention Project, Red Line Project & GCR, 2020). Malakasa and New Malakasa camps were criticized by Human Rights Watch and RSA & PRO ASYL for their appalling living conditions. Notwithstanding the lack of sanitation, proper shelter, adequate food, information and legal support, their long distance from Athens and the lack of transportation provisions present insurmountable problems for accessing competent authorities and public services, making any kind of progress with the asylum process impossible. In addition, since summer 2020, forced exits of recognised refugees from camps have also started taking place. Ironically, persons evicted from Eleonas may end up in Victoria Square, from where others are removed and transferred back to Eleonas — from where they are eventually moved to Malakasa and Schisto (Kathimerini Newsroom, 2020), and from where others leave for Victoria Square, in a vicious circle.

Exits enforced on persons living in mainland sites and RICs affected 3,500 individuals at the end of May, with numbers rising in the following months (Protection Working Group September update). However, according to the question asked by MEP Kostas Papadakis to the European Commission on June 6 regarding the eviction of refugees and the termination of their meagre benefit, the number of affected persons was much higher, between 11,000 and 15,000 (KKE Europarlimentary Group, 2020; The Press Project, 2020). Recently, according to the anti-racist group KEERFA, even though physical exits were suspended during the current lockdown, some families were still evicted from Schisto camp and ended up on the street outside, in the midst of worsening cold and a spreading pandemic (KEERFA, 2021). Indeed, inadequate winterization

plans have rendered most, currently overcrowded camps in Attica unliveable during adverse weather conditions; yet there has been no decision on the part of the government to secure safe shelter, for example by housing homeless refugees and those living in tents in empty hotels (Aggelidis, 2021).

Evictions are also affecting camps as such, as there are not enough resources for the growing number of documented and undocumented, registered and “non-compliant” residents. In September, the DRC reported growing food insecurity as evicted refugees who were transferred from Victoria Square to other camps (Skaramagas, Schisto, Thiva) were only given food packages if they were assessed to be vulnerable, according to RIS criteria. In addition, the group of “non-compliant” evacuees who refused to leave the site because they had nowhere else to go and could not enter the HELIOS programme because they were not able to gather the necessary documents, find an apartment, or meet the programme deadlines — in part due to pandemic restrictions to services and movement —and who also had had their benefits cut, was growing by the month, leading to high distress and tension on the camps and growing vulnerability (PWG September Minutes, 2020).

According to the DRC Head of Mission, camps suffer from chronic problems concerning access to legal aid and asylum services, and physical and mental health problems, which have been exacerbated in the context of the pandemic. Healthcare provisions are sporadic and inconsistent. Mental health problems are turned into security issues and individuals are penalised for psychiatric disorders or substance abuse linked to a lack of mental healthcare. Over the past year, problems have been increasing in gravity and during the pandemic there are only limited actors on the camps. EODY is largely not to be seen. Transportation and access to public services, including medical services, has stalled. School attendance has dropped alarmingly, as camps have no infrastructure to support children’s online education. So people are just waiting (DRC interview, 19/01/2021). Similar observations are shared by the MSF Head of Operations, who stresses that mainland camps have been in extended lockdown since March 2020, with only small periods of mobility allowed. In effect, they have been turned into closed centres for the detention of asylum seekers and refugees. This increases the ghettoization effect of camps. The impact of such measures on people’s physical and mental health has been profound (Interview with MSF, 09/12/2020).

On October 25, the Teacher’s Association of Keratsini-Perama (where the Schisto camp is located) circulated a complaint and call for action to worker’s unions in Piraeus:

We denounce to the workers of Piraeus the unacceptable and inhumane living conditions of the refugees and migrants in the Schisto structure. 1300 people (almost half children under 18) are currently living in conditions of exclusion due to the rise of COVID-19 cases, facing significant difficulties in meeting basic needs under the responsibility of the government and the EU. So far most of them are being fed mainly with canned food distributed by IOM (some expired!), without fresh food (milk for young children). Due to the health exclusion, the possibility of access to medical services outside the structure is limited; at the same time, the structure is left only with a paediatrician and medicines are not enough to cover the increased needs! Many families are currently living in miserable conditions, under sheds, in tents, exposed to the weather, one on top of the other,

increasing the risk of spreading the virus, but also any infectious disease, such as staph, which has already made its appearance. The situation that has been created with the tons of rubbish that accumulate in the open spaces is tragic, since the structure has been left without rubbish bins for a month (!!!) with the refusal of the competent municipal authority of Perama to carry out its obligations (for which it is paid generously). The risks to public health are great; rodent attacks on people living outdoors have already been reported! (Alfavita Newsroom, 2020)

Accommodation: in summary

Summarizing our findings in relation to accommodation, we have seen that poor conditions continue to plague accommodation on Lesbos which, as we have shown in other chapters, has knock-on effects on other protection areas such as healthcare, specifically as it relates to mental health.

We can also see the emergence of a general trend towards shrinking what could be called 'regular' accommodation provision, i.e. accommodation outside of carceral camp spaces that forcibly separate displaced people from the wider population. This shrinkage will be discussed further in the following chapter and is a serious cause of concern in relation to ongoing protection of displaced people in Greece.

As with healthcare we see how accommodation provision outside of camps, in the ESTIA programme for instance, is dependent on the recognition afforded by the asylum procedure and the provision of an AMKA number and card.

Like in other areas of protection, the pandemic has exacerbated systemic weaknesses in the provision of protection, making poor living conditions even more dangerous to the health and wellbeing of asylum seekers, through the closed camp policy that places them at harm from Covid-19 and increases the deleterious effects of poor living conditions.

If we relate our research on accommodation to the Sphere Standards' aforementioned four principles of protection, we can again see a number of failures relating to dignity, the exposure to further harm, and the ability to access assistance without discrimination. The displaced population in Moria RIC were singled out for particular special measures under Covid-19, mental health was further impacted by the lockdown policies and through the suspension of asylum services in the RIC during the pandemic, which has prevented people from claiming their rights.

Chapter 9: Post-Moria Developments

This chapter analyzes the situation in the frontstage and backstage settings of Lesvos following the fire at Moria RIC on September 8, 2020 and what we are calling the post-Moria RIC era. It presents the challenges that created tensions in the field linked with the management of the first confirmed Covid-19 case among Moria RIC residents. It is both a linear narrative of the events as well as an effort to record the on-the-ground situation that is still ongoing and question a number of interventions aimed at providing emergency liveable conditions for displaced people on the island. Furthermore, it aspires to bring together and to show the interrelation of EU and Greek government policies with the situation on the ground, their impact on the management of displaced people and the status of their rights as asylum seekers and human beings. First we discuss the days before the fire before focusing on the fire itself, the subsequent creation of the Temporary Mytilene RIC and the ongoing attempts at eliminating the backstage services and settings on Lesvos.

The days before the fire

On September 2, 2020, the first confirmed Covid-19 case was detected in Moria RIC. The confirmed case had been a former resident of the RIC who had been granted asylum and had gone to Athens to get a residence permit. It is worthwhile reflecting on this further, since it is very common amid the pandemic for people granted asylum, and so no longer under the geographical restriction, to proceed with their cases in Athens or Thessaloniki because it is easier and faster there than in Lesvos RAO. Here we can see a contradiction when compared with the strict movement restrictions that are still in place, at the time of writing in March 2021, for the residents of the RIC (see chapter 8). As a result, there are recorded cases of people who after completing their administrative procedures and receiving their documents return to Lesvos and sometimes even to Moria RIC, since there is no accommodation, integration and thus survival options available for them in Athens (see chapter 8). This was indeed the case for the first Covid-19 case inside the RIC.

In the days that followed the positive case, 2,000 tests were conducted in Moria RIC and 35 were recorded as positive. All positive cases were placed in “Mandala” isolation area as identified by the RIC Director, although this particular area has been assessed as inadequate in the past due to lack of proper infrastructures and ambulance accessibility (UNHCR, 2020d; IACF Minutes, 08/09/2020; EFSYN, 2020). Furthermore, the entire camp was placed under a mass quarantine lockdown according to the “AGNODIKI Plan” (Ministry of Migration and Asylum, 2020d) meaning nobody could enter or exit the camp unless they were authorized emergency personnel. As reported by Al Jazeera:

Public health authorities were trying to trace the people he had contacted, while the camp would be sealed until September 15, with only “security personnel” granted access after temperature tests. (Al Jazeera, 2020)

A number of I/NGOs harshly criticized these measures as “unwarranted”, “cruel” and offensive to human dignity, highlighting the inability of the public health system to respond to such a crisis,

the fear of the extreme risk to those vulnerable people who remained inside the camp, and the exacerbation of mental health issues among Moria RIC residents., with MSF saying:

Moria is not safe for anyone, but there are over 200 identified and named individuals whose age and underlying health conditions put them at serious risk from COVID-19. For months, Médecins Sans Frontières (MSF) and other organizations have been calling for the total evacuation of all the residents of Moria camp, with a specific urgency to move these particularly medically vulnerable people to safe accommodation on Lesbos, the mainland or other EU states (MSF, 2020c).

In the same vein, UNHCR raised concerns about the suspension of all transfers out of the camp for Moria RIC residents and called for a different strategy, at least for those listed as extra vulnerable, such as immunocompromised patients, advocating for the lifting of the geographical restriction for the 214 people assessed as being at high risk of Covid-19 (IACF Minutes, 08/09/2020).

The increased restriction measures along with the absence of humanitarian actors and the strong police presence in and around the camp cultivated an environment of fear and abandonment amongst the residents of Moria RIC.

While the local authorities, EODY and I/NGOs were trying to cope with the outbreak of Covid-19 inside Moria RIC, the government through the Ministry of Migration and Asylum was proceeding with the plans for a new camp. On August 28, a Ministerial Decision had been published planning a fund of €6,162,044.45 for a new surveillance and control system based on biometric data for the management of displaced people residing in temporary reception facilities (Administrative Act, 2020). The project should be completed on 31/12/2022.

A few days later an agreement between the Ministry and the construction company AKTQP ATE was published, whereby the company would be paid €854,390.86 to completely fence off Moria RIC, with the aim that it would be completed in two months. The announcement of the initiation of this construction work, one day after the first Covid-19 case, was criticized by local representatives of different political parties as a manoeuvre of the government who were seen as taking advantage of the situation in order to implement the closed camp policy (STONISI, 2020a).

It is worth noting at this stage that the closed camps scenario was one of the first announcements made by the New Democracy government when it came to power, and which later gained legal ground with the IPA 4636/2019. Such a scenario is also in accordance with the new EU Migration Pact, since it claims to facilitate faster and more controlled conditions for the management of displaced people at the borders (European Commission, 2020a).

The fire

The fire broke out in the late evening–early morning of September 8–9, 2020 and continued burning for two days, leading to the complete destruction of Moria RIC and part of the Olive Grove outskirts. The 13,000 residents had to evacuate the area but there was no immediate provision of safe places and the Greek police blocked the roads into the city of Mytilene

(Observatory of the Refugee and Migration Crisis in the Aegean, 2020b). Teargas was used by the Greek police on the residents as they sought a safe sanctuary away from the burning RIC. While seeking a safe space the majority of people spent about a week on the streets and in the fields around Moria RIC without access to WASH facilities, proper food distribution and accommodation, and all the time being exposed to the risk of Covid-19. Humanitarian actors and the initiatives of local people tried to respond to the new emergency by collecting and distributing NFIs and food items (OHF, 2020; STONISI, 2020). In the following days, 407 UAMs were transferred by plane to shelters in Thessaloniki and other vulnerable people were temporarily hosted in NGO facilities on Lesbos or transferred to the mainland (European Commission, 2020b; IFRC, 2020).

During the fire the Pre-removal Detention Center (PROKEKA) inside the RIC opened its gates for the detainees to exit, due to the fear of casualties. Accounts from the field describe this as a very contradictory situation amidst the chaos and disaster of the fire. It is important to say that most of the detainees were being held for administrative and not criminal reasons. They were either people with a second degree rejection of their asylum claim, waiting for their readmission to Turkey, or people being detained due to the low asylum rate of their countries of origin. One of our interviewees, humanitarian worker Anna O, told us:

When the fire broke out, the cells opened. All detainees ran away without anyone checking their movements or documents and without any plan of their transfer to another detention facility. They were actually free. This situation created an unexpected feeling of freedom and joy to those people, but also a feeling of uncertainty for the future days. We [I/NGO workers] tried to communicate with the police and keep track of those people in order for their detention order to be lifted, since there was no pre-removal center anymore and all their documents were burned or lost. The police though was in disarray, saying that the detainees were not their priority right now. As a result, all those people were mixed up with the general population on the streets and the fields, along with the confirmed and suspected Covid-19 cases (Anna O., humanitarian worker, 25/11/2020).

The week after the fire and amidst the above-described situation, the Ministry of Migration and Asylum in cooperation with the local authorities, UNHCR, Red Cross, DG ECHO and the EU Commission (European Commission, 2020b) deployed a fast emergency response plan and started construction work for the new temporary camp that would host the now unhoused displaced people. According to the announcements of the Ministry, the new “Temporary Mytilene RIC” was ready to accommodate the former Moria RIC residents on September 17, 2020 (Ministry of Migration and Asylum, 2020b). At the beginning asylum seekers were hesitant or refused to enter the new camp since there were rumours among them that they might be transferred to the mainland or to other EU countries via the relocation project. Soon the Asylum Service and the RIS started texting them information on the new camp and its facilities in an effort to convince them to get registered. As Anna O narrates:

...people had high hopes that they would leave the island and they were very suspicious about whether the new camp was going to be a closed one. The first ones entered the camp were very vulnerable people or well-organized communities like the Somalis, when the decision was taken by their representatives. So, what mattered was not only the motive given by the Asylum Service that they would prioritize the issuance of their asylum

decisions but also the coherence of their communities and decision making (Anna O., humanitarian worker, 25/11/2020).

Everybody that entered the camp was tested for Covid-19 by EODY. Those positive and their families were placed in οικίσκους (prefabricated huts/houses) at a fenced isolation area under the responsibility of WHO and EODY personnel, until they tested negative (IACF, 2020).

The new Temporary Mytilene RIC

The new temporary RIC is built on a hill by the sea in the Kara Tepe area, on a former military shooting range (see Figures 11 and 12). It has a capacity of 10,000 people and covers a vast area of 341,000 square metres (Ministry of Migration and Asylum, 2020c). Everyone resides in tents provided by UNHCR and the Red Cross. There are two different accommodation arrangements: small tents divided internally in the middle that can accommodate two families, and big tents for single men and women. The residency “neighbourhoods” are segregated based on nationalities and marital status and there are no safe zones or special sections for women and vulnerable families. The camp has no running water, no sewerage system and electricity is only provided by a generator covering the needs of different camp areas at different hours of the day. The showers and taps are supplied by water tankers with drinkable/potable water and there are chemical toilets. The food provision and distribution takes place twice a day, supervised by RIC personnel with food provided by a catering company hired by the army (who have the contract for food provision inside the RICs), while distribution of non-food items (NFIs) or baby kits is organized by NGOs.



Figure 11 Location of the Temporary Mytilene RIC. Kara Tepe can be seen at the bottom of the picture ©Cédric Fettouche <https://mega.nz/folder/uloXCIZQ#VOI2IVSSPOPYwPtJbc2Pow>



Figure 12 Layout of the Temporary Mytilene RIC ©Cédric Fettouche
<https://meqa.nz/folder/uloXCIZQ#VOI2IVSSPOPYwPtJbc2Pow>

There are two gates to the RIC, one used for the entry and exit of residents and staff that are guarded by a Greek riot police van, a fire truck, and Greek police officers and the other for heavy vehicles and machinery. There are also two police officers scanning residents entering the camp for guns and knives using a metal detector wand. There is also a strong police presence inside the camp, patrolling the area on foot or in vehicles, along with the army. For the most part, the area is managed by the army, while all construction work is being approved and funded through EU funds channelled by the Ministry of Migration and Asylum. Only the private cantinas selling non-alcoholic drinks and snacks have had permission from the Municipality of Mytilene.

In terms of services inside the RIC, there are premises of the RIS and RAO, but all registration and asylum procedures are conducted at the Regional Asylum Office in Pagani, a 10-minute drive away. The services offered by the RIS inside the RIC are limited to the notification of asylum decisions, while those of RAO are doing administrative work. The asylum interviews are also conducted in Pagani, to which people are transferred by EASO buses.

Apart from the isolation area and EODY there are 9 more I/NGOs offering medical and psychological /psychiatric services inside the RIC. The services provided by I/NGOs cover a wide spectrum of primary health services, while performing a triage for all patients ahead of their access to the infirmaries or via EODY personnel to the public hospital when necessary. When an ambulance needs to approach the RIC, the Red Cross ambulance transfers the patient from their infirmary to the camp entrance so they can pick them up from there. At the time of writing (March 2021) there are no confirmed or suspected Covid-19 cases inside the RIC.

Restriction of movement measures are still imposed on RIC residents in accordance with wider government guidelines. Only one representative per family can exit the camp in groups of 300

people every 4 hours during the weekdays and Saturdays, while on Sundays nobody can exit the camp. In order to guarantee exit permission from the police, asylum seekers need to show documents proving a doctor's or a lawyer's appointment, or any other service not provided inside the camp. They can also exit the camp in order to go to Mytilene to withdraw money, since there is no ATM inside the RIC, or to buy goods.

According to the camp's Director, Babakos Nikolas, the new Temporary RIC was a fast emergency response to the destruction of Moria RIC, and thus its problems are related to a lack of time and preparation (Interview with Babakos Nikolas, 03/03/2021). He underlines that this camp is operating much better in terms of security and organization than Moria RIC. More than 300 police officers are guarding the area and any illegal or riotous activity can be noticed as it begins and therefore deterred, he asserts. He describes that some asylum seekers tried to turn this place into "Moria" by opening holes in the fence or by trying to create their own stores, but emphasized that such things are not permitted in the new RIC. He added that services are operating smoothly inside the camp and there is very good cooperation among the different actors intervening in the field. He particularly commends the great cooperation of WHO, EODY and medical I/NGOs that are providing a full package of primary healthcare service inside the camp and are thus a great relief to the public hospital (Ibid).

Discussing the obstacles and everyday problems inside the RIC, the Director mentions the deficits in infrastructure, such as the lack of electricity, running water, sewage and flood protection structures especially during the first months of the camp's operation (Ibid). Currently there is a great deal of construction work taking place, which is predominantly targeted towards a solution for the flood problems due to the slope of the ground. The other big issue according to the Director is the problem of the transmission of accurate information on several issues concerning asylum seekers and their possible options in terms of asylum procedures, relocation projects and transfers to ESTIA accommodation on the island or on the mainland (ibid). Finally, Babakos Nikolas stresses that all efforts to improve the place and the everyday life of people inside the Temporary Mytilene RIC will continue regardless of the plans for the new RIC construction elsewhere on the island (Babakos Nikolaos, RIC Director, 03/03/2021).

In contrast to this picture painted by Babakos Nikolaos, numerous reports from I/NGOs, press articles and first-hand accounts of those working in the new RIC are critical of the situation inside the temporary facility and the restrictions on peoples' rights, as well as the lack of legal aid, psychosocial support and medical care. In an hard-hitting press release, UNHCR calls for inclusive and holistic responses, underlying that:

What is crucial is comprehensive response, going beyond short-term fixes. This means ensuring adequate reception conditions, access to fair and fast asylum procedures, integration opportunities for those granted asylum and swift returns for those not in need of international protection. Unless all elements of the response are adequately and promptly addressed, we will see more Morias emerging (UNHCR, 2020e).

In another report, RSA comments on the dire living conditions inside the RIC (see Figure 13). It stresses the incomplete winterization procedure and the exposure of people to all different weather conditions, without access to electricity and inadequate WASH facilities, and with the

long-overcrowded queues — all of which deteriorate the already poor hygiene standards and increase the risk of Covid-19 among other communicable diseases (RSA, 2020a, 2020b).

The camp's location leaves it particularly exposed to north winds. Tents are at the mercy of weather conditions and are unstable when there is wind. [...] It is noted that the camp has no separate area for women victims of gender-based violence, as was the case in Moria camp. Meanwhile, the lack of lighting reinforces the feeling of insecurity. As Sarah points out, she lives in a space with other women, but there are no separate areas for men and women (RSA, 2020c).

On January 26, 2021, in a joint press release, 20 NGOs called for the evacuation of the temporary RIC following the announcements of the Ministry of Asylum and Migration that the lead concentration levels in a certain zone of the camp are above the permitted standards for domestic areas. As they mention, this jeopardizes the health of the residents of the RIC, particularly children, pregnant and breastfeeding people, as well as those working in the affected area (DIOTIMA, 2021). Furthermore, Human Rights Watch has addressed issues of transparency around the announcement of test results from the samples tested by the Ministry and lists in detail all risks connected to lead exposure, raising high concerns (Human Rights Watch, 2021).

This lack of transparency means that it is impossible to assess the adequacy of the testing, evaluate what the results represent, or recommend specific strategies to address the identified risks. As a result, it is impossible to determine whether the measures laid out in the January 23 statement, such as adding new soil, gravel, and a cement base in some areas, are adequate to protect people who live and work in the camp (Human Rights Watch, 2021).

Alongside this, first-hand accounts of personnel working in the RIC point to the provision of inedible, often rotten food and an inability for residents to source alternatives due to camp closures in addition to restrictions on access to medical care (Islam, 2021). "Now, to access basic medical care, refugees have to pass through multiple checks to prove to Greek police they have a problem that requires attention" (Ibid). Problems related to inadequate healthcare do not only relate to issues of overly securitised and policed initial access. Practitioners lament the lack of equipment, meaning that they "have essential medicines for a variety of medical conditions, our stethoscopes, and not much else. I check vitals, screen for COVID symptoms, and try to decide who should be allowed through to see my fellow doctors and nurses inside" (Ibid).

The poor conditions inside the Temporary Mytilene RIC are seen as exacerbating the already traumatic experiences suffered by those resident there. For example for victims of torture who are eligible for specialised psychiatric care, living in such conditions are described as soul-crushing by victims, their families and humanitarian workers trying to assist them (Ibid).



Figure 13 Moria RIC with population density compared with the Temporary Mytilene RIC

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While a lot of progress has been made on transferring people to the mainland and to other EU countries in recent months, those remaining on the island are living in very poor conditions as described, and according to RSA face questionable asylum procedures (RSA, 2020b). This is combined with unclear plans on the construction of the new RIC, an ongoing turbulent social and political situation among local authorities and the Ministry (see historical background, chapter 5) and the steady elimination of backstage settings such as the PIKPA Camp, Kara Tepe Municipality Camp and a shortage of ESTIA accommodation. All of this combines to keep displaced people stuck in harmful reception facilities with no viable alternatives.

The elimination of the Lesbos backstage

In our research we consider the Lesbos backstage to be all accommodation facilities which host displaced people after the completion of their reception and identification procedures that are situated in the urban area of Mytilene and its suburbs. This comprises the municipal camp of Kara Tepe, the recently evacuated PIKPA camp and ESTIA apartments. All three alternatives host/hosted vulnerable people transferred from Moria RIC or currently the temporary Mytilene RIC. As discussed in the chapter on accommodation these backstage settings offer better living conditions than RICs and a higher number of services as well as a faster and more efficient response to the Covid-19 emergency.

At the end of September 2020, while the new temporary RIC was still under construction with 243 active Covid-19 cases among its inhabitants, the Minister of Asylum and Migration announced the closure of the municipal camp of Kara Tepe at the end of the year, and the closure of the PIKPA camp at the end of October 2020 (Ekathimerini, 2020). This news came as a surprise to the Director of Kara Tepe, who quit his position a few days later (AVGI, 2020; STONISI, 2020c). The NGO Lesbos Solidarity, responsible for running PIKPA, issued a press release voicing its

opposition to the government's plans, emphasizing the wellbeing of its residents and criticizing the living conditions inside the new RIC:

As long as Europe and the Greek government refused to provide dignified accommodation and reception to refugees, we will keep defending Pikpa, now more than ever. This is not a struggle to defend a place. This is a struggle to defend solidarity, dignity, equality and inclusion. This is a struggle to resist the toxic agenda of segregation, containment, degradation, repression, xenophobia and hate. We know that we can count on support from all across Europe – across organisations, institutions, politicians and individuals - and we will mobilise this support with all our power.

The situation in Lesvos over the last years has made life unbearable for asylum-seekers but has also put huge pressure on the people from the island. In the news, Minister Mitarakis referred to a request by the local community to close Pikpa. We repeat that from the start, the aim of all groups operating in Pikpa has been to support the local community, as well as refugees. We support Lesvos citizens in times of economic crisis, we support the local health infrastructure (even more in COVID times). At several emergencies, we were asked by the authorities to host people, to not have people sleeping in the streets in the city, to give them a safe space. We always stepped in to support.

Decongestion of the island is the only solution, combined with keeping up capacity to receive people in dignified accommodation like Kara Tepe, Pikpa and existing apartments for the people who newly arrive in the island. The new, inhumane camp is unacceptable.

The protection, safety and well-being of the residents at Pikpa camp is the first priority. Pikpa residents should be transferred to a safe and dignified place, which is not the new camp. They should be treated with dignity and with respect for their extremely vulnerable situation (Lesvos Solidarity, 2020a).



Figure 14 PIKPA eviction (Source: Lesvos Solidarity)

The days ahead of the PIKPA camp eviction, a large support campaign named “Save Dignity-Save PIKPA” started on social media and found supporters all over Europe (Lesvos Solidarity, 2020d). Alongside this, 160 I/NGOs and local groups expressed their support both to PIKPA and Kara Tepe, sending a letter to the Minister and the local authorities asking them to rescind their decisions (Lesvos Solidarity, 2020b), while in another letter 92 academics from Greek and foreign universities raised concerns about the closure of both PIKPA and Kara Tepe underlining their importance as places for displaced people and local communities alike (POLITIKA, 2020). Despite all these voices of support, PIKPA was evicted by force by the police on October 30, 2020 (see Figure 14) and all its residents were transferred to Kara Tepe (Lesvos Solidarity, 2020c).

Although Kara Tepe is still operating, the Mayor of Mytilene is not accepting new transfers, despite pressure from I/NGOs to accept those vulnerable to Covid-19 (IACF, 2020). As of 10 March, 2021, Kara Tepe is hosting 930 people and has a maximum capacity of 1,300 people. According to a recent announcement by the Minister of Asylum and Migration the decision to maintain only one camp per island is going to be implemented soon (TA NEA, 2020), while stating that the closure of Kara Tepe is to take place in a few weeks’ time. Alongside this the Minister stressed that all other accommodation facilities such as the ESTIA programme on the islands will be shut down by November 2021 when the construction of the new RIC will be completed (Reporter, 2021). On January 1, 2021, UNHCR handed over responsibility of the ESTIA programme to the RIS (IACF, 2020).

Post-Moria Developments: in summary

To summarize the post-Moria fire developments we can see how poor living conditions have persisted and are perhaps even worse in the Temporary Mytilene RIC. The imposition of a new

emergency camp, along with the continuation of pandemic measures, have combined to create conditions that are actively harmful to people's well-being.

We can also detect a continued consolidation of the carceral policies proposed by the New Democracy government when they took office in July 2019 — policies that have been aided both by pandemic measures and the destruction of Moira RIC. This shift is also evident in the elimination of the backstage spaces on Lesbos, with the announcements regarding the closure of Kara Tepe and the eviction of and forcible shutdown of PIKPA.

When we consider these ongoing developments in relation to the Sphere Standards' four principles of protection, we can see that if anything protection in Greece is backsliding.

Chapter 10: Conclusion

In conclusion we focus on the following key issues impacting the provision of protection in Lesvos and Athens, with implications for Greece more broadly. Overall our research has uncovered continuities and discontinuities in the provision of protection. These continuities include the imbrication of protection in processes of border control and migration governance more broadly, characterised by the hotspot approach and the RICs where both humanitarian services operate alongside and in conjunction with border/entry controls (see Jeandesboz et al., 2020) and the asylum process. Discontinuities, or what could be seen as a return to policies and practices of a decade ago, when New Democracy were last in government, include greater levels of control directed at displaced people, (the return) of pushbacks (Human Rights Watch, 2011), and a general climate of hostility directed towards humanitarian assistance, meaning civil society actors are forced to defend the existing — and as this report shows, flawed — system rather than advocate and work towards an improvement in protection provision.

The concluding chapter proceeds as follows: firstly we discuss the interrelationship of Lesvos and Athens as spaces of protection in the Greek protection regime by considering how protection problems and challenges circulate between these different geographies. Secondly we focus on the gradual elimination of what we have called in this report backstage spaces, combined with the elimination and criminalization of informal protection practices that have been central to filling in gaps over the last five to six years, and a shift to greater levels of incarceration for displaced people specifically in Lesvos but also through changes to services in Athens. Finally we explore the overall development of an increasingly hostile approach towards displaced people and humanitarian assistance within which current and future protection practices will have to operate.

The island-mainland protection nexus

What becomes clear from our research is the way in which Lesvos and Athens as sites of protection have become interrelated spaces through the (re)production of the protection regime that emerged after the EU-Turkey Statement of March 2016, through the geographic restriction therein and the vulnerability criteria and wider asylum regime governing mobility between the Aegean Islands and the mainland. This has meant the creation of a relationship of dependence between the frontstage of first entry points on Lesvos, and the Aegean more broadly, and the backstage spaces on the mainland, such as Athens; wherein protection concerns and practices, such as those around access to healthcare, tie these spaces together as necessary nodes in the wider protection regime, and between which protections challenges, such as overcrowding and risk of contracting Covid-19, circulate.

What our research points to is that what may appear to be attempts at a policy level to separate and ‘offshore’ the management of refugee arrivals and asylum to the Aegean Islands since 2016 actually tie both ‘offshore’ and ‘onshore’ spaces into mutually dependent relationships in practice, as weaknesses in protection, such as the continuous poor living conditions in the Moria RIC, are not addressed in situ but are continually addressed through processes of spatial displacement to the mainland and vice versa. This spatial displacement is not one-way, from the islands — like Lesvos — to the mainland; through our research we have uncovered cases where for example unhoused people in Athens who have already been granted asylum have returned to

Lesvos to access accommodation and other basic needs following failures in the ESTIA programme and/or the enforced closure of informal housing in Athens. These relationships, between the frontstage and backstage, between offshore and onshore, and between Aegean Islands and the mainland, which have alleviated many of the problems especially around overcrowding, the provision of suitable medical care, and the management of risks associated with Covid-19 — allowing for what is termed ‘decongestion’ — are coming under increasing threat from the implementation of closure policies and the creation of a hostile environment for refugee arrivals and humanitarian service provision, which will be discussed in the following two sub-sections.

The elimination of the backstage, the criminalization of assistance and the implementation of incarceration

Our initial research design was built around a comparison of the frontstage and backstage of Lesvos and Athens, and sought to uncover the relationships discussed above. However, one of the key on-the-ground issues we have observed in real time while undertaking our research over the past year and a half, since the election of New Democracy, has been the gradual elimination of the backstage specifically in Lesvos but to some extent in Athens as well. This elimination has gone hand in hand with the criminalization of assistance in Lesvos, especially in the field of Search and Rescue (Interview with NGO rescuer, 16/02/2021) alongside the enforced closures of informal services and spaces in Athens especially, and the desire for and implementation of a closed camp policy on the islands. These issues will now be discussed individually in turn.

The elimination of the backstage in Lesvos is currently ongoing at the time of writing, but practically speaking we have seen the closure of PIKPA which has had a considerable impact on the ability to provide safe and dignified accommodation and other services for vulnerable asylum seekers — single women, victims of torture, those who have been the victims of shipwrecks, LGBTQI asylum seekers and unaccompanied children — on the island. This alone clearly goes against the Sphere Standards' principles of protection that centres the need to enhance rather than threaten people's dignity, to protect from harm rather than enacting policies that put people at harm, and to assist people to recover from trauma rather than actively removing services that provide such assistance. Alongside the closure of PIKPA the announcements concerning the closure of Kara Tepe and the ESTIA programme on Lesvos further enact policies of harm that contradict the Sphere Standards' protection principles, by removing spaces and services that are designed to foster dignity and safety.

Together with the closure of these official protection spaces and services in Lesvos, informal spaces and service provision have been targeted with enforced closure in Athens, where weaknesses in official provision were offset by a network of solidarity initiatives that provided accommodation, help with translation/interpreting and navigating Greek bureaucracy as well as much-needed social spaces. The enforced closure of these solidarity spaces and their attendant initiative has shrunk the spaces and provisions for displaced people within the city, and this has not been compensated by an increase in official services, meaning that many people transferred to the mainland under the vulnerability procedure, or following the successful outcome of their asylum claim, face homelessness and all the knock-on effects such a situation engenders. The closures of unofficial spaces in Athens have been accompanied by a phasing-out of the ESTIA

programme as well as a reduction in the financial assistance available for the project. There are concerns amongst those working within ETSIA II that the reduction in the programme is leading to a reduction in the number of apartments made available by owners.

The elimination of the backstage therefore sees the active implementation of harmful policies that go against the ethics of humanitarian care, premised on *doing no harm* and aimed at saving lives, ending suffering and restoring human dignity. The provision of humanitarian services in Lesvos especially has oft been criticized for failing to live up to such standards through practices of neglect, especially in relation to the poor conditions in Moria RIC. However, what we see now is not harm through neglect or protection failures in practice but the implementation of policies that are *actively harmful*. Alongside the closure of secondary services such as PIKPA and ESTIA targeted at the humanitarian aims of ending suffering and restoring human dignity, we also see how the criminalization of assistance that actively targets and criminalizes saving lives creates a climate of fear amongst humanitarian workers and volunteers when it comes to carrying out their daily protection-related work and also speaking out about the harms they witness and the threats to themselves.

What we are witnessing in Greece at the current time is a shrinking of the humanitarian space — a space in which I/NGOs can operate free of interference from government authorities, a space in which humanitarian actors can intervene to save lives and relieve suffering, and a space where people can claim protection (Hilhorst and Jansen, 2010). This is exacerbated by the implementation of carceral closure policies in the form of government desires to create one closed camp/RIC on each Aegean Island and in which the Covid-19 pandemic has been used productively to bring such realities into being. This shrinking of the humanitarian space is fostered by and further entrenches what has been referred to by humanitarian practitioners that we have encountered through our research as a hostile environment.

The creation of a hostile environment

The above changes to the protection scene in Lesvos and Greece is part and parcel of what humanitarian practitioners and solidarity activists refer to as a hostile environment within Greece that is shrinking the humanitarian space. Along with the above mentioned changes, this hostile environment is also generated through a political climate that amplifies xenophobic and anti-migrant rhetoric that, as well as generating a climate of fear within which humanitarians and activists operate, also discourages ordinary citizens from being involved in projects and programmes built around their involvement. One of these is the ESTIA programme that is not just threatened through phase-out and funding cuts but sees people reluctant to rent their apartments to asylum seekers within a xenophobic political climate that is actively antagonistic to forms of humanitarian assistance.

This hostile environment also means that humanitarians and activists concerned with upholding protection norms are tasked with defending a system that, as we have shown in this report, already fails to enact the Sphere Standards' four principles of protection. This defensive position means that highly competent professionals in the humanitarian scene as well as those deeply committed to the well-being of refugees who have developed key competencies through on-the-ground provision of much-needed services — when and where official provisions have failed — are unable to put their knowledge and skills to good use in bettering/strengthening the protection

system. Instead, their time and energy is redirected to defending an already inadequate status quo, rather than the important and more urgent task of providing everyday forms of assistance to people in need *and* working towards alternative systems of protection that do enact the Sphere Standards' four principles of protection.

This hostile environment, along with the specific policies of elimination, criminalization and incarceration discussed here, should be of serious concern to all those committed to the enactment and upholding of the EU's commitment to a fundamental rights framework within which refugees' rights are respected, civil society remains free of state interference and intimidation, and more general international principles of humanitarian protection are adhered to.

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Appendix

List of interviews

	Name	Intervention Sector	Date	Place
Lesvos Interviews				
1	Katerina G.	Case worker/ Accommodation facility	14.03.20	Lesvos
2	Marina F.	Psychologist	14.04.20	Lesvos
3	Xenia P.	Lawyer	15.04.20	Lesvos
4	Efi T.	Resident Doctor	16.04.20	Lesvos
6	Judith B.	Chief Operation Officer/ basic assistance	17.04.20	Lesvos
7	Claire O.	Office/Volunteer Coordinator	17.04.20	Lesvos
8	Sharah L.	Medical Team Coordinator	22.04.20	Lesvos
9	Johan R.	Refugee Support/Volunteer	04.05.20	Lesvos
10	Ingrid P.	Coordinator/basic assistance	29.05.20	Lesvos
11	Kate V.	Founder/ Education and basic assistance	01.06.20	Lesvos
12	Fatima A.	Asylum seeker	01.06.20	Lesvos
13	Sophia D.	Coordinator/ Accommodation Facility	01.06.20	Lesvos
14	Aliki K.	Coordinator/ Education and Psychosocial Support	04.06.20	Lesvos
15	Karim M.	Asylum Seeker	12.06.20	Lesvos
16	Hassan K.	Asylum Seeker	14.06.20	Lesvos
17	Salim H.	Asylum seeker	09.07.20	Lesvos
18	Stella M.	Advocacy Manager/ Medical Actor	10.07.20	Lesvos

19	Nikos F.	Coordinator / Medical Team	20.07.20	Lesvos
20	Noor H.	Asylum seeker	29.07.20	Lesvos
21	Daphne S.	Coordinator/ Accommodation Facility	04.08.20	Lesvos
22	Nelly G.	Lawyer	24.11.20	Lesvos
23	Anna O.	Lawyer	25.11.20	Lesvos
24	Christos L.	First Responder	16.02.21	Lesvos
25	Nikolaos Bakakos	Mytilene RIC Director	03.03.21	Lesvos
26	Orfeas R.	Fisherman	18.03.21	Lesvos
Athens Interviews				
1	Stella Nanou	UNHCR Spokeswoman	31.03.20	Athens
2	Maria Stratigaki	Vice-Mayor for Social Solidarity (2015-2019)	12.08.20	Athens
3	Melina Daskalaki Chrysa Kassimi	President of ADDMA Director of ADDMA ESTIA Program	10.11.20	Athens
4	Petros A.	Asylum Officer	18.11.20	Athens
5	Martha Roussou	Advocacy Officer IRC	20.11.20	Athens
6	Eleni Karabott	Communications Officer Caritas Athens	23.11.20	Athens
7	Stefania Gyftopoulou	Curing the Limbo, Accommodation IRC	25.11.20	Athens
8	Katerina M.	Asylum Officer	26.11.20	Athens
9	Eleni P.	Protection Officer	28.12.20	Athens

10	Alexandros Konstantinou	Legal Aid Officer GCR	03.12.20	Athens
	Vassiliki Katrivanou	Head of Social Services GCR		
	Spyros-Vlad Economou	Head of Advocacy GCR		
11	Vaggelitsa Kondodima	Accommodation Officer Arsis	08.12.20	Athens
	Anestis Athanasiadis	Streetwork Child Protection Officer Arsis		
12	Apostolos Veizis	Program Director Greece MSF	09.12.20	Athens
13	Thodoris Zeis	Legal Aid Officer Solidarity Now	09.12.20	Athens
14	Maria Liapi	Director Diotima	11.12.20	Athens
15	Maria Apostolaki	Legal Aid Officer Diotima	18.12.20	Athens
16	Alba Cauchi	Country Director Danish Refugee Council	19.01.21	Athens
17	Myrsini Kazakou	Child Protection Officer UNICEF	29.01.21	Athens
18	Javed F.	Interpreter, refugee (Afghanistan)	30.01.21	Athens
19	Lefteris Papagiannakis	Head of Advocacy Solidarity Now	02.02.21	Athens
20	Nikos Gionakis	Director of Day Center BABEL	04.02.21	Athens
21	Bahar K.	Interpreter, asylum seeker (Iran)	11.02.21	Athens
22	Selim G.	Asylum Seeker (Syrian)	16.02.21	Athens

23	Dina Vardaramatou	Head of Organisation Praxis	25.02.21	Athens
	Niki Voudouri	Psychiatrist, Medical Team Praxis		
24	Dimitris Yfantis	Director of Operations MdM	01.03.21	Athens