

EQUAL RIGHTS BEYOND BORDERS



REPORT

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‘ABANDONED AND NEGLECTED’

THE FAILURE TO PREPARE FOR A COVID-19 OUTBREAK IN THE VIAL REFUGEE CAMP

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EXECUTIVE SUMMARY

In March 2020, Greece announced that it was taking a series of steps to prevent the spread of COVID-19 in the refugee camps throughout the country. These steps included restricting people from leaving the camps without official permission, informing camp residents about COVID-19, and disinfecting frequently used spaces.

Equal Rights Beyond Borders (Equal Rights) interviewed sixteen people living and three people working in the Vial refugee camp on Chios regarding the conditions there during the months of March, April, and May 2020. Residents interviewed by Equal Rights ranged in age from fifteen to fifty-five and three suffer from a chronic illness or serious medical condition.

Our interviews and research indicate that the current conditions in Vial do not meet even the most basic standards for preventing an outbreak and spread of COVID-19 in the camp. All of the residents interviewed by Equal Rights described massive overcrowding, long lines for basic services, intermittent access to tap water, a lack of personal protective equipment and hygiene products, and insufficient medical services. Our interviews also indicate that authorities have not devised an adequate plan for protecting elderly and medically vulnerable residents.

When this report was published, Greece had already begun to lift its most restrictive nationwide measures, allowing people to return to some sense of normalcy, but also opening the door for a potential second wave of the virus. At the same time, the state extended the lockdown measures in the refugee camps through at least June 7 without further explanation. Although countries across the world have relied on restrictions on freedom of movement to curb the virus, controlling refugee and asylum seekers' movement will not by itself contain an outbreak in the camps. Without further measures to address the conditions described in this report, an outbreak in Vial will be impossible to contain.

The inhumane conditions in the camp are the product of years of deliberate policy by Greece and the European Union. With the arrival of COVID-19, however, those policies must change. Greece and the European Union must take immediate steps to address the potential threat of a coronavirus outbreak in Vial and the other island refugee camps. This includes evacuating elderly and medically vulnerable residents from the camps, dramatically reducing overcrowding, increasing the available bathrooms and showers, and regularly providing soap, masks, and other hygiene materials to camp residents. Additionally, although some form of a lockdown may be necessary moving forward, the Greek authorities must nonetheless justify extending the lockdown in refugee camps while lifting it for the general public. Lockdown measures must also comply with domestic, European Union, and international human rights law.

Ultimately, even the best plan may not stop the virus from reaching the island camps. However, a humanitarian disaster is not inevitable. Greece and the European Union must act now, before it is too late.

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I. INTRODUCTION

COVID-19 has presented a public health crisis unprecedented in the modern era. Although the pandemic has brought countries across the world to a halt, it has wrought particular devastation on those communities already marked by inequities. For refugees and asylum seekers living in the notoriously overcrowded Greek island refugee camps, basic protective measures such as self-isolation, social distancing and frequent hand washing are impossible. With little access to healthcare, water, sanitary facilities, and basic information about the virus, people living in the camps have been left without any of the resources they need to protect themselves during the pandemic.

This report aims to document the conditions in the refugee camp of Vial on the island of Chios during the months of March, April, and May 2020, the height of the first outbreak of COVID-19 in Europe. The report, which is based on a series of interviews with residents and staff from Vial, highlights the difficulties residents faced in accessing basic necessities such as food, water, hygiene facilities, and medical services, even as restrictive measures by the state severely curtailed their ability to leave the camp.

It also raises concern about the lack of information provided by the state to camp residents, and failures to reduce crowd sizes or implement social distancing policies.

Although Greece managed to contain its first wave of COVID-19 cases, this should not be a reason for complacency. Experts expect a second wave of the virus once countries begin to reopen, and agree that COVID-19 will continue to pose a significant threat to global populations until there is a vaccine. Already, concerns about a second wave in Greek refugee camps have resurfaced after several newly arrived asylum seekers tested positive for the coronavirus on Lesbos.¹ As Greece begins to lift its strict lockdown measures, the inhumane conditions in Vial have set the stage for a public health disaster; an outbreak in the camp would be impossible to contain. Yet the measures enacted by the government thus far have failed to meaningfully address the potential crisis, and in many cases have only exacerbated existing ones. As Clarisse², a woman from the Democratic Republic of the Congo puts it, *“nothing has changed since the coronavirus emergency . . . we feel abandoned and neglected.”*

1 Ekthatherini, ‘Two migrants in Lesbos test positive for coronavirus,’ 12 May 2020, available at: <https://bit.ly/36irmt3>. All links last accessed: 25/05/2020.

2 All names in this report have been changed to protect the identities of the speakers.

II. THE EU HOTSPOT VIAL

Background and Legal Context

Background on EU Hotspot Approach and the EU-Turkey Deal

Just over a million people arrived in Europe to seek refuge in 2015.³ While the figure seems derisory when viewed alongside the 500 million people living in the European Union⁴ or the 21 million refugees worldwide at that time,⁵ it constituted a sharp increase compared to the 200,000 individuals who arrived in the EU the year before.⁶ Confronted with this sudden inflow, the European Union reacted in May 2015 by introducing the “Hotspot Approach.”

“EU hotspot” facilities or camps for initial reception, identification and registration of asylum seekers were created in Italy and Greece, with European agencies deployed to support national authorities. At the same time, the EU hotspots were intended as a temporary mechanism to implement the European Relocation Program, which was meant to alleviate the migratory pressure on Greece and Italy by relocating asylum seekers to other EU states. Vial is one of the EU hotspots that was set up in Greece, alongside those on the Greek islands of Lesbos, Samos, Leros and Kos.

Despite their conception as initial reception facilities, Greece has seen an increasing number of asylum seekers who remain trapped in the EU hotspots in appalling conditions. This critical situation is mainly the product of a flawed asylum policy.

The European Union’s policy on asylum is regulated by a number of texts. Among those, the “Dublin III Regulation” is likely the best known, but also of particular relevance to the Greek situation. This regulation, schematically, obliges a person to apply for

asylum in the first European country s/he lays foot on. With Balkan countries having decided in early 2016 to increase controls at their borders, Greece stopped serving as a transit country and instead became the main destination for persons coming from Turkey to apply for asylum.

On March 18, 2016, the EU moreover signed an agreement regarding migration with Turkey, known since as the EU-Turkey Statement.⁷ Several measures are contained in that agreement, but the active prevention of illegal crossings and return of migrants who arrived on the Greek islands to Turkey (after 20 March 2016) is of particular importance.

The day after the Statement entered into force, the purpose of the EU hotspots was completely overhauled. They were no longer conceived as facilities to optimise the asylum procedure and the EU Relocation Program. Instead, they were transformed into detention centres to implement a return policy to Turkey. The decision to detain asylum seekers was however heavily criticised, and having large numbers of individuals locked up generated practical difficulties. The detention scheme was therefore soon replaced by an obligation for all asylum seekers entering the Greek islands to remain on the island on which they arrived.

Up to this day, the EU hotspots are conceived as return centres. The asylum procedure is thus designed with the aim of return; a first decision is made in every case regarding the suitability of returning an asylum seeker to Turkey. Yet, in practice, returns to Turkey cannot be implemented effectively, leaving many people trapped on the islands and for significant periods. According to UNHCR figures, as of March 31, 2020⁸,

3 1,032,428 according to the United Nations Refugee Agency (UNHCR) (UNHCR, *Data portal: Mediterranean situation*, available at: <https://bit.ly/2APVOPo>).

4 Eurostat, ‘La population de l’UE en hausse à 508,2 millions au 1er Janvier 2015,’ 10 July 2015, available at: <https://bit.ly/2XsxnNg>.

5 World Bank, *Refugee population by country of territory of origin*, available at: <https://bit.ly/3edidok>.

6 UNHCR, *Data portal: Mediterranean situation*, available at: <https://bit.ly/2APW6ps>.

7 The EU-Turkey Statement was published as Press Release on 18 March 2016 and entered into force on 20 March 2016, available at: <https://bit.ly/2TAWpPY>.

8 UNHCR, *Returns from Greece to Turkey*, 31 March 2020, available at: <https://bit.ly/3d1wcNL>; UNHCR, *Mediterranean situation*, 3

only 44 Syrian nationals have been returned by Greece to Turkey on the basis that Turkey is a country of first asylum or safe third country. In total, the Greek authorities have deported only 2,140 people to Turkey (many of whom were never able to register as asylum seekers and so did not actually have their asylum claims examined). In 2019, 195 people were readmitted to Turkey, while over 120,000 people arrived on the East Aegean islands that year.⁹ In this context, the islands have become a dead end for many people.

Pre-COVID Reception Conditions

With the EU and Greek government implementing a “containment policy”, the vast majority of people who arrive on Chios are forced to remain in Vial until a decision is made on their asylum application.¹⁰ The dire and deteriorating living conditions that exist in Vial have been highlighted in numerous news articles and reports, including in an extensive analysis published by Equal Rights in 2019.¹¹ It is not the purpose of this report to discuss those conditions in detail, but some elements must be recalled for context.

As of May 2020, over 5,000 people were residing in Vial, which has an official capacity of one thousand.¹² This severe overcrowding inevitably has consequences for access to essential services and to the most rudimentary accommodation. The official camp housing is composed of containers and UNHCR tents, but the increasing number of arrivals has resulted in a serious shortage of the former. Thus, new arrivals are simply told to find themselves a place to sleep, with many sleeping in camping tents and makeshift shelters.

Sanitary facilities are wholly inadequate in the camp.

In the latest “Site Profile” published by UNHCR, it was reported that the camp is only equipped with 53 toilets and 36 showers.¹³ Assuming they all function, that averages to 139 people per shower, and 94 people per toilet. The camp is further divided into three official sections and the water supply for each section is limited per day, rendering it even more difficult to access clean, running water.

Given these dire conditions, and that many have fled traumatic situations from their countries of origin, the need for medical care cannot be overstated. Yet, there are only three doctors available for over 5,000 people. The Greek government funds three doctors and six nurses, however one doctor is tasked solely with medical screenings of newly arrived asylum seekers. In addition, Salvamento Marítimo Humanitario, a Spanish NGO, has a doctor on site who provides medical services in the afternoon, bringing the total number of doctors to four, since Médecins Sans Frontières (MSF) closed their mission in 2019. Based on reports from our clients, the overwhelming majority have stated that their physical and mental health has deteriorated since entering the camp.

A word, lastly, on the length of the asylum procedure. It takes on average four to five months for a person to complete her registration with the Greek Asylum Service. After registration, she has to wait for another six to eight months before having an asylum interview, during which the Greek authorities will evaluate whether it is relevant to return them to Turkey or whether they should instead be granted international protection. These two evaluations may take place in two separate interviews, with results taking an average of nine months. All in all, the procedure takes about a year and a half from start to finish, that is if an

May 2020, available at: <https://bit.ly/3cYNFq1>. Note that due to the COVID-19 crisis returns to Greece have been frozen since March 2020 and arrivals have been extremely low.

9 Cf. UNHCR, *Mediterranean Situation*, available at: <https://bit.ly/3bWeM3L>.

10 Particularly vulnerable individuals can potentially be accommodated outside the camp, but still on the island.

11 Equal Rights Beyond Borders, *The lived reality of deterrence measures: Inhumane camps at Europe’s external borders*, December 2019, available at: <https://www.equal-rights.org/post/vial-report>.

12 Hellenic Ministry of Citizen Protection, *National situational picture regarding the islands of Eastern Aegean Sea*, 5 May 2020, available at: <https://bit.ly/3bY9d4Z>.

13 UNHCR, *Greece – Site Profiles, September 2018*, available at: <https://bit.ly/2TBACTR>.

appeal is not required, which would add an additional three or four months to the length of the time the person is expected to remain in the camp.

Note that a new asylum law was enacted in January 2020 by the recently elected Greek government. Once this law entered into force, people arriving in 2020 were prioritised and their procedures were oftentimes concluded in two or three months.

This was at the expense of all the people who arrived before 2020, including those with serious vulnerabilities. In terms of numbers, 577¹⁴ of the 5,013 persons residing in Vial have gone through this expedited procedure.



Fig. 1
The EU Hotspot Vial from outside

14 UNHCR, *Aegean Islands Monthly Snapshot – January*, 20 February 2020, available at: <https://bit.ly/2LUOyEj> and UNHCR, *Aegean Islands Monthly Snapshot – February*, 20 March 2020, available at: <https://bit.ly/2zhh40k> For March, Greece at first froze the registration of asylum seekers because due to Turkey’s reluctance to stop crossings to Greece at that time (see Reuters, ‘Turkey will no longer stop Syrian migrant flow to Europe: Turkish official,’ 27 February 2020, available at: <https://reut.rs/2WX6G6D>). The COVID-19 crisis thereafter erupted and all registrations and interviews were frozen in Vial until end May.

III. THE THREAT OF COVID-19

In the EU Hotspot Vial

On February 26, 2020, Greece confirmed its first case of COVID-19. As of May 21, 2020, 2,850 people had been infected in Greece, and 166 had died. Worldwide at that time 5,034,458 people had been infected and 329,186 people had died.¹⁵ These numbers are increasing every day and are likely to continue to grow in the absence of a vaccine or cure.¹⁶

COVID-19 is a highly contagious virus. One study found that the virus can survive up to four hours on copper, 24 hours on cardboard, and up to two or three days on plastic. The same study also found that the virus can survive in air droplets for up to three hours.¹⁷ Recently researchers found that people may transmit the virus simply by talking in close proximity to each other.¹⁸ No one is immune to COVID-19. However, older adults and people with underlying medical conditions and compromised immune systems are significantly more likely to develop serious complications or die from the virus.¹⁹

People who live in crowded “collective sites” such as refugee camps are extremely vulnerable to contracting COVID-19 because of the health risks that are

associated with factors such as overcrowding, inadequate shelter, and poor nutrition and health.²⁰ In fact, the highest known person-to-person transmission rates for COVID-19 have already taken place in settings where people were in close proximity to each other without the ability to practice self-isolation and social distancing: in nursing homes, on cruise ships, and in prisons and detention centres.²¹ An analysis recently released by the International Rescue Committee, concluded that an outbreak in refugee camps like Moria on Lesbos would spread fast and devastate the communities living there.²²

The only known methods to reduce the risk of contracting the coronavirus is to prevent infection in the first place through social distancing and improved hygiene, including frequent hand washing with soap and water.²³ Given that conditions in the camp make this impossible, calls to decongest the islands and evacuate the camps have increased in frequency since the threat of COVID-19 emerged, recognizing that, as the IOM’s Director General bluntly stated, “the arrival of COVID-19 in camps is an *inevitability*, not a possibi-

15 CNN, ‘Tracing Coronavirus’ Global Spread,’ available at: <https://cnn.it/2LU69wf>.

16 Equal Rights is not a medical organisation and does not employ medical professionals. For the purpose of this report we consulted the most up to date available information, relying on a range of accredited medical and public health sources to inform our analysis and conclusions. At the same time, much about COVID-19 remains unknown; particularly with respect to how the virus is transmitted and how long it can survive on surfaces and in air droplets. As doctors and researchers learn more about the virus, we recognise that guidelines for how to respond to it are also changing. However, at the time this report was published, the best information available suggests that it would be nearly impossible to contain an outbreak of COVID-19 in a refugee camps like the EU Vial Hotspot.

17 Harvard Medical School: Coronavirus Resource Center, As Coronavirus Spreads, Many Questions and Some Answers, available at: <https://bit.ly/2Zz16JE>.

18 The N.Y. Times, ‘Talking can Generate Coronavirus Droplets that Linger Up to 14 Minutes,’ 14 May 2020, available at: <https://nyti.ms/3d0jmzs>.

19 Ibid.

20 IASC, *Interim Guidance: Scaling-Up COVID-19 Outbreak Readiness and Response Operations in Humanitarian Situations*, March 2020, p. 3., available at: <https://bit.ly/3bPEqYa>.

21 See e.g., The N.Y. Times, 17 April 2020, “‘They’re Death Pits:’ Virus Claims at Least 7,000 Lives in U.S. Nursing Homes,” available at: <https://nyti.ms/3gi6pDc>, The Guardian, ‘Inside the Cruise Ship that Became a Coronavirus Breeding Ground,’ 6 March 2020, available at: <https://bit.ly/2Tr9VB8>.

22 UNHCR, *Returns from Greece to Turkey, 31 March 2020*, available at: <https://bit.ly/3eiIrWD>. IRC, *New IRC analysis reveals that coronavirus transmission rates in Moria, Al Hol, and Cox’s Bazaar refugee camps could outpace those seen on the Diamond cruise ship*, 1 April 2020, available at: <https://bit.ly/3cPLOUB>.

23 Ibid.

lity.”²⁴ In March 2020 MSF issued an urgent call to evacuate the camps, concluding that “on the Greek island camps people have no option but to live in close proximity [...] COVID-19 may be just the latest threat that people face here, but the conditions they live in make them more vulnerable than the rest of the population.”²⁵ Other NGOs and human rights organisations quickly followed suit.²⁶ On April 16th 2020, the EU Commission issued a Guidance recommending that “Member States’ full reception capacity [be] utilised to provide, to the extent possible, sufficient social distancing between applicants, while isolating those at risk. These measures could serve both as a preventive action, as well as a reactive measure in relation to those tested positive, with particular attention to vulnerable groups, including applicants with disabilities, the elderly or residents with existing health concerns.”²⁷

Government Measures to Prevent the Spread of Covid-19 in Vial

As soon as it became clear that COVID-19 would spread across Europe, Greece and the EU came under pressure to address the potential public health crisis in the overcrowded EU hotspots. However, the majority of the measures that the state has implemented in response to COVID-19 have focused on restrictions on freedom of movement, rather than reducing crowds and preparing for a crisis within the camps themselves.

On March 21, 2020, shortly after Greece reported its

first case, the government with a Joint Ministerial Decision issued a plan restricting freedom of movement in and out of refugee camps and reception centres across the country.²⁸ The operational plan, which the government refers to as the “AGNODIKI” plan in a letter to the European Court of Human Rights (ECtHR), limits entry to staff and residents of the camps and restricts residents from leaving except for a limited list of essential reasons. The government’s plan also called for individual camps to post daily information about virus prevention, clean “indoor common areas” and “doorknobs” daily with disinfectant, and shut down any indoor activities.²⁹ Notably, asylum seekers and refugees do not have free access to the enclosed space in the camp used by the asylum service and medical teams. Cleaning doorknobs is also not relevant to the vast majority of residents who live in tents or other makeshift structures.

In a submission to the European Court of Human Rights on April 1, 2020, in a case filed by Equal Rights, the government also laid out specific steps that it had already taken to prevent the spread of the virus inside Vial specifically. These steps included (1) distributing personal hygiene materials to Vial residents (2) creating four special housing units to hospitalise and/or isolate recovering coronavirus patients and (3) informing residents about restrictions on freedom of movement.³⁰ The government also noted in a separate submission to the ECtHR on April 21, 2020 that the Greek Army is continuing to provide residents of Vial with two bottles of water a day.³¹ Neither the March

24 IOM, *COVID-19 Pandemic Poses Grave Risk to Communities in Displacement Camps*, 04 March 2020, available at: <https://bit.ly/2WO-AhPV>.

25 Medecins Sans Frontieres, *Evacuation of Squalid Greek Camps more Urgent than ever Over COVID-19 Fears*, 19 March 2020, available at: <https://bit.ly/2Xrkvti>.

26 Cf. Human Rights Watch, *Greece: Islands not Prepared for Covid-19*, 22 April 2020, available online: <https://bit.ly/2A3pDeY>. See also Kayvan Bozorgmehr et. al., *Evacuate Moria Now*, available at: <https://www.evacuate-moria.com/>.

27 EU Commission, *Guidance on the implementation of relevant EU provisions in the area of asylum and return procedures and on resettlement*, 16 April 2020, C(2020) 2516 final, p 11, available at: <https://bit.ly/2TAoGll>.

28 Ministerial Decision no 2000/30/21-3-2020 (ΦΕΚ 985/Β/22-3-2020), *Measures against the appearance and spread of COVID-19 in Reception and Identification Centers through the territory*, from 21-3-2020 to 21-4-2020.

29 01/04/2020 Submission of the Greek Government in the case *M.A., v Greece*, Reference, application no. 15192/20, obtained by Equal Rights as a representing party of the procedure.

30 01/04/2020 Submission of the Greek Government in the case *M.A., v Greece*, Reference, application no. 15192/20, obtained by Equal Rights as a representing party of the procedure.

31 21/04/2020 Submission of the Greek Government in the case *M.A., v Greece*, Reference, application no. 15782/20, obtained by

21 ministerial decision nor the government's submissions to the ECtHR offered any serious plans to reduce crowding in the camp, protect vulnerable residents, or implement social distancing measures.

On March 24, 2020 the EU joined the call to evacuate the camps, asking the Greek government to move those most at risk of contracting the virus to accommodation on the Greek mainland.³² Greece initially maintained that there was no room for asylum seekers on the mainland, with Minister for Migration and Asylum Notis Mitarakis insisting that the state has "taken extraordinary measures of health protection and cleanliness in reception structures."³³ However, on April 17, the government announced a scheme in partnership with the IOM and UNHCR to evacuate approximately 2,000 vulnerable asylum seekers from the island EU hotspots to hotels and apartments on the mainland.³⁴ The full transfer was later put on hold because of protest from locals and town officials.³⁵

However, Human Rights Watch concluded that the plan would not have significantly relieved the severe overcrowding in the camps and failed to address the continued gaps in access to water, sanitation, hygiene products, and healthcare.³⁶

On May 4, Greece began lifting some of its COVID-19 measures.³⁷ However, even as Greece began to lift restrictions on movement for the general population, it extended the restrictions on the EU hotspots first through May 21 and then again through June 7.³⁸ Equal Rights is concerned that the government's decision to extend the coronavirus lockdown only for refugee camps was issued without any clear reasoning or legal basis. In particular, we are concerned that the government will continue to rely on the pandemic to implement its broader goals of replacing the island hotspots with closed reception centres.³⁹

Equal Rights as a representing party of the procedure.

32 NPR, 'Greece Records First Coronavirus Cases Among Refugees, Imposes Quarantine on Camp,' 2 April 2020, available at: <https://n.pr/2Zx6fll>.

33 Notis Mitarachi, Minister of Migration & Asylum, 25 March 2020, available at: <https://bit.ly/2ATETLS>.

34 Greek City Times, 'More than 2,000 asylum applicants will be moved from Greek islands due to pandemic fears,' April 2020, available at: <https://bit.ly/2W99CLT>.

35 Amnesty International, *Greece: with Camps on Fire, Transfer of Vulnerable Asylum-Seekers to Mainland Must Urgently Resume*, 27 April 2020, available at: <https://bit.ly/2T1cf1R>.

36 Human Rights Watch, *Greece: Islands not Prepared for Covid-19*, 22 April 2020, available online: <https://bit.ly/2A3pDeY>.

37 Reuters, 'Greece Plans Gradual Relaxation of Lockdown Measures,' 28 April 2020, available at: <https://reut.rs/3dnvOZR>

Migration Greece Info, Facebook (10 May 2020) <https://bit.ly/3cqr7N>.

38 Migration Greece Info, Facebook (10 May 2020) <https://bit.ly/3cqr7N>.

39 European Council on Refugees and Exiles (ECRE), *Greece: Return to Plans for Detention Centres on the Islands*, 22 November 2019, available at: <https://bit.ly/3c16Qy8>.

IV. LIFE IN VIAL

During the COVID-19 Crisis

Our reporting indicates that the measures taken to address COVID-19 in Vial did not adequately prepare the camp for an outbreak of the virus. They additionally diverged significantly from the measures announced by the Greek government. Critical shortages of necessary and lifesaving resources remain, and in some cases the measures actually exacerbated pre-existing problems such as overcrowding and a lack of water. Although measures restricting residents' freedom of movement outside of the camp were swiftly implemented and strictly enforced, authorities did not take similar steps to prepare for and prevent a spread within the camp itself.

Access to Information

The government's reported plans required camps to post daily information about the virus and to take preventative measures. However, our reporting found

that this did not happen. In fact, information about the virus seems to have been sparse and its distribution often chaotic.

One of the first pieces of information referring to the virus was a handwritten sign by camp officials informing residents that the hospital was closed because of the "emergency." The sign made no specific reference to the coronavirus, and was posted even before the first restrictive measures were announced. Although the sign was later removed, it is indicative of the haphazard way authorities have distributed information about the virus in Vial.

Every resident interviewed reported that they have obtained most of their information on the virus from Google, social media, and other Internet sites.

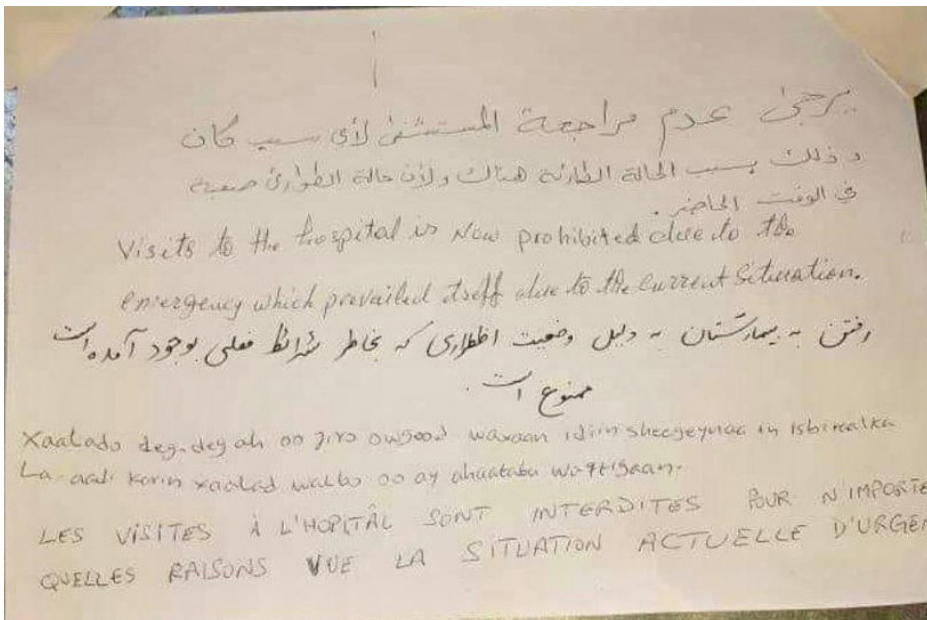


Fig. 2

Sign Informing Residents that Chios General Hospital was closed because of the Emergency



Fig. 3
Information Flyer posted at the Info Point in Vial

According to residents we interviewed, since March 2020, camp authorities have posted two small flyers at the Info Point, a central area in the camp where residents go for information about their asylum cases, gather food, and access medical services. In some cases the flyers did not even mention COVID-19 or explain how the virus spreads. A picture obtained by Equal Rights shows one flyer that tells people simply to “avoid contacts with people who have fevers or are coughing, wash your hands frequently, and avoid touching your eyes, nose or mouth.” For those with disabilities or other vulnerabilities accessing the information is particularly difficult and puts them at higher risk of contracting the virus. Abdul, a Guinean man who cannot read, stated that he has had to rely on friends to share information with him because authorities have not shared any information orally throughout the camp. Internet and phone access is also an issue for many residents in the context of the

coronavirus. Because people need official permission to leave the camp, some people said they had to wait days before being able to refill their phone credit.

In the absence of coherent official information, rumors and conspiracy theories have taken hold instead, some with potentially disastrous consequences. For example, Amidou, a Togolese man, stated that he read on the Internet that the coronavirus does not infect Black people. As a result, he is not afraid of contracting the virus. In the end, most people we interviewed pointed out the obvious irony: with limited access to water and masks and no practical way to social distance, even the best information would ultimately be in vain.

Hygiene Materials & Sanitary Facilities

Disparate efforts were made throughout the lockdown to provide residents of Vial with hygiene material that would help protect themselves against coronavirus.

Testimonies confirm that soap was distributed at least once at the Info Point. Moreover, UNHCR seems to have handed out sanitary bags containing toothpaste, a toothbrush and soap, although most people we spoke with were not able to obtain a bag due to either a lack of information surrounding the distribution or the length of queues.

Some people interviewed for this report stated that they had not received any hygiene materials either from the Greek government or UNHCR. This included Hariwa and Esin, two minor sisters from Afghanistan, who reported feeling entirely abandoned by the authorities during the public health emergency. As Hariwa told us: *“We are aware that we need to wash ourselves regularly in this situation but no one provided us with soap or hygiene material. No one looked for us, no one provided us with anything, no one voluntarily gave us something.”* Prior to the pandemic, the girls were relying on money transfers from their adult brother living in Germany. However, COVID-related measures in both Greece and Germany made it impossible for him to continue sending money, cutting off their only access to vital financial support. As a result, they had to turn to other camp residents for essentials, including soap, promising they would repay them as soon as possible.

Almost all of the people we spoke with stated that no additional washing facilities were installed in the camp and that many existing facilities were out of service, while the cleanliness of those functioning was deplorable due to severe overcrowding. Some people reported that the authorities were not cleaning the bathrooms throughout the month of April, and that taking a shower was near to impossible because of the long lines, lack of water, and unclean facilities. Yannick, from Cameroon, stated that he had resorted to walking several kilometres to the nearest pond to

wash and bathe.

Our reports confirm that no gloves or sanitizing gel have been distributed in the camp. No central distribution of masks has taken place either. It is reported that an NGO or UNHCR distributed some masks to people in containers, meaning the overwhelming majority did not receive one, since they live in tents or makeshift shelters. Persons who were authorised to exit the camp for groceries report having been unable to purchase masks in pharmacies, while others who were able to do so complained about the price of masks considering their extremely limited resources. Regarding doorknobs and cleaning indoor common spaces as described by the government plans, none of the residents or staff members we spoke with were able to confirm that this did indeed take place.

Representatives of some organisations operating in the camp, which were able to re-open in May, confirm that there has not been a centralised provision of masks by the authorities, be it to staff or residents of the camp.



Fig. 4

Contents of a Hygiene Package handed out to Residents in Vial by UNHCR



Fig. 5 & 6
Dirty and unusable Bathroom and Shower Facilities

Access to Water

Residents interviewed reported that access to both drinking and tap water was insufficient, and in some cases nonexistent. Although it was extremely difficult to leave Vial during the period covered in this report, residents did not receive extra bottles of water. In fact, in most cases the amount of water people received per day actually decreased during the relevant period. Two of the residents we interviewed stated that they received two bottles of water per day.⁴⁰ However, the majority of people stated that since mid-March 2020, they were only receiving one bottle of water per day and occasionally none. Abdullahi, a man from Afghanistan, said that when he asked the police why the water distribution had been cut they told him that there was a water shortage.

All sixteen of the residents we interviewed also described waiting in long lines for water. Several also noted that the amount of water they received depended where they were in line, raising particular concern about access for vulnerable residents. An Afghan family interviewed in March 2020, towards the start of the lockdown, said that they had to begin standing in line at four-o'clock in the morning in order to secure two bottles of water. Oftentimes, they said that they had to stand in line until the early afternoon, even though the father suffers from a medical condition that makes it difficult for him to stand for long periods of time. Hariwa, one of the Afghan minor sisters we interviewed, stated that she did not receive any water on some days during the lockdown because she was standing at the back of the line.

Access to tap water was also a major issue. Even before the pandemic, tap water in Vial was available sporadically, and it does not appear to have increased in light of the coronavirus. One hundred percent of the people interviewed for this report stated that tap water was only available during certain, limited hours of the day, and in general residents described it as “hard

to get,” “unstable,” “not enough,” and “not constant.” Ali, a Syrian man living in the camp said that people living in “the jungle”⁴¹ had begun digging wells to find water for bathing and washing their clothes. The NGO Europe Must Act confirmed the well’s existence in a Facebook post from April 12, 2020.⁴² Even though experts agree that hand washing is one of the most effective ways people can protect themselves from the virus, for people living in Vial frequent hand washing is simply not an option.⁴³

Needless to say, a lack of running water has had a direct impact on the sufficiency of people’s drinking water supply; because people cannot easily access tap water, they often rely on their one or two bottles of water for drinking, cooking, and washing. As Ibrahim from Sierra Leone described the situation: “*drinking one bottle of water for the rest of the day is not sufficient [not to mention using] the same water to wash your hands frequently.*” As summer approaches and with temperatures already surpassing thirty degrees, the state’s failure to provide an adequate water supply takes on new urgency.

Social Distancing & Overcrowding

Because people who are asymptomatic can spread the virus, overcrowding in the camp poses one of the greatest challenges to containing a potential outbreak of COVID-19 in Vial. Social distancing, one of the best tools for curbing the spread of the virus, is simply impossible in the camp.

Residents can only access camp services by queuing. Ibrahim, above, stated that “*it is hard to avoid the crowd. We queue in a very close bodily contact. When we are in the queue people will cough, sneeze, spit.*” Even camp officials acknowledged that social distancing is not possible in the camp. During an April 2020 meeting with humanitarian actors working in Vial, a camp official admit-

40 One person clarified that the bottles were 1.5 liters in size.

41 The Jungle, as residents refer to it, is an area of the camp outside the official parameters of Vial where people live mainly in tents and other unofficial structures.

42 Europe Must Act, Facebook (12 May 2020) <https://bit.ly/36vJX4P>.

43 European Centre for Disease Prevention and Control, Q&A on COVID-19, available at: <https://bit.ly/2yrC4ki>.

ted that preventing close gatherings “is something that has to be done but for the time being it is not done. This fact is quite alarming. Especially during food and water distribution.”

As confirmed by residents and people working in the camp, food distributions during the relevant period took place twice a day, as opposed to three times, as was the case prior to the pandemic. Distribution is characterised by long queues, often lasting for hours. Likewise, there are long waiting times in order to use toilets and other sanitary facilities. Additionally, sometime at the beginning of April 2020, officials installed an ATM machine inside of Vial. Residents reported that there was always a large queue to withdraw money. Living and sleeping areas are also close to one

another and overcrowded. Ibrahim from Sierra Leone, expressed his concern, noting that up to eight people may live in close proximity in a single tent or caravan. All of the residents that we interviewed reported that it is impossible to avoid crowds in the camp. Abdul from Guinea mentioned that one of the reasons why it is so difficult to practice social distancing in line is that people do not want to risk losing their spot. In fact, the only way to avoid crowds is to avoid using camp services all together. This is an impossible solution when people cannot leave the camp without official permission, which, as explained below, is difficult to obtain. Yannick, the Cameroonian man we interviewed, stated that he has stopped eating dinner in order to minimise his potential exposure to the virus.



Fig. 7 & 8

No Space for Social Distancing: Crowds of People waiting for Food and other Essential Services

The majority of residents stated that while officials have cautioned people to stand apart from each other in line, in reality there is no official to enforce distancing among refugees and asylum seekers. In one instance however, Hariwa, one of the Afghan minors interviewed, reported that authorities broke up a fight by citing social distancing rules. At the same time, social distancing measures did appear to apply to camp officials and other people working in the camp. Authorities allowed only two residents per service into the camp's enclosed office and medical centre at any given time, and employees were required to keep distance from camp residents at all times.

The fear that if even one person contracted the virus it would spread throughout the camp is omnipresent. Residents feel powerless when faced with the overcrowding and lack of protective resources. As Mohammad, an asylum seeker from Syria, stated: *"People are afraid but they have nothing to do. We live together and in our tents, we visit each other and eat with each other."* Ibrahim, from Sierra Leone expressed his fear in graver terms: *"if this virus enters this camp it will be a genocide."*

Access to Cash, Restrictions of Movement into the City

Although Greece instituted a nationwide lockdown during March and April 2020, it imposed a different set of rules and restrictions on residents of the EU hotspots. During lockdown, all persons in Greece were required to obtain express permission from the Greek authorities - via SMS - in order to leave their homes. People who texted the SMS number received approval to leave their homes within minutes of sending the message. Permission was also not expressly limited to any specific time period or duration, although in practice people could not rely on an approval they received in the morning to then leave again in the evening. However, if a person needed to leave their home twice in one day, they were able to do so by sending another request to the SMS number.

The measure, which was announced nationally and also through a text message sent to every Greek SIM card, was not applicable to people living in Vial. While

some people did venture outside the camp after receiving permission through SMS, they were nonetheless fined €150 by the police.

Shortly after the national lockdown began, the government closed Vial and established police controls right outside the camp. Authorities then announced that people who wanted to leave the camp would need to obtain written permission directly from camp officials. Unlike for the general population, permission to leave the camp was difficult to obtain and given out on a limited basis. Permission slips were distributed from 9AM onwards at the Info Point. To secure an authorization, people reported that they began queuing at five or six o'clock in the morning. The number of authorisations granted per day seems to have varied from thirty to fifty, according to testimonies we received. Permission to leave the camp was also only valid for a set time period of time and limited in duration. However, these restrictions seem to have been unclear and confusing for most residents. Only one person interviewed was aware of the specific hours during which he was allowed to remain outside of the camp. Multiple people also complained that they received fines from the police despite having the required authorisation to leave.

Although essential services such as food, water, and medical services exist in theory inside the camp, those services are limited at best, and in some cases practically non-existent. As a result, even before the pandemic, residents of Vial supplemented camp services with items obtained from the city centre. Yet the lockdown made it difficult for most people to leave the camp at all. As a result, lines for accessing these services also increased drastically. This had the largest impact on elderly residents and people living with disabilities and chronic illnesses, many who struggled to wait in the long lines even before the lockdown. Minors also found it challenging to leave the camp during the lockdown. Hariwa and Esin, the two Afghan sisters we interviewed, had heard that it was very hard for minors to obtain permission to go into the city so did not even try. At the same time, essential services did not increase significantly in Vial during the lockdown, and, as noted elsewhere in this report,

in some cases actually decreased.

However, even for the few people who were able to obtain official permission, the limited duration of the permission slip proved incredibly onerous for people given that Vial is located 8km from the city centre. Residents can, in theory, call a taxi, but COVID-19 measures have restricted drivers to carrying one person per ride, and in general taxis charge a minimum fee of €10, incredibly expensive for someone with limited financial resources. Omar, a Syrian man living with a chronic illness had to walk on at least one occasion to get to the hospital because he could not afford to pay for a taxi. Residents in Vial receive monthly cash assistance from UNHCR, but did not receive it in cash during April, rendering it extra difficult to travel to town. A single ATM was eventually placed in the camp, however the lines for it were long.

People living in Vial may be particularly vulnerable to the virus because of the health risks associated with living in a refugee camp. In theory, this should have led to a significant increase in medical services, but in practice this did not happen.

Access to Medical Care

In a letter submitted to the European Court of Human Rights on May 6, 2020, in a case regarding an applicant represented by Equal Rights, the Greek government reported the following medical services at Vial: “an infirmary of the National Public Health Organization (EODY), staffed with three doctors and six nurses, provides primary medical care. The NGO Salvamento Marítimo Humanitario, staffed with one doctor and one nurse, provides for complementary services in the afternoon. The infirmary is in contact with the Chios General Hospital by making referrals in case of cases which cannot be dealt with on the spot.” The Greek government further explained that the Chios General Hospital suspended its regular operations in order to prevent the spread of COVID-19. Beginning on March 16, the hospital only accepted emergencies referred to them directly by Vial’s medical unit. One

camp employee explained the situation in the following way: “*we have to minimise referrals and transports to the hospital unless it’s extremely urgent and necessary.*”

Residents we interviewed emphasised having to wait in long lines to see a doctor and in many cases being unable to see one at all. During the lockdown a “triage” system was put in place for people waiting to see the doctor. Camp staff took people’s temperatures and those who had a fever or other relevant symptoms were generally able to see a doctor. Everyone else was sent away without clear information about when they would be able to see a doctor. The system also seems to have been arbitrary. Abdul, a Guinean man, explained that “*you can try, but it’s very difficult to see a doctor. You can go to the gate but it’s random [who gets to see a doctor]*”, others described being “pushed back” by the police when they tried to see a doctor. Clarisse from the Democratic Republic of the Congo told us that she spent a month trying to see a doctor for her eight-year-old son who was sick.

As for isolating sick and vulnerable people, information gathered from camp officials indicates that an “emergency clinic” was installed at the beginning of April 2020. The clinic consisted of four containers and was staffed with one doctor and four nurses. Although important, the clinic’s actual function was unclear to both residents and even some people working in the camp. Only one person mentioned that he was aware of the fact that people with high fevers could be isolated in special containers. Additionally, the clinic sparked widespread fear in the camp after an Iraqi woman died while quarantining in one of its containers in late April 2020.⁴⁴ Overall though the clinic did not seem to serve more generally as a way of isolating elderly and medically vulnerable residents.

With regards to testing, none of the residents interviewed for this report were aware of any testing taking place inside Vial. In March 2020, Salvamento Marítimo Humanitario reported on its Facebook page that they were monitoring cases of individuals exhibiting symptoms associated with COVID-19, but that tests

44 The Guardian, ‘Fire wrecks Greek refugee camp after unrest over woman’s death,’ 19 April 2020, available at: <https://bit.ly/3glWvAf>.

were not available in the camp at the time.⁴⁵

The critical lack of medical care becomes even starker in the context of the general situation at Chios General Hospital. According to one source, Medical grade masks are in short supply.⁴⁶ The hospital is reportedly operating with 50% of the staff needed, and requested forty-four nurses and other staff during the first months of the pandemic, although received only eight in response. The hospital also does not have enough anesthesiologists, needed for putting people on ventilators. There are seven ICU beds in the hospital, however only three were operational at the time because of a lack of staff and logistical infrastructure.⁴⁷

18 April Fire & Protests

Late on April 18, 2020, a fire broke out in Vial during protests following the death of a 47-year-old Iraqi woman earlier that day. The woman had been taken to the hospital with a fever where she was tested for COVID-19 and then brought to one of the clinic containers outside of Vial. Ultimately she tested negative for the coronavirus, however in the interim there were rumors that she had in fact died from it.⁴⁸ Some people reported hearing her ask for medical help and screaming to be let out from the container, although Equal Rights was unable to independently verify this. The authorities have promised to do an autopsy, however an official cause of death is still pending at the time of writing.

The woman's death caused immense fear and panic in the camp. Police intervened, using tear gas to break up the protests, and some younger residents of Vial retaliated by reportedly throwing stones. At some point a fire broke out in the camp. Police maintained that people living in the camp started the fires; however, others, including residents we spoke with, maintain that the police caused the fire. According to local media, at least twelve people

have been arrested since the April 18th incident.⁴⁹ Hari-wa from Afghanistan, described the following experience that night: *"The night of the fire I went to the toilet. Police saw me and shouted at me to go back inside. I had no idea what was going on. I really needed the toilet and I tried to explain to them. They kicked me on my hand and forced me to go back to the tent. I had bruises for one week after that."* She and her sister are still afraid to leave their tents. *"Since the fire we got very scared and we hardly go out of our tent anymore"*.

Since the protests the police have reportedly become much more aggressive towards people living in Vial. In fact, it was extraordinarily difficult to find people willing to give interviews for this report. Many of the people we reached out to refused to speak to us because they feared reprisal from the police and authorities in the camp. People who had been previously willing to provide information about conditions in the camp were no longer willing to speak, despite a guarantee of anonymity.

The fire caused significant damage to structures in the camp. It destroyed a large part of the camp's administrative offices, the facilities of European Asylum Support Office, a canteen, warehouse tents, housing containers, a food-selling truck and several cars.⁵⁰ Several hundred people also lost their shelter and personal belongings. Zakaria, a resident from Gambia, stated that he has had to sleep outside after losing his tent in the fire. Yannick from Cameroon had been sleeping in a squalid building for about one week. New tents were eventually supplied to residents who lost their shelter, but they are small, temporary tents that are unlikely to withstand a rainstorm or hot summer temperatures.

The problems caused by the fire extend beyond its immediate consequences. In the midst of a pandemic, the fire caused an additional strain on resources in Vial. The fire also shed light on the extreme lack of medical resources in the camp and its lack of capacity to handle emergency

45 Salvamento Marítimo Humanitario, Facebook post, 02/04/2020, available at: <https://bit.ly/2UVcxqY>.

46 Εfsyn, 'Όργη νοσηλευτών: Μένουμε στη μάχη αλλά χωρίς όπλα,' 1 April 2020, available at: <https://tinyurl.com/ycxjxaym>.

47 Ibid.

48 Zeit Online, 'Ausschreitungen in Flüchtlingslager auf Insel Chios,' 19 April 2020, available at: <https://bit.ly/2LXn4xY>.

49 Ekathimerini, 'Ten arrested in Chios migrant camp violence,' 21 April 2020, available at:

<https://bit.ly/3edWrkf>; Ekathimerini, 'Two more suspects arrested over migrant camp riot,' 11 May 2020, available at: <https://bit.ly/2LWhQ5C>.

50 The Guardian, 'Fire wrecks Greek refugee camp after unrest over woman's death,' 19 April 2020, available at: <https://bit.ly/3cZ2Fo7>.

medical situations. With administrative offices and some of the few actual shelters largely destroyed, a

potential COVID-19 outbreak in the camp would be that much more difficult to contain moving forward.



Fig. 9 & 10
Residents walking through destroyed Structures after the Fire on April 18, 2020



V. LEGAL IMPLICATIONS

The conditions in Vial, as described above, raise several serious concerns from a legal perspective. This section aims at providing a brief legal assessment of the situation, taking into account Greek, EU, and international law.

A crucial legal framework to assess Greece's response to the COVID-19 crisis is human rights law. The pandemic does indeed show its tangible effect on human beings and it is a state's binding legal duty to protect people on its territory from events or entities that may harm them. In particular, individuals' right to health and life are the most immediately endangered by the existence of the pandemic.

The right to health is enshrined in Art. 5(5) of the Greek Constitution and, internationally, in Art. 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR). It is defined as an inclusive right extending not only to appropriate health care – the right to which is specifically recognised in EU Law by Art. 35 of the EU Charter of Fundamental Rights (the Charter) and, in the refugee context, Art. 19 of the EU Reception Conditions Directive – but also to the underlying determinants of health, such as access to water, adequate sanitation, food and housing.⁵¹ Art. 3 of the European Convention on Human Rights—the right to be free from inhuman or degrading treatment—does not create an explicit right to health but may imply one in certain situations, particularly when a person is deprived of her liberty.⁵² This report has once more highlighted that the living conditions in Vial do not allow its residents to benefit from the

se aspects of the right to health. Even worse, the pandemic has exacerbated these conditions. The persons who we spoke to reported that the authorities decreased the number of water bottles distributed daily, that the hygiene conditions of the sanitary installations were particularly neglected, and that buying food outside the camp was a significant challenge.

According to Art. 12.2(c) ICESCR, the positive obligations of states to realise the right to health shall include “the prevention, treatment and control of epidemic diseases.”⁵³ This requires “the establishment of prevention and education programmes for behaviour-related health concerns.”⁵⁴ Properly informing individuals, and adopting and enforcing social distancing and containment policies are thus not only a medical necessity, but also a legal obligation in order to protect individuals' health from the risk posed by contact with infected persons. Based on the reports we received, neither of these obligations seems to be fulfilled with regard to Vial. The distribution of information on the disease was limited, endangering camp residents and leading to the spread of rumours, which could further jeopardise safety. Social distancing, albeit recommended, is neither enforced nor possible in practice considering the reigning proximity resulting from the overcrowded camp.

Access to health care requires in turn the “creation of conditions which would assure to all medical service and medical attention in the event of sickness.”⁵⁵ It presupposes, at the very least, to put in place an effective system of urgent medical care which could cope

51 CESCR, *General Comment No. 14: The right to the highest attainable standard of health (Art. 12)*, 11 August 2000, at §11, available at: <https://www.refworld.org/pdfid/4538838d0.pdf>.

52 In *Elefteriadis v Romania*, the European Court of Human Rights held that Art. 3 required the state to protect a prisoner with a serious lung condition from secondhand smoke. ECtHR, 25 January 2011, at § 47, available at: <https://bit.ly/3d48RuU>. The Court also found that fact that the prison was overcrowded or in poor condition did not absolve the state of its obligations under Art. 3 of the ECHR. *Ibid.*, at § 50.

53 Art. 17(2) of the EU Reception Conditions Directive (2013/33/EU) also uses active language: “Member States shall ensure that material reception conditions provide an adequate standard of living for applicants, which guarantees their subsistence and protects their physical and mental health.”

54 *Ibid* (footnote 51), § 16.

55 ICESCR, Art. 12.2(d).

with life-threatening situations such as COVID-19. We remain doubtful that the three doctors present in Vial and the creation of an isolation zone consisting of four containers would suffice in the case of an outbreak of the coronavirus in Vial.

The fundamental right to life is guaranteed by Art. 5(2) of the Greek Constitution to all persons living on Greek territory, Art. 2 of the EU Charter and Art. 6 of the International Covenant on Civil and Political Rights. A state's acts or omissions with regard to health care policy may well constitute a breach of the right to life,⁵⁶ so that states have a positive duty to protect and ensure this right. This should be done by adopting the necessary measures to safeguard the life of people under its jurisdiction and thus to do all they can to prevent lives from being "avoidably put at risk."⁵⁷ States are also responsible under Art. 2 for adequately informing the public about a potentially life-threatening emergency.⁵⁸

Moreover, the Human Rights Committee confirmed that states' duty to protect life requires them to adopt "appropriate measures to address the general conditions in society that may give rise to direct threats to life"⁵⁹, including life-threatening diseases. Measures of this kind include guaranteeing access to food, water, medicines and other objects indispensable to survival, but also "providing for effective emergency health services, engaging in emergency response operations and organizing contingency and emergency management plans."⁶⁰

In other words, the duty to protect the right to life involves advanced planning, adequately informing civilians, and implementing immediate responses to prevent, stop or mitigate the spread of a life-threatening diseases such as COVID-19. The Greek authorities' actions in Vial appear wholly insufficient in light of this standard.

56 ECtHR, *Hristozov et al v Bulgaria*, 13 November 2012, at §106, available at: <https://bit.ly/2WYkbDd>. Note that the rights of the European Convention on Human Rights as interpreted by the European Court of Human Rights constitute, at least, general principles of EU law pursuant to Art. 6 of the Treaty on European Union. The EU Charter also expressly states in Art. 52 that in so far as this Charter contains rights which correspond to rights guaranteed by the Convention for the Protection of Human Rights and Fundamental Freedoms, the meaning and scope of those rights shall be the same as those laid down by the said Convention.

57 ECtHR, *L.C.B. v UK*, 9 June 1998, at §36, available at: <https://bit.ly/36q4JCW>.

58 ECtHR, *Budayeva and Others v. Russia*, 20 March 2008, at §§ 131, 152, available at: <https://bit.ly/3edY55p>.

59 Human Rights Committee, General Comment No. 36, 30 October 2018, at §26.

60 *Ibid.* See also ECtHR, *G.N. et al v Italy*, 1 December 2009, at §79, available at: <https://bit.ly/2XpYXNt>.

VI. CONCLUSION

On May 20, 2020 Greece announced that it would open the country to tourism beginning in June.⁶¹ Although the government has made clear that it reserves the right to re-impose the lockdown measures at any time, the country's decisions to open its international borders brings with it a renewed risk of a COVID-19 outbreak in Vial and the other EU hotspots. Yet as this report makes clear, Greek authorities are not prepared for an outbreak in Vial. Critical shortages of water, sanitary facilities, and medical services remain; elderly and immunocompromised individuals continue to live in the camp without proper areas to isolate; and overcrowding makes social distancing impossible.

As Greece prepares to open the country to domestic and international tourists, important questions about how the state plans to protect people seeking asylum remain: will evacuations of vulnerable people resume? Will a second lockdown look the same as the first? Will newly arrived asylum seekers be tested? Will more isolation units be built?

And, how will water shortages be addressed? With summer quickly approaching and temperatures already reaching thirty degrees, answering these questions becomes all the more urgent. Without air conditioning and limited water in the camp, restricting residents' access to the sea and city centre would have human rights consequences well beyond the ones described in this report.

Like many other countries, Greece was not prepared for the coronavirus. But while the EU and Greece may not have planned for a pandemic, EU hotspots like Vial are the product of a deliberate policy. For the past four years, thousands of people have been forced to live in overcrowded and poorly maintained refugee camps under the guise of the EU-Turkey deal. Now, with COVID-19, that policy threatens the life of every single person living in the island camps. Greece and the EU should take immediate steps to reduce crowding in the hotspots and address the shortage of necessary and life-saving resources.

61 BBC, 'Coronavirus: Greece to reopen to tourism season in June, PM says, 20 May 2020, available at: <https://bbc.in/2TzwXpP>.

METHODOLOGY

In preparing this report, Equal Rights collected testimonies from sixteen people living in Vial between March 18 and May 13, 2020, and three people working in Vial during the relevant period. The interviews began at the start of the lockdown in Greece and continued as new policies were implemented and developed. Equal Rights has had a presence in Chios since 2016, and relied on our contacts in Vial to identify interview subjects. Equal Rights obtained consent from every person interviewed to use their statements in this report, and explained to them that the report would not contain any names or other identifying information. Subjects did not receive any payment or services in exchange for their participation in the interviews.

Because of measures in place restricting movement in and outside of the camp, Equal Rights was unable to conduct in-person interviews. Instead, interviews were conducted over the phone and via WhatsApp. Interviews were conducted in Arabic, Farsi, and French, with the assistance of translators for Arabic and Farsi speakers. Interviews were conducted in subjects' native languages or a language in which they were proficient. Ten interviews with residents were

conducted over the phone, and six through WhatsApp messaging. Regarding employees working in Vial, two were conducted over the phone and one over WhatsApp. For phone interviews we relied on a standardised questionnaire and those interviewed were all asked the same set of questions. The interviews over WhatsApp also relied on a standard set of questions, however were shorter, and, in some cases, more open-ended than the phone interview questions.

The people we interviewed were from Afghanistan, Cameroon, Democratic Republic of the Congo, Gambia, Guinea, Iran, Sierra Leone, Syria, and Togo. Names were changed to protect the identities of the people interviewed. Subjects' average age skewed young—most were in the twenties and thirties—reflecting the population in Vial more generally. The oldest person included in this report is fifty-five and the youngest is fifteen. Three of the people interviewed have either a chronic illness or serious medical condition. Finally, we obtained and analyzed photographs and videos corroborating the conditions described during the various interviews. Several of those photographs are included in this report.

EQUAL RIGHTS BEYOND BORDERS

is a non-governmental and non-profit organization, working for the rights of asylum seekers. Equal Rights Beyond Borders is registered in Berlin and Athens and has offices in Berlin, Athens and Chios. All offices work in close cooperation with partners in Greece, Germany and at EU level. In Athens and Chios, we offer free legal aid and representation in asylum procedures, detention and related issues. Both offices are specialized on family reunification procedures. In Berlin, we focus on research, advocacy and strategic litigation on further related illegal administrative practices in Germany. Equal Rights Beyond Borders conducts extensive litigation on the right to family reunion in the Dublin System, as well as in cases of illegal returns to Greece, before German administrative courts.

The work of the Equal Rights Beyond Borders Legal Team and our advocacy for asylum seekers and their human rights would not be possible without our supporters.

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