

LOCKED IN AND NEGLECTED

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covid-19 restrictive
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Since the Samos Reception and Identification Centre (RIC) was established back in 2016 to host refugees and asylum-seekers arriving at Greek coasts, the overcrowding and deplorable living conditions in the camps have deteriorated over time. The COVID-19 pandemic has only but exacerbated this situation and further increased the exposure to risk, and even life-threatening conditions for its residents, including the most vulnerable members of the population.

The population in the camps have been suffering disproportionate restrictive measures accompanied by minimal implementation of preventive and response procedures to cope with the pandemic.

This weak response has compounded the already dreadful pre-existing conditions, raising tension and frustration amongst the inhabitants of the camps. As it was described in the joint report by Refugee Rights Europe¹ and Still I Rise, reclusion in the camp severely affects the men-

tal health of the population and exposes the minors to diverse forms of violence and abuse.

During the lockdown periods, Still I Rise adapted its methodology to keep running its education and psychosocial support activities with the students of Mazí youth center, remotely. Through the eyes and voices of children and their families, the visual evidence and testimonies gathered during the last year prove that the population of the RIC in Samos has been exposed to hazardous, degrading and humiliating conditions, as per international and Greek human rights standards, amid an international health crisis. Unfortunately, the reality described here comes from Samos, but it is not exclusive to this island.

International community raised concerns over the situation in the Aegean islands before COVID-19

International organisations, European institutions and, above all, civil society organisations have systematically called upon the Greek authorities denouncing situations of abuse, mistreatment and destitution that constitute the daily life of the camp population. As of October 2019, the **Commissioner for Human Rights of the Council of Europe** issued a statement after her visit to the RICs of Moria (Lesbos) and Vathy (Samos) that raised the alarm over the distressing reality she witnessed:

It is an explosive situation. There is a desperate lack of medical care and sanitation in the vastly overcrowded camps I have visited. People queue for hours to get food and to go to bathrooms, when these are available.

On Samos, families are chipping away at rocks to make some space on steep hillsides to set up their makeshift shelters, often made from trees they cut themselves. This no longer has anything to do with the reception of asylum seekers. This has become a struggle for survival.²

By the 31st of December 2019, before the pandemic hit Europe, Samos's RIC hosted 7,765 individuals, 1,200% over its nominal capacity.³



¹ "Unaccompanied Children at the Gates of Europe. Voices from Samos", April 2021. Link: <https://www.stillirisngo.org/en/news/unaccompanied-children/>

² CoE Commissioner Human Rights Country visit, Greece must urgently transfer asylum seekers from the Aegean islands and improve living conditions in reception facilities. Link: www.coe.int/en/web/commissioner/-/greece-must-urgently-transfer-asylum-seekers-from-the-aegean-islands-and-improve-living-conditions-in-reception-facilities

³ National Situational Picture Regarding the Islands at Eastern Aegean Sea (31/12/2019). Link: <https://infocrisis.gov.gr/7363/national-situational-picture-regarding-the-islands-at-eastern-aegean-sea-31-12-2019/?lang=en>

Response to the COVID-19 pandemic. More restrictions but not preventive measures

When the World Health Organisation (WHO) announced the pandemic status in March 2020⁴ governments around the world initiated an improvised response to tackle the health crisis. Despite distress and chaos now being the norm, consequences of the emergency were not the same for everybody. For the refugee and asylum-seeking population living in the RICs, COVID-19 meant further restrictions to their freedom of movement and neglect of their vulnerabilities and needs; whilst very limited efforts had been directed to the prevention and reinforcement of services within the premises.

On 21 March 2020, the Ministers of Civil Protection, Health and Immigration and Asylum issued an operational plan called “**AGNODIKI Project**” (Σχέδιο «ΑΓΝΟΔΙΚΗ»)⁵ defining the protocol to manage outbreaks in refugee and asylum-seekers accommodation sites. The plan re-

stricted the entry of employees and imposed further restrictions and limitations on the entry and exit of the RIC residents, except for a set list of basic reasons. In particular, the plan detailed that the facility should be quarantined and all **COVID-19 cases (confirmed and suspected) should be isolated and treated in situ**⁶, which contravenes the EODY general guidelines⁷ applied to the rest of the population in Greece and constitutes a discriminatory treatment based on the administrative status of the RIC population.

The government statement also required shelter authorities to post daily information on virus prevention, to clean “common areas” and door knobs, daily, with disinfectant and to cease indoor activities. The **plan included the provision of additional medical units** (examination room, treatment room, isolation room), daily reporting and control at the entry and exit points of the structures, recording of any suspected cases and registration of all staff involved. However, the reports and testimonies from inside the RIC

⁴ WHO Director-General's opening remarks at the media briefing on COVID-19 - 11 March 2020. Link: www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020

⁵ Decree No. D1a/GP 20030/2020. Link: http://www.et.gr/docs-nph/search/pdfViewerForm.html?args=5C7QrtC22wHU-dWr4xouZundtvSoClrL8vpT_5XF80JN5MXD0LzQTLf7MGgcO23N88knBzLCmTXKaO6fpVZ6Lx3UnKl3nP8NxdnJ5r-9cmWyJWelDvWS_18kAEhATUkJb0xILldQl63nV9K--td6SluX7DLrSFAIxdHMIW9VC-tPaMCZk7b_199xaQ3lcZ0H4h

⁶ Submission of the Greek Council for Refugees to the Committee of Ministers of the Council of Europe concerning the groups of cases of M.S.S. v. Greece (application no. 30696/09) and Rahimi v. Greece (8687/08).

Link: <https://rm.coe.int/native/09000016809f5506>

⁷ National Public Health Organisation, guidelines. Link: <https://eody.gov.gr/en/covid-19/>

reveal that none of the preventive and reinforcement measures were adequately planned and implemented.

Additionally, the RICs and Refugee Accommodation Facilities of the entire territory remained under movement restrictions with successive extensions of measures regardless of their epidemiological situation. Comparatively, an opposing approach was taken by the rest of the country, which saw restrictions being lifted in May 2020. The Samos RIC, like the rest of the structures in the territory, has been under a permanent and not temporary curfew regime from 19:00 to 7:00 for more than one year.

All in all, especially considering the fact that no case of COVID-19 was recorded among the residents of Samos RIC until September 2020, this level of restriction has **disproportionately penalised the refugee and asylum-seeking community and criminalised them** for the living conditions they cannot control. Furthermore, this extreme lockdown decision goes against the techni-

cal recommendations of the WHO⁸ and the European Centre for Disease Prevention and Control (ECDC)⁹ regarding outbreak prevention and control in migrant and refugee reception and detention centres. Indeed, the overcrowding situation of the RIC coupled with the sub-standard living conditions make it almost impossible to restrict people's movement and eradicate the likelihood of being able to respect basic COVID-19 preventative measures. Instead, as the **ECDC recommends**, priorities should include among others:

If physical distancing and risk-containment measures cannot be safely implemented, measures to decongest and evacuate residents should be considered.

Providing free and equitable prevention, testing, treatment and care to migrants and refugees in settings of reception and detention is critical at all times, but particularly in the context of COVID 19.

⁸ Interim guidance for refugee and migrant health in relation to COVID-19 in the WHO European Region, 25 March 2020 (produced by WHO/Europe). Link: www.euro.who.int/_data/assets/pdf_file/0008/434978/Interim-guidance-refugee-and-migrant-health-COVID-19.pdf

⁹ Guidance on infection prevention and control of coronavirus disease (COVID-19) in migrant and refugee reception and detention centres in the EU/EEA and the United Kingdom, 15 June 2020. Link: www.ecdc.europa.eu/sites/default/files/documents/COVID-19-guidance-refugee-asylum-seekers-migrants-EU.pdf

The reality of the pandemic in the Samos hotspot

Despite “project AGNODIKI” demanding the increase of the healthcare capacities and implementation of additional sanitary measures, no actions were taken to prepare the facility for an outbreak. Responsible ministers and camp authorities have shown a **negligent management of the pandemic** within the RIC. A stark instance of this negligence was exemplified in the latent creation of a quarantine area. This area was hastily placed in the ‘Safe Zone’ and in the administrative offices of operating agencies only when the first cases of Covid-19 were recorded in the camp in September 2020¹⁰. Moreover, these containers were located in close proximity to the medical clinic of the RIC, which resulted in very limited access to medical care for the residents of the camp for any health issues unrelated to COVID-19. These offices proved to be unsuitable and unprepared to host and treat patients:

“

We were put into isolation in the UNI container which usually operated as an office. In the container there are 2 rooms and one toilet, but no shower. We were sleeping on the floor and the only thing we found to sleep on was mosquito net and a light blanket which were stored in the office. - J.

”

As the number of recorded cases raised in September-October 2020, the improvised quarantine area proved to be under-resourced and dangerous for the residents of the camp that were sent there. Protection and health risks were everywhere, making the residents feel insecure and exposed to even more risk.



“

In the doctor's lab there were a lot of people with each other and some people didn't have a mask. We were all together, no mask and it was like a cage, no social distance.

We were taken in section 6 in a container, me, my family (5) and another family of 6 people was before us already there, all Arab and all families, they were not all positive. Someone from the family was positive and then the whole family would be in quarantine with sick and healthy people - A.D.

11 people are living in this container. There is not any bed, there are only bed mats and sleeping bags. - H.N.

They didn't give us any sheets or clothes or sleeping bag. When we went inside, we found beds, it was 8 beds but not all of them had mattresses. They didn't give us sheets we got them from outside. - A.A.

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¹⁰ Greek Council for Refugees, Country Report: Greece. 2020 Update.
Link: https://asylumineurope.org/wp-content/uploads/2021/06/AIDA-GR_2020update.pdf

The lack of preparation and due diligence put the lives of the residents in direct danger and subsequently

created other health issues such as skin infections for those that passed through the isolation rooms due to unsanitary conditions. For instance, the father of one of Still I Rise's students had to be transferred to the ICU due to complications of his previous cardiologic pathology after having tested positive for covid and being locked up in isolation without proper medical treatment. Similarly, a child with a heart condition was not visited by health professionals, despite starting to indicate signs of respiratory problems.

Even more, a woman in her 9th month of pregnancy was left without being monitored with her family, having been placed in an overcrowded room by camp authorities, putting both the baby and mother's life in direct danger.



My son has a heart problem and the hospital took his paper from

me. I told the doctor that my son has a hole in his heart. The doctor came every two days to ask us if we need anything like a painkiller. My son had some breathing problems and I was asking for the doctor and the doctor didn't come and I was just letting him outside the container to get some fresh air. - A.D.

I didn't see any doctor in this period even when I had my water broken and I was waiting for three hours. At the end my husband had a big problem with the security and still until that point the doctor didn't come. We were asking for an ambulance and when it came the police didn't want to touch me, even my husband was the only one who help me and walked me until the ambulance. When they took me to the hospital, I need to give birth normally but because of waiting three hours and the problem that happened they need to give me a C-section and I stayed in the hospital for 10 days. - Pregnant woman



Medical care was not only insufficient in major cases like the above mentioned, but it was the general rule for all the people in the isolation area. The residents confirm that no additional health personnel arrived at the centre, and that it was only the camp nurse the one visiting them every two days, if they were lucky. People were not receiving their test results and the health protocol did not include an additional test after the 14-days quarantine period to confirm they were healthy.



Despite the fact that I had some paracetamol with me which had been given to me by MedEqualiteam¹¹ and some pills I could take to help with my sore throat, I have never been visited by a doctor during the isolation period. - E.B.

After 15 days the camp doctor just allowed (him) out without any further proof- no further testing or medical evidence. A. was concerned

because he didn't know if he was healthy. He was afraid of spreading corona around the camp and asked to be tested but it was refused- if you don't want to leave the police will come. - A.A.



In addition to the health threat prompted by the pandemic and the overcrowding situation in the RIC, people in isolation had to cope with hazardous sanitary conditions and abandonment of basic hygiene practices. Bathrooms and showers were limited and the different "isolation groups" had to share filthy sanitation spaces that were not cleaned at all, let alone on a regular basis. All individuals held in the quarantine area, regardless of their test results, could not follow social distancing norms and residents diagnosed with COVID-19 were allowed to use non-exclusive sanitary facilities. Most of the Still I Rise testimonies stated that people were not taking showers and were forced to

¹¹ Medical NGO working outside the camp.

wear the same clothes for the whole quarantine period (14 days).



“

The container was full of mosquitoes and cockroaches. In our container there were 2 bathrooms, each one of those had a sink and toilet. There were no showers and we have never been provided any soap or hygiene kits during the whole isolation period. - E.B.

It was really hard to stay inside in isolation- they kept us locked inside. After more or less 10 days they started to leave it open. When we knocked sometimes they did not even come

or we had to wait for a long time- sometimes we had to use a bottle because we couldn't access the bathroom. We went to the bathroom in another container with 2 people staying there (men) - there was a toilet, a sink and a shower. There were many people going to this bathroom so it was very busy and you needed to wait for a long time. - G.N.

Dirty water was coming out of the WC every day. In the container there was also a shower- many other people from the isolation area

came in to use our shower. Mostly everybody used our container. Many people used to come in there were discussions and tension because it was disturbing. - M.d.B

”

Moreover, food and water provision during isolation was a source of additional stress and concern for the residents. All testimonies agree on pointing out the quantity was insufficient and that food was often expired and rotten.



“

The food is not good (wasted or bad smell coming out of the food). At the beginning, they were bringing food in the container but after a while they started to bring the food in the gate for the 6 containers; so, if you are late, you are not receiving any food and you are hungry. - H.N.

The breakfast they brought at 8 - 8:30 and lunch and dinner at 12. The food was expired, we didn't eat it, we only took the fruits and bread except the time it was mouldy. And they brought us water at the morning 1,5 litre per person and sometimes we were bringing from outside. - A.A.

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The implementation of the AGNO-DIKI plan also failed in the dissemination of information and provision of proper medical treatment, promoting the spread of rumours and false information and the discrimination of those who tested positive with COVID 19 in the camp:



Camp authorities never explained clearly what corona was- people originally did not understand and when they started to put people in isolation nobody wanted to go to the doctor because of fear of isolation- they didn't want to be tested. During our period of isolation, the doctor never came to check on us. We didn't receive any masks or hand sanitizer. We used to go to the toilet outside our container where many other people used to go as well but hand sanitizer was never provided to us and the toilets were dirty, there was no soap, no paper and no water. - S.A.

W. another (unaccompanied) minor, had similar symptoms but never went to the hospital – we were sleeping together in the same bed- but he did not go to the doctor or told the guardians he was feeling sick because he was afraid of being put in quarantine. - UAM



Immunity translates into impunity for the violation of human rights

Multiple civil society voices working in the refugee response in Greece have denounced the systematic violation of human rights in the RIC and the special severity of the impact that measures, to counter the pandemic, have provoked in the refugee and asylum-seeking population¹².

Before the pandemic hit the camp, the documentation of the living conditions and compilation of the testimonies from children in the Mazí youth center proved to be de-

termining in the decision of the **European Court on Human Rights** granting **interim measures for an immediate transfer** in the case of five unaccompanied children in December 2019. The Court recognised conditions in the hotspot as unsuitable and potentially violating Article 3 of the European Convention on Human Rights, prohibiting inhumane and degrading treatment.

More recently, academic voices have also raised the alarm over the disproportionate impact that restrictive measures have generated in contexts of unsafe and overcrowded living conditions. A recent study published in *The Lancet*¹³ has concluded that **residents of the RICs and Reception Centres in Greece were four times more at risk of contracting COVID-19 than the general population** during the second wave of the virus. Among the several reasons to explain these statistics, the authors highlight that the strict and long lockdown regime imposed in these centres, “with no likelihood of being able to respect basic COVID-19 preventative measures”, has contributed to the increased infection risk

for the population. Moreover, the research team points out the lack of an effective and comprehensive testing and contact tracing system for refugees and asylum-seekers 9 months after the pandemic started. The exceptional nature of the pandemic situation has allowed the Greek government to take extraordinary measures to manage the health crisis, but it has also meant additional trauma for the population living in the RICs. Organisations working on the ground have raised their voices through different channels asking for decent treatment to the people affected by the inhumane isolation protocol and for the remedy of insufficient protection measures in the camps.

In a quest for justice, Still I Rise initially intended to hold the political authors of the legal framework that provoked this situation responsible in a court of law, namely the Minister of Migration and Asylum, Health and Civil Protection. Nevertheless, accountability for refugees and asylum-seekers is hampered by the immunity granted to the representatives and members of the government

¹² MSF, Negligent and dangerous COVID-19 response in Bathy, Samos, October 2020. Link: <https://www.msf.org/greece-negligent-covid-19-response-vathy-camp-samos>

¹³ Kondilis, Papamichail, McCann, Carrutherse, Veizis, Orcutt, Hargreave, The impact of the COVID-19 pandemic on refugees and asylum seekers in Greece: A retrospective analysis of national surveillance data from 2020, 30 June 2021. Link: <https://doi.org/10.1016/j.jeclinm.2021.100958>

by the Greek Constitution and more recent legislation¹⁴, which would make any attempt at legal action against the Ministers futile, as it would be automatically archived.

Once again, the vulnerable ones are neglected and left defenseless by the institutions that have locked them up when looking for protection.

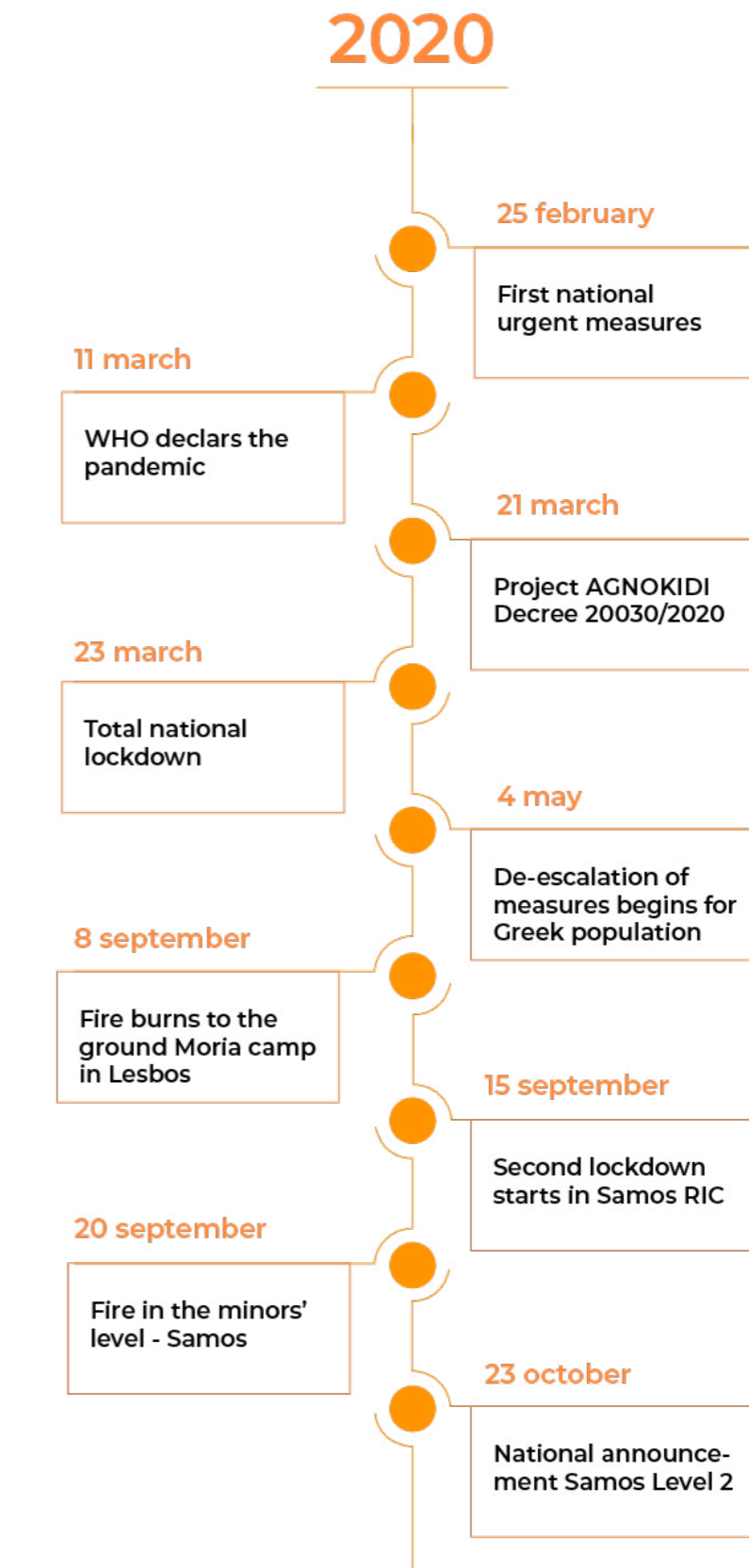


¹⁴ Articles 61 and 86 of the Constitution of Greece.

Link: <https://www.hellenicparliament.gr/en/Vouli-ton-Ellinon/To-Politevma/Syntagma/>

Link: https://www.ministryofjustice.gr/wp-content/uploads/2019/08/109_Nomos_3126_2003.pdf?fbclid=IwAR12h7-IcX-4qBUt8MxlUDZnrxcnWUHoNkQeyhuhz6drOe68m4bCO5KlgLOo

Calendar of restrictions in the RIC of Samos



Restrictions on freedom of movement. Curfew between 7 p.m. and 7 a.m.

ADDRESS

Via Adelaide Ristori 44 00197
Roma, Italy

WEB / EMAIL

stillirisengo.org
info@stillirisengo.org

SOCIAL MEDIA

