Pursuant to Human Rights Council Resolution 43/6, the Special Rapporteur on the Human Rights of Migrants is mandated “To examine ways and means to overcome the obstacles existing to the full and effective protection of the human rights of migrants, recognizing the particular vulnerability of women, children and those undocumented or in an irregular situation” and to “formulate appropriate recommendations to prevent and remedy violations of the human rights of migrants, wherever they may occur ». (paragraph 1 (a) (c), A/HRC/RES/43/6).

In carrying out his mandate, the Special Rapporteur has decided to dedicate his forthcoming report to the 76th Session of the UN General Assembly to the impact of COVID-19 on the human rights of migrants.

The COVID-19 pandemic has impacted the health, social and economic fabric of societies. The COVID-19 crisis has also unveiled systemic inequalities and exposed the gaps in social and economic apparatus and national protection systems. Migrants and their families continue to be disproportionately affected by restrictive measures taken to counter the pandemic. Migrants in an irregular situation remain at the edge of our societies and pay the highest toll. Migrant workers, including female migrant workers, play a critical role in key economic and social sectors enabling countries to continue operating during the crisis and providing essential services for communities. However, migrants continue to lack protection and experience racial discrimination, xenophobia and other serious human rights violations. Female migrants continue being at risk of exploitation, abuse, and sexual or gender-based violence. Many migrants also risk being exposed to precarious and unhealthy living or working conditions exacerbated by the COVID contagion. Many others are forcibly returned against international standards and without any health, social and financial support. It is key for legislations, policies and measures to comply with human rights instruments otherwise the COVID-19 pandemic risks to become a pretext for arbitrary treatment rather than the seed for a greater protective environment.

One and a half years since the beginning of the COVID-19 pandemic, uncertainty remains as to the future. The evolution of the virus and its variants are of great concern as well as the lack of sufficient and adequate means to fight it, including vaccines. Member States have adopted different strategies based on their contexts, capacities as well as political imperatives. Important achievements are observed but challenges remain. The Special Rapporteur has called on States to “ensure that measures taken in the context of the COVID-19 pandemic meet international human rights standards and that migrants are included in all aspects of national responses”. Cooperation and solidarity remain key to enable all countries to recover and put in place effective health responses, including inclusive vaccination programmes. It is incumbent on States to address the human rights of migrants in their recovery plans and to strengthen mechanisms for migrants’ meaningful participation. Migrants and their families should be considered positive assets and fully integrated in national plans to build back better.

Questions

The Special Rapporteur would like to request inputs from Member States, regional and intergovernmental entities, civil society organizations, national human rights institutions and other relevant stakeholders, to contribute to the preparation of the report.

The Special Rapporteur is particularly interested in receiving inputs on any or all of the following issues, including case studies and specific examples of emerging practices and challenges.

Submission by Europe Must Act (EMA), a grassroots movement bringing together NGOs in Greece and activists across Europe to campaign for the humane, dignified and legal reception of displaced people. More information on EMA available here: https://www.europemustact.org/

1) Please provide information on the healthcare responses taken by your Government to counter the pandemic providing migrants and their families’ access to adequate health care on the same basis as nationals. These include equitable access to treatment, testing, vaccines, reproductive health, gender responsive health protocols, protective equipment and other health and basic services such as water, sanitation, and information. Please also indicate if adequate firewall protections and professional capacities are available to ensure that migrants who fear seeking medical support can access health services without risking immigration enforcement measures; as well as personal data protection measures.

In Greece, throughout the pandemic a two-tier system has existed denying displaced people equitable access to healthcare on the same basis as nationals. The unequal treatment of displaced people has included: far harsher lockdown and restrictions on movement for those living in camps (meaning that camps remained in lockdown even during periods when restrictions were relaxed for the general population); little to no access to testing facilities; and inadequate space to effectively isolate when suspected of or diagnosed with Covid-19. Mass infection outbreaks have been common in refugee camps in Greece, with one study in the Lancet indicating that the risk of infection for a person in a camp is 2.5-3 times higher than for the Greek population.1

In Kara Tepe camp on Lesvos, as of May 2021 over 140 people were being kept in the quarantine section of the camp - but this number included people diagnosed with Covid, suspected of infection and newly arrivals. Crammed into containers, there is no way for those who are infected to isolate from those who had not had a diagnosis and may well end up contracting Covid whilst in the isolation containers.2 Similarly, in Vathy camp in Samos, volunteers report no separation of negative and positive tested persons, no medical check ups, insufficient mattresses meaning sick people are sleeping on floors, and no sanitisation or cleaning of the containers where people are forced to quarantine. Europe Must Act has also received reports that people have been tested for Covid-19 and quarantined but subsequently were given no information about the results of their test. This again could have resulted in people without Covid-19 being quarantined (and potentially exposed to the virus) unnecessarily, and moreover makes it difficult to have an accurate picture of the number of positive cases.

Across the camps on the Aegean islands, the demand for medical and mental health care became more acute during the pandemic, yet just as the need increased provision of services diminished even further. Medical organisations became even more overstretched in the lockdown period, and transfer to Athens from camps for patients with server health conditions halted. On Lesvos, a grassroots group running a clinic observed a marked increase in patients showing signs of domestic abuse and violence, and multiple organisations reported an increase in serious mental health conditions.3

In July 2020, MSF was forced to close a Covid-19 isolation centre on Lesvos, having come under sustained pressure from local authorities through fines and the threat of criminal charges. The centre

3 https://05cd942b-77f4-4d21-b3ea-797e75ad39b3.filesusr.com/ugd/8ca70f_2d161bec776841a99e2025325b2d6d44.pdf
was organised as the result of efforts from numerous medical organisations on the island and had the support of public officials and the local hospital. When it closed it was the only place on Lesvos which provided a safe space for symptomatic residents from Moria to be isolated and provided with appropriate care.\textsuperscript{4}

Early in the pandemic, due to a failure of the Greek authorities to provide protective equipment to residents of Moria, women in the camp began making their own masks. In the space of 3 weeks, 12 women made 21,000 masks, which they subsequently donated to other refugee camps across the world, including in Italy, Malta and the USA.\textsuperscript{5} Refugee communities in the camps have also organised their own handwashing facilities and organised first aid training. In the face of a pandemic and the wholesale reduction in services provided by the government, residents in the camps have done all they can to protect themselves. However, the fact that they have been forced to do so demonstrates the extent to which they have been let down by the authorities.

2) In the context of immigration detention, please indicate if measures have been considered to minimize health risks associated with the COVID-19 transmission by reducing migrants’ detention and opting for alternatives to detention and, if not, kindly elaborate on challenges preventing such options. Please indicate if immigration detention of children has been practiced during the pandemic.

Despite provisions in Greek law designed to protect the human dignity and mental health of displaced people in detention, families with children, unaccompanied and separated children and other vulnerable persons (with a physical or mental health illness, or pregnant women) are being detained in appalling conditions in police establishments with no appropriate support.\textsuperscript{6}

At the start of the pandemic, the Greek authorities began arbitrarily detaining newly arrived asylum seekers, citing Covid-19 as justification but undertaking no testing of arrivals nor giving any consideration as to whether the country they arrived from posed a high Covid-19 risk. In March 2020 Human Rights Watch reported that nearly 2,000 people were being detained in new quarantine facilities, with no right of release after the 14 days recommended by the WHO. Inadequate conditions in the detention centres included severely limited access to water, electricity, hygiene products, clothing, and blankets, with detainees sleeping in cramped tents with up to ten people, often from different families.\textsuperscript{7}

Lockdowns in the camps have been harsher and longer than for the general population. This has also increased the logistical difficulties and bureaucratic barriers facing NGOs providing vital services to displaced communities in Greece. In the absence of NGOs during the lockdown, residents of Greek camps have proactively organised services, shelter and infrastructure. Detained within the camps and without sufficient support from the authorities, residents have been forced to make extremely difficult decisions. Water, for example, is in scarce supply and cut off for hours at a time. This has forced people into dilemmas about how best to protect themselves from Covid-19, when they only have enough water to either wash themselves, their clothes or their dishes.\textsuperscript{8}

\textsuperscript{4} \url{https://www.msf.org/msf-forced-close-covid-19-centre-lesbos-greece?fbclid=IwAR2DQrlk-dZpaZMxTmKmbsxK2PZ3GJXJGjeklQvV09j99Uq4WxfHNR8jPQ0}
\textsuperscript{5} \url{https://05cd942b-77f4-4d21-b3ea-797e75ad39b3.filesusr.com/ugd/8ca70f_2d161bec776841a99e2025325b2d6d44.pdf}
\textsuperscript{6} \url{https://rm.coe.int/1680a06a86}
\textsuperscript{7} \url{https://www.hrw.org/news/2020/03/31/greece-nearly-2000-new-arrivals-detained-overcrowded-mainland-camps}
\textsuperscript{8} \url{https://05cd942b-77f4-4d21-b3ea-797e75ad39b3.filesusr.com/ugd/8ca70f_2d161bec776841a99e2025325b2d6d44.pdf}
In the midst of a pandemic the Greek authorities have restricted people in camps where the conditions are grossly inadequate, overcrowded and unsanitary. On Chios island as of August 2020, 30 toilets served 5,782 people – one toilet for every 192 people, despite international humanitarian standards prescribing a maximum of 20 people per toilet. The restrictive measures also meant that people living in camps were confined and unable to make trips to shops or supermarkets for fresh food, and NGOs were no longer able to undertake meal distributions. Consequently, people were often wholly reliant on distributions by the authorities but despite the increased reliance of the people under their care, camp management actually reduced food distributions during the pandemic – for example on Chios opportunities for residents queue for meals were reduced from three to two times daily.

3) Please provide information on any relevant legislation or policy adopted during the pandemic in relation to the regularization of migrants, including those in an irregular situation, through the adoption of for example regularization processes and pathways, extensions of work visas, and other appropriate measures for improving decent work and dignified living conditions, strengthening migrants’ contributions and fostering cooperation. Please indicate if the regularization programs are devised as long-term solutions.

Unfortunately, during the pandemic the situation for migrants seeking regularization has only worsened. FORGE, a charity supporting men travelling solo, report that they have witnessed a distinct shift during 2020 and 2021 in access to the registration process required to lodge an asylum claim, with some individuals waiting for over a year whereas the wait time was previously around three months. Problems include a lack of access to services in the applicant’s language, a requirement to lodge an application digitally (despite many applicants having low literacy and digital literacy levels; and limited or no access to digital devices); and mistakes during the application process that are then portrayed as a ‘lack of credibility’ by the authorities. Even when people do manage to get through the asylum service by Skype, there are widespread reports of officials hanging up on applicants mid-call.

During the first lockdown in Greece, both legal centres run by grassroots groups and the government’s asylum service were closed. Meanwhile, at various points from March 2020, the Greek authorities suspended the right of individuals arriving in Greece to claim asylum, in violation of EU and international law, citing Covid-19 as a justification. When centres reopened in May 2020, there was an enormous backlog and according to reports from Levos, Leros and Chios the government responded by issuing mass rejections of asylum claims, with 1,400 such rejections issued on Lesvos alone. When residents of the camp tried to travel to the island’s capital in order to appeal the rejections, they were issued with fines for breaking lockdown restrictions.

Even when regularized status is issued by the authorities, individuals can go months without receiving the documentation that would enable them to leave the camps. According to reports from a volunteer on Chios, for example, a young refugee received his status on August 2020 but was told

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9 https://05cd942b-77f4-4d21-b3ea-797e75ad39b3.filesusr.com/ugd/8ca70f_2d161bec776841a99e2025325b2d6d44.pdf
10 https://05cd942b-77f4-4d21-b3ea-797e75ad39b3.filesusr.com/ugd/8ca70f_2d161bec776841a99e2025325b2d6d44.pdf
12 https://www.hrw.org/news/2020/06/05/greece-restarts-suspended-asylum-procedure
13 https://05cd942b-77f4-4d21-b3ea-797e75ad39b3.filesusr.com/ugd/8ca70f_2d161bec776841a99e2025325b2d6d44.pdf
he would not be fingerprinted for a passport until February 2021.¹⁴ The negative impact of Greece’s restrictive and inhumane approach during the Covid-19 pandemic has had a widely reported impact on the mental health of those seeking asylum, with multiple suicide attempts by those who have had their claims rejected in this manner.¹⁵

Conclusion

As demonstrated above, living conditions in the Aegean camps violate numerous fundamental human rights of the refugees and asylum seekers forced to live there, and these violations have only been exacerbated by the pandemic. Furthermore, these conditions have made all camp residents highly vulnerable to Covid-19 whilst the consequences of the ongoing restrictive lockdown measures have also compounded and created further trauma for people.

The inhumane conditions and absence of human rights standards facing displaced people in Greece must be addressed as a matter of urgency. Though numbers on the islands have been dropping considerably, the Greek authorities continue to build highly securitised new reception centres on sites across the Aegean¹⁶ and to further securitise camps on the mainland.¹⁷ These efforts will only compound the suffering of those who seek sanctuary in Europe but instead face prison-like camp conditions and a highly problematic asylum system in Greece. Greece, member states and the EU must urgently adopt an approach to migration that is compatible with human rights, by providing safe and human reception facilities and rapid relocation to communities across Europe.

¹⁴ https://05cd942b-77f4-4d21-b3ea-797e75ad39b3.filesusr.com/ugd/8ca70f_2d161becf776841a99e2025325b2d6d44.pdf
¹⁵ https://05cd942b-77f4-4d21-b3ea-797e75ad39b3.filesusr.com/ugd/8ca70f_2d161becf776841a99e2025325b2d6d44.pdf
¹⁶ https://www.msf.org/greece-and-eu-must-change-approach-migration