**Special Rapporteur on the Human Rights of Migrants**

**Call for inputs**

**After one and half year: the impact of COVID-19 on the human rights of migrants**

**International Convention on the Rights of Persons with Disabilities (CRPD)**

**Submitted to:** Special Rapporteur on the Human Rights of Migrants Call for inputs

**Submitted by:**

1. Iraqi Al-Amal Association[[1]](#footnote-1) (with advisory status in the UN’s Economic and Social Council)

2. Al-Namaa Center for Human Rights[[2]](#footnote-2) (a group of human rights defenders from all Iraqi governorates)

**Date of submission:** 13 June 2021

**Country:** Iraq

**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.**

Migrant workers are particularly exposed to discrimination and to the risk of losing their livelihoods after the total lockdown, while the Iraqi government lacks any database that can be consulted to know their exact numbers, gender, whereabouts and contact details.

The Iraqi state has not ratified the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families; therefore, Iraqi laws and legislations are not compatible with their rights. Preventive measures that have been applied to Iraqi workers were applied as well to foreign workers (migrants) despite the guarantees and rights contained in the Iraqi Labor Law No. 37 of 2015 related to workers in general. The government did not therefore take into account the special nature of migrant workers, except for the instructions issued by the Ministry of Labor and Social Affairs regarding foreign workers’ jobs and professions in Iraq, namely in terms of visas and residency permits.

Official figures regarding the number of foreign workers are conflicting. The Minister of Labor and Social Affairs Bassem Abdel-Zaman Al-Rubaye had announced in a press conference in 2019 that the number of foreign workers reached 750,000, while the Director General of the Department of Training in the Ministry announced that between 50,000 and 60,000 workers were officially registered in 2020. On the other hand, the Parliamentary Labor Commission confirmed that there are about one million foreign workers, of whom only 10% were officially registered in 2021, adding that there is no real data neither on the number of workers and foreigners in Iraq, nor on the way they entered and stayed in the country, while the General Federation of Iraqi Trade Unions estimates the number of foreign workers to nearly three million. This lack of data and the inability to identify their exact addresses contributed to an additional marginalization and exclusion of these groups from health plans and initiatives addressing the pandemic, namely in terms of providing them with special medical centers, dispatching field teams to visit them and take swabs, or providing them with necessary treatments in case they tested positive.

* Paragraph No. (3) of the Iraqi Ministry of Health Statement No. (20) of 1993.

The Minister of Labor and Social Affairs (Bassem Abdel-Zaman Al-Rubaye) indicated during a press conference that the National Center for Occupational Health and Safety did not shoulder its responsibility to examine and inspect workplaces and ensure a healthy environment that meets health and safety conditions, and that law enforcement mechanisms did not rise to the required level, doubling treatment fees specified for non-Arab foreigners infected with the virus\*.

Furthermore, many workers and their families are afraid to request medical support for fear of being asked to present their official residency and work permits. With regard to tests, since some public health institutions have imposed high testing costs for foreigners, companies and households refrained from periodically conducting PCR tests for their foreign workers. In addition, no outlets were designated for the vaccination of foreigners, and the electronic vaccination form does not even mention the category of migrant workers. Institutions did not provide personal protection equipment and supplies for health staff, especially foreign workers working in cleaning companies inside hospitals, who were forced to work in isolation centers, exposing them to the virus.

* Al-Namaa Center for Human Rights monitored a case of violation against a foreign worker who tested positive for COVID-19, who was found confined in a room in one of the ruined buildings near a hospital (Medical City) , which lacks the most basic quarantine standards and any respect of human dignity.

**2- Please indicate what solidarity measures and initiatives have been put in place or are planned by the Government, the civil society and other relevant stakeholders to support migrants in the context of the pandemic**.

Despite the limited support provided by organizations as a result of poor funding and the donors not considering foreign workers as a priority, a few organizations and trade unions monitored violations and urged the government to find an appropriate alternative to the suffering experienced by migrant workers. They also issued press reports in this regard explaining the extent of problems that workers suffer from during quarantine (arbitrary dismissal, detention of workers in workplaces with very low wages, deportation to their countries, and exposure of workers who have tested positive for COVID-19 to abuse in the workplace), while the government sat idly by.

The team noted a discrimination as well in granting emergency aids and denying migrant workers in Iraq government aid despite their difficult living conditions.

**3- 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.**

Since there are no detention places for migrant workers or special rooms for them inside prisons, the prisons’ conditions and poor services weighed heavily on convicted and detained foreign workers during the pandemic. In fact, prisons lack the minimum requirements of necessary healthcare and adequate hygiene to prevent diseases, making them a fertile environment for the spread of respiratory and skin diseases, viral hepatitis and other serious and contagious diseases, as well as the spread of the pandemic with the lack of distribution of necessary sterilizers and disinfectants. In addition, prisons and detention centers are overcrowded with convicted and detained prisoners, with outdated buildings and complete disregard of the minimum standards for treating prisoners (which represent their minimum rights and freedoms), which negatively affected the services provided to them (food, healthcare, sun exposure, legal services, etc.)

* **The prisons’ reality:**
* The persistent problem of severe overcrowding in most prisons and pre-trial detention facilities contributes to the spread of the pandemic, which was reflected on the health condition of imprisoned migrant workers.
* No real and serious measures have been taken to completely disinfect prisons and pre-trial detention facilities.
* Migrant workers face the problem of not being granted the right to communicate with the outside world and depriving them of family visits due to the precautionary measures to prevent COVID-19 spread.
* The accused migrant workers were deprived of their right to access lawyers and legal assistance and directly contact their embassies due to the precautionary measures and the long-standing curfew.

**4- Please provide information on actions taken to prevent and address racial discrimination, hate speech, xenophobia and related intolerance faced by migrants, particularly in the COVID-19 context.**

Iraq has not enacted laws criminalizing racial discrimination, despite the country’s international obligations in this regard.

The Iraqi government did not combat misinformation and fake news or take urgent steps to prevent COVID-related racist violence, xenophobia and discrimination against Asians. It failed as well to allocate special vaccination centers for migrant workers, which increased hatred towards them as communities considered that migrant workers were competing with local community members over vaccines. The government did not develop either special measures to confront racism and discrimination against migrant workers, especially of African origin, some of whom were subjected to bullying, hate speech, violence and sexual harassment by employers in the households where they work. Chinese workers, for example, were verbally abused and many of them were quarantined and dismissed of their work on the pretext that they were virus carriers, even though they were living in Iraq even before the spread of the pandemic

1. **Has the Government experienced specific challenges in protecting and fulfilling the human rights of migrants in the COVID-19 context - including their right to health, housing, education, information, social protection, basic services, safe and dignified return and sustainable reintegration and others? Kindly provide information on emerging practices and opportunities for strengthening the protection of migrants in the context of the COVID-19 pandemic.**

The Iraqi government must issue legislations that guarantee the rights of migrant workers. Despite the existence of the Iraqi Social Security Law, many foreign workers live in degrading health and service-related conditions which lack the most basic necessities of a decent life. The Iraqi government should have set up a mechanism to avoid their exposure to exploitation during the pandemic. Regarding education, most families of migrant workers find it difficult to complete their education because of educational materials, registration procedures and language barriers. Furthermore, foreign workers are obliged to serve people with COVID-19, which may make them at risk of contracting the virus.

1. <http://www.iraqi-alamal.org/default.aspx>

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