

July 20th, 2023

Rights of Refugees and Asylum Seekers with Disabilities Living in Israel

Written Statement on behalf of ASSAF - Aid Organization for Refugees and Asylum Seekers in Israel submitted to the Committee on the Rights of Persons with Disabilities

Towards its Twenty-ninth session (14 August–8 September 2023)

We hereby respectfully submit a written statement on behalf of ASSAF - Aid Organization for Refugees and Asylum Seekers in Israel¹ (**ASSAF**) to the Committee on the Rights of Persons with Disabilities (hereinafter "**the Committee**") concerning the rights of refugees and asylum seekers with disabilities who are living in Israel, as set in the Convention on the Rights of Persons with Disabilities (hereinafter "**the CRPD convention**").

About ASSAF

ASSAF is a non-governmental Israeli human rights organization, that helps and supports refugees and asylum-seekers in Israel (hereinafter "**RAS**"), especially the most vulnerable ones – minors, survivors of torture and trafficking, with chronic illness, persons with disabilities, single parents, families at risk and vulnerable women. ASSAF provides RAS with psychosocial aid, including social, emotional, and humanitarian support. ASSAF also advocates for RAS' rights through publications of violations of their rights in Israel, promotion of public awareness, institutional advocacy, and lobbying.

The Main Populations of RAS in Israel

African RAS - According to the Population and Immigration Authority (PIA), as of March 31, 2023, there were approximately 24,000 RAS in the State of Israel, including 18,544 Eritrean nationals and 3,310 Sudanese nationals, as well as other African nationals.² According to PIA there are also approximately 8,200 children of African RAS, most of whom were born in Israel. Both groups of RAS - Eritrean and Sudanese - have been residing in Israel for 10 to 16 years under temporary group protection from deportation.³

¹ ASSAF's website is available at <https://assaf.org.il/en/>

² Population and Immigration Authority, [Foreigners in Israel - 1/2023](#) (May 2023) (Hebrew)

³ It should be noted that the majority of RAS from Sudan and Eritrea in Israel are refugees although Israel has not recognized (almost) any of them as refugees due to bureaucratic and substantive barriers in the recognition system and although they are protected by non-refoulement. In comparison to other western countries' refugee mechanisms, it is safe to say that the majority of RAS from Sudan and Eritrea

Ukrainian RAS (URAS) – There are approximately 14,000 URAS currently residing in Israel who have arrived in the country since the outbreak of the war in Ukraine (and who are not entitled to Israeli citizenship under the Law of Return). In addition, about 15,000-20,000 Ukrainian nationals resided in Israel prior to the war as migrant workers, asylum seekers or undocumented migrants. As of today, both groups are entitled to group protection from deportation to Ukraine.⁴ *Naturally, the information about URAS is still being gathered as months go by. Therefore, the current report will mostly refer to RAS from Africa unless otherwise mentioned.*

RAS in Israel – Brief Introduction

The violations of rights of RAS with disabilities, as described below, are closely related to, and are a direct result of the inefficient and non-functioning Israeli refugee status determination unit (**RSD**). In practice, the RSD unit refrains from resolving asylum applications, and leaves them pending for many years. Moreover, the violations described below are closely connected to Israel's exclusive migration policies and the fact that eligibility to health and welfare rights is conditioned upon one's civil status.

The African RAS community is one of the most marginalized communities in Israel, coping with extreme poverty and suffering from high rates of food insecurity and homelessness. The depth of poverty is also reflected in the increased rates of women being forced into survival sex, the heightened vulnerability to trafficking⁵, and the increasing severity of anxiety symptoms and rates of suicidal ideation among women within the community.⁶

Still, RAS are not entitled to State-subsidized health insurance, social security, or to hardly any social services. Only three groups of vulnerable RAS are entitled to limited social services: women victims of domestic violence, persons with disabilities and homeless persons⁷. However, according to MoWSA's Director General Circular No. 168 these RAS are eligible for emergency out-of-

would have been recognized as refugees, had Israel completed the processing of their asylum applications.

⁴ 16 months into the war, Israel hasn't published any coherent policy concerning RAS from Ukraine for as long as the war continues and shows no intent to do so in the near future.

⁵ **State Department's Annual Trafficking in Persons Report – Israel** (June 2023): "Eritrean and Sudanese male and female migrants and asylum-seekers are highly vulnerable to sex and labor trafficking in Israel. ..Economic distress among women in this population, especially Eritrean women, greatly increases their vulnerability to sex trafficking. Approximately 400 female asylum seekers engaged in survival sex prior to the pandemic; the government estimates that figure tripled during 2020."

⁶ Blay Benzaken, Y., Zohar, S., Yuval, K., Aizik-Reebs, A., Gebremariam, S. G., & Bernstein, A. (2022) **COVID-19 and mental health among people who are forcibly displaced: the role of socioeconomic insecurity.**

Psychiatric Services. <https://ps.psychiatryonline.org/doi/10.1176/appi.ps.202200052>

⁷ Ministry of Welfare and Social Affairs' (MoWSA), Director General Circular No. 168

home placements only, and in practice, most of the placements on offer are unsuitable to their needs and do not provide adequate long-term solutions for them. Additionally, oftentimes they are refused by these institutions, mainly because of lack of health insurance which is a mandatory precondition for such placements. Moreover, even when accepted by these institutions, they do not receive medical care for which they have to travel, nor do they receive necessary para-medical therapeutic aid such as speech therapy, physiotherapy, psychological treatment etc. because they lack medical insurance. As a result, there is no rehabilitation. All they receive is a bed and food.

URAS who arrived in Israel after the outbreak of the war (February 24, 2022) receive basic assistance which includes access to primary health services within the framework of the "Terem" clinics, health insurance for those aged 60 and over and a limited quota of food vouchers. This limited aid has dwindled and no longer meets the needs of those who have been staying in Israel for close to 1.5 years. Today, ASSAF, other NGOs and field activists are very often engaged in assisting URAS with disabilities or with chronic and/or serious illnesses to receive the medical care they need in Israel.

ASSAF's comments on the State's violations of specific Convention articles with emphasis on the Committee's LOI questions to the State:

Article 3 - General Principles – In 2014 Israel's State Comptroller wrote, regarding RAS' prevention of social and economic rights, that "The existing reality requires dealing with the question of how to ensure [RAS] who are not able to work, such as people with disabilities or with illness, the right to a minimally dignified living". The Comptroller noted that this question did not come up for discussion at all, and no solution was found.

Close to 10 years have passed and as hereinafter detailed, approximately 1,200 RAS with disabilities⁸ (hereinafter "**RASWD**") are still denied their right to a minimally dignified living and to the fulfillment of the principles enshrined in article 3, especially the principles of "Respect for inherent dignity, individual autonomy and independence of persons;" and "Full and effective participation and inclusion in society;".

Article 7- Children with disabilities - Naturally, the rights of RAS children with disabilities (hereinafter "**RAS CWD**") are strongly interlinked to their parents' rights. Hence, RAS CWD live in extreme poverty and many families (our estimation is 50% of RAS families) consist of single mothers.⁹ According to MoWSA's Director General's Circular (No. 100) at-risk RAS children are entitled

⁸ According to ASSAF's rough assessments.

⁹ See also: Status Report 2022, [Status Report: Asylum Seekers in Israel During Covid19 Pandemic](#), ASSAF, 2021 (Hebrew; [Summary in English](#));

to social services. However, in practice these services fall short of the holistic services that Israeli citizen's families of at-risk children receive, mainly because neither the children nor their parents are entitled to social security benefits, including child allowances and disabled child allowances. As to healthcare, RAS children¹⁰ are entitled to join subsidized health insurance (known as the Meuhedet health scheme) at a monthly cost of 120 NIS (approx. 30 EU) per month for the first child, and 240 NIS per month for two children and over. Those among RAS children who have joined the Meuhedet health scheme and have been able to meet the monthly premiums enjoy adequate access to health services, similar in scope to that of Israeli citizens' children. However, those whose parents are not able to pay the insurance fees are left without healthcare, including diagnosis of disabilities and treatments.

It should be noted that Israel's Compulsory Education Law applies only from the age of 3 and as most RAS families live in extreme poverty, most RAS children spend these crucial developmental years in under-regulated and unsupervised daycares known as "baby-sitters" or "children's warehouses". Thus, it is safe to estimate that at least those RAS CWD who are not insured in the subsidized health scheme are under-diagnosed at least in the critical first three years of living until they enter the compulsory education system.

Article 19 - Living independently and being included in the community -

As aforementioned, according to MoWSA's GD's Circular No. 168 RASWD are only entitled to placements in institutions, provided they have health insurance which they usually do not have since RAS are not entitled to public health insurance. With no access to health and social services and to social security allowances and benefits, even RASWD who have a rehabilitative potential and who could have enjoyed a full participation and inclusion in the community are being denied these rights.

Needless to say that RASWD are denied the rights set in sub-sections 19 (a), i.e., the opportunity "to choose their place of residence and where and with whom they live on an equal basis with others" and the right "not to be obliged to live in a particular living arrangement", and 19 (b), i.e., the right to access "a range of in-home, residential and other community support services, including personal assistance necessary to support living and inclusion in the community".

In the absence of social and health rights and access to "in-home, residential and other community support services" oftentimes RASWD are left with no alternative except institutional placements. Many times the institutions on offer are incompatible with RASWD's needs and they are hesitant to enter them or

¹⁰ but not children of URAS

leave them a short while after entering. Sometimes the placement itself causes deterioration of their situation due to the institution's incompatibility.

In June 2022 the government enacted the Social Services for People with Disabilities' (PWD) Law. The new law was designed to promote PWD's right for autonomous and independent living in the community and to reduce referral of PWD to institutions. Despite ASSAF's and partner organizations efforts to include RASWD in the new law, they were excluded from it and RASWD were left only with access to placements in institutions in extreme instances.

It should be noted that RASWD, including survivors of torture, trafficking and slavery from the torture camps in the Sinai peninsula, are also excluded from the services provided to people with mental disabilities according to the Rehabilitation in the Community of People with Mental Disabilities Law, 5760-2000.

Article 25 - Health - As aforementioned, Israel does not apply the National Health Insurance Law to RAS and therefore they have no access to public health services except in a life endangering emergency. As a result, often RAS wait for their condition to deteriorate in order to receive treatment, since only then they receive treatment in a hospital emergency room. Once their condition stabilizes, they are released to their homes without further treatment, follow-up, medication or home palliative care in the most serious cases. Even private health insurances, which are dependent on employment and thus are many times not applicable to RASWD, do not provide a satisfactory answer, since they include only partial coverage and are interrupted when the person insured loses their job.

Thus, RASWD are not receiving the health and rehabilitation services they need and their right to healthcare is severely violated.

The MoH operates only 3 clinics which are accessible to RAS - "Terem" clinic which mainly provides front-line health services, "Ruth" clinic which provides psychiatric care (and constantly holds a waiting list of patients who have been referred to the clinic and are unable to receive treatment) and "Bederech" clinic which was opened very recently and is due to provide psychiatric care for only the acute cases of torture survivors. All 3 clinics provide limited services and all are located in Tel-Aviv and therefore are not accessible to RAS who live in other cities. Therefore, the clinics that are mentioned in the State's response to the Committee's LOI (art. 176 to Israel's response), are insufficient in providing RAS's medical needs, let alone - RASWD's needs.

RAS engaged in survival sex - with hardly any access to social and health services, RAS are vulnerable to abusive employment, trafficking and survival

prostitution.¹¹ In 2021 the government assigned a designated budget for rehabilitation services to status-less women engaged in prostitution (including RAS). MoWSA has recently published a tender for the provision of these services, but to the best of our knowledge, as of July 2023, there was no meaningful progress in the matter.

Article 28 - Adequate standard of living and social protection - As aforementioned RAS are denied access to social security benefits and allowances (with the exception of Employer bankruptcy allowance, Work accident allowance and Maternity pay if they are legally employed). RASWD are also not entitled to social services provided in the community, such as occupational rehabilitation, access to Rehabilitative Work Centers, housing or even aid in rent fees, aid at home, etc.

As aforementioned, ASSAF's efforts to include RASWD in the 2022 Social Services for People with Disabilities' Law which was designed to promote PWD's right for autonomous and independent living in the community had failed.

Article 31 - Statistics and data collection - To the best of our knowledge the State does not gather and hold full statistics and data on RASWD.

Furthermore, children of RAS do not receive an identity number upon birth and are being given fake and different numbers by each governmental and municipal agency that provides them with services (i.e., MoE, MoWSA, MoH, the Municipality in which they reside, etc.). Thus, the State cannot and does not have full data and statistics on this population, including on RAS CWD.

Recommendations

In light of the above we respectfully urge the committee to adopt the following recommendations:

- **To call upon Israel to improve its asylum mechanism.** Most of the violations as described above, would be resolved once RAS would be recognized as refugees or at least be granted, together with their children, residency status in Israel. The committee should at least call upon Israel to grant RAS whose application has not been resolved in a reasonable time residency status that includes full access to healthcare, social security allowances and full social services.
- **To call upon Israel to ensure that RASWD, including children with disabilities of RAS, have full access to healthcare** similar in scope to that of Israeli citizens with disabilities, and including diagnosis

¹¹ see 2023 US Department TIP report, footnote 5.

procedures, full physical and mental rehabilitation treatments and home care and accessibility services.

- **To call upon Israel to ensure that RASWD, including children with disabilities, have full access to social security allowances and benefits** similar in scope to that of Israeli citizens with disabilities, and including disability allowances, child allowances and disabled child allowances.
- **To call upon Israel to grant RASWD access to all welfare and social services** that are being provided to Israeli citizens with disabilities, with emphasis on services provided in the community including rehabilitative services with the aim of enabling RASWD to lead a dignified and independent life.
- **To call upon Israel to include RASWD in the 2022 Social Services for People with Disabilities' Law or, alternatively, rectify MoWSA's GD Circular 168** so that it is compatible with the Law's provisions.
- **To call upon Israel to grant RASWD and parent RAS to children with disabilities access to the Ministry of Construction and Housing's programs** of public housing and assistance in rent payments.
- **To call upon Israel to gather full and credible information and data** on RASWD and RAS CWD.