

ISRAEL
**Submission to the United Nations Committee Against Torture for
the 65 Session (Information for Adoption of the List of Issues
Prior to Reporting)**

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**Submitted by ASSAF- Aid Organization for Refugees and Asylum
Seekers in Israel, Physicians for Human Rights – Israel (PHRI)
and IRCT – International Rehabilitation Council for Torture Victims**

I. REPORTING ORGANIZATION

1. **ASSAF** is an independent, non-profit, Israeli human rights organization that aims to promote the human rights of asylum seekers living in Israel and to change public discourse and official Israeli policy through public advocacy work. ASSAF also offers psycho-social support programs for the direct benefit of asylum seekers living in Israel without legal status. ASSAF is a member organization of the International Rehabilitation Council for Torture Victims (IRCT).

2. **IRCT** – International Rehabilitation Council for Torture Victims. As a network of more than 160 torture rehabilitation centres in over 70 countries, the IRCT is the world's largest membership-based civil society organisation specialised in the field of torture rehabilitation. Its key distinctive feature lies in its holistic health-based approach to torture rehabilitation. All of its members are committed to the global movement, and its mission to further the right to rehabilitation of every torture victim.

3. **Physicians for Human Rights – Israel (PHRI)** stands at the forefront of the struggle for human rights—the right to health in particular—in Israel and the Occupied Palestinian Territory. Founded in 1988 by a group of Israeli physicians, PHRI works to promote a just society where the right to health is granted equally to all people under Israel's responsibility.

II. INTRODUCTION AND ISSUE SUMMARY

4. There are 36,6330 African refugees and asylum seekers in Israel, 71 per cent of which are Eritrean nationals and another 20 percent are from conflict regions in Sudan. Referred to only as "infiltrators" in Israeli legislation, Sudanese and Eritrean refugees and asylum seekers live in Israel, some as long as ten years, under a "non-return policy" which prevents deportations to home countries and grants temporary stay permits, pursuant to Article 2(a)(5) of the Entry into Israel Law. Such permits, renewed every two weeks to two months, do not grant the right

to work and do not guarantee access to public health service except in emergencies or social services

5. Current Israeli policy on asylum seekers and refugees is riddled with systemic, statutory failures to meet obligations under the Convention against Torture (CAT). **The present document focuses on failures in implementing obligations under Article 3 of the CAT to respect the right to *non-refoulement* and Article 14 regarding the right to redress, including rehabilitation, for all victims of torture and ill-treatment, solely in relation to African refugees and asylum seekers in Israel.**

II. ISRAEL POLICY ON ASYLUM SEEKERS FAILS TO FULLY IMPLEMENT ARTICLE 3 *NON-REFOULEMENT* OBLIGATIONS

6. More than 2,000 Eritrean and 4,000 Sudanese nationals were compelled to "agree" to return to their home countries between 2014 and 2017. Both groups face risk of torture and persecution upon their return.

7. **Around 1,500 Eritreans and Sudanese nationals have been compelled to "agree" to be transferred to Uganda and Rwanda in 2016 and 2017.** Transfer agreements and procedures continue to lack transparency, effective guarantees against refoulement and post-return monitoring mechanisms, disregarding previous UNCAT recommendations. Individuals transferred have no meaningful link or connection to either Uganda or Rwanda, are not granted lawful stay in these countries or clear protection from refoulement, contrary to UNCHR guidelines. The vast majority continue the movement onward irregularly and do not stay in Rwanda or Uganda. Transfers continued into 2018.

8. **In January 2018 the State of Israel stepped up its secret transfer arrangements with Uganda and Rwanda and began implementing a plan to forcibly deport Eritrean and Sudanese nationals to these countries.** The forced deportation scheme was not open to public scrutiny, and did not offer adequate and effective protection, most notably guarantees ensuring that Eritreans and Sudanese are not deported from third countries to their country of origin. Asylum seekers who refused to leave faced indefinite detention in Israel; 270 refugees and asylum seekers were indefinitely detained after refusing deportation under the scheme. In April 2018, both Rwanda and Uganda backed out of the agreements in the face of widespread international criticism. The State of Israel released those detained, but on 26 April 2018 announced it is intent to pursue the forced deportation plan and seek

agreements with other countries willing to accept forcibly deported refugees and asylum seekers.

9. The Israeli government repeatedly states that it upholds the principle of *non refoulement* with respect to Eritrean and Sudanese nationals in its territory and avoids forcibly returning them to their country of origin. While the State does not physically remove Eritreans and Sudanese to their country of origin, it does however enact various **dissuasive measures and policies that in effect compel many asylum seekers to leave either to their country or origin or to Uganda and Rwanda**. Paragraphs 9-12 below outline the key factors contributing to this.

10. **Ineffective asylum system:** As of December 2017, the state of Israel has failed to complete the processing of almost half of RSD (Refugees Status Determination) applications submitted. The state has approved 0.09% of RSD applications submitted over the past nine years. The failure to give due consideration and effectively process asylum applications is particularly notable in the case of Eritrean and Sudanese nationals, including people from Darfur, who live in Israel under a "non-return" policy. As of December 2017, 15,205 asylum applications were submitted, only 11 were granted refugee status (10 Eritrean nationals and one Sudanese national). Thousands of applications are outstanding. There are no official guidelines for the consideration of asylum applications by Darfuris, despite about 1,600 outstanding relevant applications.

11. **Denial of services and assistance:** Eritrean and Sudanese refugees and asylum seekers, some living in Israel for as long as ten years, have very limited access to health care. Some social services are provided in extreme cases, and their provision often depends on local municipality workers who are often unaware of their obligations towards this group. In addition, the only mental health facility accessible to asylum seekers and refugees is currently about to close down with no clear alternatives. There are no special protections and services to individuals while their asylum applications are being considered and no other financial or material assistance. The high rates of mental health issues due to past experiences, increasing poverty especially among single mothers and people with disabilities, and widespread domestic violence continues to be exacerbated due to such denial of assistance.

12. **Discriminatory punitive measures:** Since May 2017, a new amended legislation grants the Israeli authorities the power to withhold 20% of the salaries of all African refugees and asylum seekers until they "consent" to leave the country permanently. Such discriminatory measure breaches the prohibition of discrimination on the basis of race and national origin. Furthermore, it pushes many Eritrean and Sudanese refugees and asylum seekers into poverty and makes them vulnerable to exploitation, abuse and sexual violence.

13. **Detention:** A 5th amendment of Israel's controversial Prevention of Infiltration (Offences and Jurisdiction) Law was re-enacted in February 2016, allowing the imprisonment of newcomers in 'Saharonim' prison for three months, after which the asylum seeker may be detained in the 'Holot' open detention facility for up to further 12 months. Single men under 60 already living in Israel were also detained for 12 months in the same facility. Holot was closed down on 14 March, as a step towards implementing a forced deportation plan that is now on hold. On 24 April 2018, the Israeli Prime Minister announced his intention to re-open the detention facility.

III. ISRAEL POLICY ON ASYLUM SEEKERS FAILS TO IMPLEMENT ARTICLE 14 - REDRESS AND REHABILITATION OBLIGATIONS

14. There are an estimated several thousand victims of torture among African refugees and asylum seekers in Israel. Like all asylum seekers, they live in Israel without status or rights and referred to by law as "illegal infiltrators" and therefore lack access to general health care and social services, except in emergencies.

15. Despite the Committee's previous observations in this regard, there are no effective procedures in place to identify all victims of torture among asylum seekers and victims still do not have access to specialized rehabilitation services in contradiction to requirements by Article 14 of CAT.

16. With no procedures in place to identify victims of torture, victims among African refugees and asylum seekers face the same draconian financial penalties of 20% deduction of their pay (see paragraph 11). Such deduction has a particularly harmful effect on victims of torture: As they are unable to work full time or uphold the type of manual labour jobs that asylum seekers are typically limited to, most victims struggle already to survive. The 20% deduction forces many into destitution. Unlike others in their community, the social stigma and isolation they face many times prevents from getting the support and help of their communities.

17. Victims of torture are also not guaranteed exemption from detention. Many have been detained in Holot facility and Saharonim prison. The teams at ASSAF and PHRI have witnessed numerous cases of victims of torture suffering from depression, anxiety, panic and other symptoms of Post Traumatic Stress Disorder (PTSD) triggered by the ongoing fear of being sent to detention.

18. Israel's plan to forcibly deport asylum seekers (currently not implemented) fails to guarantee protection for torture victims. At least 11 victims of torture were indefinitely detained in Saharonim prison after refusing to be deported to Rwanda or Uganda. They were later released as

Rwanda and Uganda backed out of the deportation agreement. The deportation agreements, which were kept secret, did not offer any information or guarantees regarding adequate medical services for the rehabilitation of deported victims of torture. This is contrary to CAT's recently adopted General Comment No. 4 on Article 3.

19. The lack of specialized rehabilitation services as well as the various punitive and dissuasive measures specified above have caused a rise in PTSD-related symptoms and other mental health issues. This, together with untreated physical conditions deny victims the chance of working for a living, pushes them further into poverty and increases their vulnerability, isolation and stigma.

20. Geshar mental health clinic, the only mental health facility catering for refugees and asylum seekers, has been dealing with chronic shortage of staff and resources. It is currently facing risk of imminent closure, leaving 250 patients, many of them victims of torture, including parents, with no psychiatric support.

21. A limited pilot mapping project initiated by the Ministry of Justice is currently underway to examine the needs and circumstances of around 100 victims of torture camps in Sinai among asylum seekers. The project is due to be completed in June with recommendations put forward in July. The pilot project focuses solely on the most acute cases among victims of the torture camps in the Sinai Peninsula (and not torture in country of origin, for example

22. It is essential that the current mapping project paves the way to a systematic and permanent identification mechanism and specialized, holistic rehabilitation services, including medical, psychological, and psycho-social assistance, accessible to all victims of torture, and not just a handful of acute cases of torture in the Sinai Peninsula. This must be followed by swift budgeting and implementation.

V. SUGGESTED QUESTIONS

Article 3:

23. Please provide specific information regarding the number of RSD applications submitted since 2009 by Sudanese and Eritrean nationals, the number of applications processed and the current recognition rates, and provide explanations for processing times. Please also provide explanation as to the lack of official guidelines for the consideration of asylum applications from Darfur. What steps are being taken to shorten processing times and to ensure that the national asylum system functions in line with international standards and practices?

24. Please provide specific information about what Article 3 protection

safeguards are included in all forced deportation and third country transfer arrangements.

25. Please detail how the state of Israel plans to ensure that victims of torture are guaranteed medical and rehabilitative services if removed to a safe third country.

26. Provide information on the steps being taken to ensure measures and policies on African asylum seekers do not breach the prohibition of discrimination on the basis of race and national origin.

Article 14

27. What steps are being taken to guarantee effective identification and holistic specialized rehabilitation services are accessible to all victims of torture, including victims of torture in the Sinai Peninsula. Please share the recommendations of the Ministry of Justice mapping project and explain how many victims of torture have been identified and accessed specialized medical and psychosocial services as a result.

28. Please provide data on the number of torture victims residing in Israel and their specific rehabilitation needs.

29. Please provide information about existing Government supported rehabilitation programmes for torture victims, including victims of torture in the Sinai Peninsula

30. Please provide information about any measures taken to monitor and evaluate to what extent existing rehabilitation services are capable of meeting the needs of torture victims residing in the country.

31. What steps are being taken to ensure that basic mental health care is accessible to refugees and asylum seekers with the imminent closure of the Gesher Mental Health Clinic and provide alternative and sustainable services to those who urgently need them.

32. Please explain why a limited reform in services to four groups of asylum seekers (victims of trafficking, women who suffer domestic violence, street dwellers and individuals with disabilities), published in February 2017, has not been implemented despite being at least partially budgeted for.